Case No. _____

IN THE SUPREME COURT OF NEVADA

UNITE HERE HEALTH, a multi-employer health and welfare trust, as defined in ERISA Section 3(37); and NEVADA HEALTH SOLUTIONS, LLC, a Nevada limited liability company,

Petitioners,

vs.

EIGHTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF CLARK, THE HONORABLE TIMOTHY C. WILLIAMS, DISTRICT COURT JUDGE,

Respondent

- and –

STATE OF NEVADA EX REL. COMMISSIONER OF INSURANCE, BARBARA D. RICHARDSON, IN HER OFFICIAL CAPACITY AS RECEIVER FOR NEVADA HEALTH CO-OP,

Real Party in Interest.

District Court Case No. A-17-760558-B, Department XVI

APPENDIX TO PETITION FOR EXTRAORDINARY WRIT RELIEF VOLUME 5 OF 11

JOHN R. BAILEY, Nevada Bar No. 0137
DENNIS L. KENNEDY, Nevada Bar No. 1462
SARAH E. HARMON, Nevada Bar No. 8106
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June 30, 2021

APPENDIX TO PETITION FOR EXTRAORDINARY WRIT RELIEF
VOLUME 5 OF 11

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APPENDIX TO PETITION FOR EXTRAORDINARY WRIT RELIEF

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TAB 25

APEN (CIV)
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DISTRICT COURT

CLARK COUNTY, NEVADA

STATE OF NEVADA, EX REL. COMMISSIONER OF INSURANCE, BARBARA D. RICHARDSON, IN HER OFFICIAL CAPACITY AS RECEIVER FOR NEVADA HEALTH CO-OP,

Plaintiff,

v.

MILLIMAN, INC., a Washington Corporation; JONATHAN L. SHREVE, an Individual; MARY VAN DER HEIJDE, an Individual; MILLENNIUM CONSULTING SERVICES, LLC, a North Carolina Corporation; LARSON & COMPANY P.C., a Utah Professional Corporation; DENNIS T. LARSON, an Individual; MARTHA HAYES, an Individual;

Case No. A-17-760558-B
Dept. No. XVI

APPENDIX OF EXHIBITS TO DEFENDANTS UNITE HERE HEALTH AND NEVADA HEALTH SOLUTIONS, LLC'S MOTION FOR LEAVE TO FILE THIRD-PARTY COMPLAINT

VOLUME 1 OF 2

INSUREMONKEY, INC., a Nevada Corporation; ALEX RIVLIN, an Individual; NEVADA HEALTH SOLUTIONS, LLC, a Nevada Limited Liability Company; PAMELA EGAN, an Individual; BASIL C. DIBSIE, an Individual; LINDA MATTOON, an Individual; TOM ZUMTOBEL, an Individual; BOBBETTE BOND, an Individual; KATHLEEN SILVER, an Individual; UNITE HERE HEALTH, is a multi-employer health and welfare trust as defined in ERISA Section 3(37); DOES I through X inclusive; and ROE CORPORATIONS I-X, inclusive,

Defendants.

Pursuant to EDCR 2.27(b), Unite Here Health and Nevada Health Solutions, LLC (collectively "UHH") file this Appendix of Exhibits, Volume 1 of 2, to their Motion for Leave to File Third Party Complaint.

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VOLUME 1 OF 2

Exhibit No.	Document Description	Number Sequence
I	Petition for Appointment of Commissioner as Receiver and Other Permanent Relief; Request for Temporary Injunction Pursuant to NRS 696B.270(1), Case No. 15-725244-C	181-226
J	Permanent Injunction and Order Appointing Commissioner as Permanent Receiver of Nevada Health CO-OP, Case No. A-15-725244-C	227-239

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Exhibit No.	Document Description	Number Sequence
K	Expert Report of Henry Miller, Ph. D.	240-337
L	June 26, 2020 Letter from the Office of the Governor to John R. Bailey	338-339
M	August 31, 2020 Letter from the Office of the Attorney General to John R. Bailey	340-341

DATED this 15th day of October, 2020.

BAILEY❖KENNEDY

By: /s/ John R. Bailey
JOHN R. BAILEY
SARAH E. HARMON
JOSEPH A. LIEBMAN
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SEYFARTH SHAW LLP
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CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the 15th day of October, 2020, service of the foregoing was made by mandatory electronic service through the Eighth Judicial District Court's electronic filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at their last known addresses:

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EXHIBIT A

EXHIBIT A

TPC (CIV)

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DISTRICT COURT

CLARK COUNTY, NEVADA

STATE OF NEVADA, EX REL. COMMISSIONER OF INSURANCE, BARBARA D. RICHARDSON, IN HER OFFICIAL CAPACITY AS RECEIVER FOR NEVADA HEALTH CO-OP, Plaintiff, v. MILLIMAN, INC., a Washington Corporation; JONATHAN L. SHREVE, an Individual; MARY VAN DER HEIJDE, an Individual; MILLENNIUM CONSULTING SERVICES, LLC, a North Carolina Corporation; LARSON & COMPANY P.C., a Utah Professional Corporation; DENNIS T. LARSON, an Individual; MARTHA HAYES, an Individual;	Case No. A-17-760558-B Dept. No. XVI **[Proposed]** **DEFENDANTS/THIRD-PARTY PLAINTIFFS UNITE HERE HEALTH AND NEVADA HEALTH SOLUTIONS, LLC'S THIRD-PARTY COMPLAINT**

INSUREMONKEY, INC., a Nevada Corporation; ALEX RIVLIN, an Individual; NEVADA HEALTH SOLUTIONS, LLC, a Nevada Limited Liability Company; PAMELA EGAN, an Individual; BASIL C. DIBSIE, an Individual; LINDA MATTOON, an Individual; TOM ZUMTOBEL, an Individual; BOBBETTE BOND, an Individual; KATHLEEN SILVER, an Individual; UNITE HERE HEALTH, is a multi-employer health and welfare trust as defined in ERISA Section 3(37); DOES I through X inclusive; and ROE CORPORATIONS I-X, inclusive,

Defendants.

UNITE HERE HEALTH, a multi-employer Taft-Hartley trust fund; and NEVADA HEALTH SOLUTIONS, LLC, a Nevada limited liability company,

Third-Party Plaintiffs,

vs.

CONDUENT STATE HEALTHCARE, LLC, f/k/a Xerox State Healthcare, LLC, a Delaware limited liability company; and STATE OF NEVADA EX REL. SILVER STATE HEALTH INSURANCE EXCHANGE,

Third-Party Defendants.

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Pursuant to NRCP 14(a), Defendants/Third-Party Plaintiffs Unite Here Health and Nevada Healthcare Solutions, LLC (jointly, "UHH") hereby file this Third-Party Complaint against Third-Party Defendants Conduent State Healthcare, LLC, f/k/a Xerox State Healthcare, LLC ("Xerox") and State of Nevada ex rel. Silver State Health Insurance Exchange ("Silver State") (jointly, the "Third-Party Defendants") and allege as follows:

PARTIES

1. Defendant/Third-Party Plaintiff Unite Here Health is a multi-employer Taft-Hartley trust fund, with its principal place of business in DuPage County, Illinois.

2. Defendant/Third-Party Plaintiff Nevada Healthcare Solutions, LLC, is a Nevada limited liability company with its principal place of business in Clark County, Nevada.

3. Third-Party Defendant Xerox is a Delaware limited liability company with its principal place of business in Morris County, New Jersey.

4. Third-Party Defendant Silver State is an agency of the State of Nevada.

JURISDICTION AND VENUE

5. This Court has personal jurisdiction over Third-Party Defendants because the acts complained of herein were committed by Third-Party Defendants within the State of Nevada.

6. This Court has subject matter jurisdiction over this matter because Third-Party Defendants' potential liability is in excess of $15,000.

7. Venue is proper pursuant to the ancillary venue doctrine; further, venue is proper in the Eighth Judicial District Court for the State of Nevada because Nevada Healthcare Solutions, LLC, is domiciled in Clark County, Nevada, and because the cause of action, or some part thereof, arose in Clark County, Nevada.

FACTUAL ALLEGATIONS

The ACA, CO-OPs, and Health Exchanges

8. In 2010, the United States Congress enacted the Patient Protection and Affordable Care Act ("ACA"), which was signed into law by then President Barack Obama.

9. The ACA provided for the establishment of private, non-profit Consumer Operated and Orientated Plans—like Plaintiff Nevada Health CO-OP (the "CO-OP" or "NHC")—to compete with for-profit insurance plans.

10. Additionally, the ACA provided for the creation of Health Insurance Marketplaces, commonly referred to as "health exchanges."

11. The ACA provided that each State could either create its own health exchange or use the federal health exchange (often referred to as a "federally-facilitated exchange").

12. Insurance companies and Consumer Operated and Orientated Plans made their insurances policies available on the health exchanges for individuals seeking to purchase coverage.

13. Although some support was available, States that elected to create their own health exchanges had to invest substantial resources to develop them.

14. Health exchange systems had to be capable of doing many things in order to succeed.

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15. For example, a health exchange system needed to be able to determine eligibility for coverage, report enrollment to insurance carriers or CO-OPs when a consumer enrolled in its plan, and collect/distribute premium payments to insurers, among other things.

Silver State Contracts with Xerox to Develop the Exchange

16. Nevada elected to create its own health exchange and created an agency, Silver State, to develop and oversee Nevada's health exchange.

17. In 2012, Silver State awarded Xerox a $72 million contract to develop, administer, and manage Nevada's health exchange, which it named the "Nevada Health Link" (hereinafter, the "Xerox Exchange").

18. In developing, administering, and managing the Xerox Exchange, two of Xerox's primary duties (among others) were to ensure that the Xerox Exchange promptly: (1) transferred consumer data to insurers and/or their vendors; and (2) transferred consumer's premium payments to insurers and/or their vendors.

19. Beginning with its initial rollout on October 1, 2013, the Exchange was a disaster—it suffered from an egregious number of technical defects.

20. For example, many consumers would select and pay for insurance through the Xerox Exchange but, due to Third-Party Defendants' failures, their information and payments were never transmitted to insurers.

21. Indeed, the CO-OP's own board minutes indicate the difficulties it faced as a result of the poorly-designed and poorly-managed Xerox Exchange.

22. For example, the CO-OP's board minutes reflect that its representatives had numerous meetings with government officials, other insurers, and Xerox to discuss "the challenges the CO-OP is experiencing with data submission from Xerox to the CO-OP," such as "more than 3,000 members that are on Xerox pending list that the CO-OP has not received any data on to date."

23. The CO-OP's board members complained that Xerox's negligence was "negatively impacting the CO-OP's membership," that Xerox's "payment collection process…[was] only working at 45% capacity to accept payments, … [and Xerox] … ha[d] drained the CO-OP's

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resources[,] as no less than 50% of the CO-OP's resources have been committed to Xerox and Xerox related issues since October 2013."

24. Silver State engaged Deloitte Consulting LLP ("Deloitte") to evaluate the failings of the Xerox Exchange and Silver State's options going forward.

25. Deloitte found over ***1,500 defects*** with the Xerox Exchange, over 500 of which were of a "higher severity."

26. Ultimately, Silver State elected to terminate its contract with Xerox and switch to a federally-facilitated health exchange while maintaining the "Nevada Health Link" moniker.

Lawsuits Against Third-Party Defendants

27. Third-Party Defendants' negligence in developing, administering, and managing the Xerox Exchange caused substantial harm to consumers, insurers, and insurance brokers.

28. Two class-action lawsuits (the "Class Actions") were filed against Third-Party Defendants based on their negligence:

(a) *Basich* v. *State of Nevada ex rel. Silver State Health Insurance Exchange*, Case No. A-14-698567-C (Dist. Ct. Nev.): a class of consumers that had attempted to obtain insurance on the Xerox Exchange but failed to do so as a result of Third-Party Defendants' negligence; and

(b) *Casale v. State of Nevada ex rel. Silver State Health Insurance Exchange*, Case No. A-14-706171-C (Dist. Ct. Nev.): a class of insurance brokers that had sought to sell insurance plans to consumers through the Xerox Exchange but were unable to do so as a result of Third-Party Defendants' negligence.

29. The Class Actions were consolidated and both were certified by the court as class actions.

30. The Class Actions ultimately settled based on Xerox's agreement to pay up to $5 million to satisfy class member claims and to pay $1.75 million in attorneys' fees and costs.

31. Additionally, Xerox faced a regulatory action before the State of Nevada, Department of Business and Industry, Division of Insurance, involving Xerox's deficient performance and

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negligence in developing, administering, and managing the Xerox Exchange (*In the Matter of Xerox State Healthcare, LLC*, Cause No. 17.0299).

Third-Party Defendants' Negligence Substantially Harms the CO-OP and its Vendors

32. Third-Party Defendants' negligence in developing, administering, and managing the Xerox Exchange caused substantial harm to the CO-OP and its vendors (including UHH), including, but not limited to, failures to transfer data from the Xerox Exchange to the CO-OP's vendors and failures with the Xerox Exchange's payment collection process (which Xerox admitted only worked at 45 percent capacity).

33. For example, the CO-OP discovered that Third-Party Defendants had failed to transmit data concerning ***3,000 new members*** to the CO-OP or its vendors due to the Xerox Exchange's failings.

34. The CO-OP's own board minutes stated that it had committed 50 percent of its resources to Xerox-related issues beginning in October 2013.

35. Third-Party Defendants' negligence caused substantial harm to the CO-OP and its vendors, and materially contributed to the CO-OP's ultimate failure as a viable health plan.

The CO-OP Sues UHH and Other Vendors, but Fails to Sue Xerox or Silver State

36. On August 25, 2017, Barbara D. Richardson, Commissioner of Insurance of the State of Nevada, sued Defendant/Third-Party Plaintiff Nevada Health Solutions, LLC (and numerous others) on behalf of the CO-OP in her capacity as its statutory receiver.

37. On September 24, 2018, Barbara D. Richard, as the statutory receiver of the CO-OP amended its Complaint by suing Defendant/Third-Party Plaintiff Unite Here Health.

38. The CO-OP, in essence, contends that UHH failed to perform adequate medical utilization management and third-party administration.

39. In reality, the issues the CO-OP complains of were caused by actions outside the control of UHH—including, but not limited to, Third-Party Defendants' negligence in developing, administering, and managing the Xerox Exchange.

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40. Notably, the CO-OP elected not to sue Xerox or Silver State despite overwhelming evidence of Xerox's and Silver State's negligence in developing, administering, and managing the Xerox Exchange.

41. Further, while the CO-OP has sued Silver State, its claims against Silver State concern $510,651.27 for premiums Silver State has retained; the CO-OP has failed to sue Silver State for its negligence in managing and overseeing Xerox's development, administration, and management of the Xerox Exchange.

FIRST CAUSE OF ACTION

(Contribution)

42. UHH realleges and incorporates by reference the above allegations as though fully set forth herein.

43. Third-Party Defendants owed duties to the CO-OP and its vendors (including UHH) to use reasonable care to develop, administer, and manage the Exchange.

44. Third-Party Defendants breached their duties to the CO-OP and its vendors (including UHH) by negligently and carelessly developing, administering, and managing the Exchange.

45. Third-Party Defendants failed to exercise even the slightest degree of care, which amounts to gross negligence.

46. Third-Party Defendants' negligence proximately caused harm to the CO-OP and its vendors (including UHH), materially contributing to the CO-OP's failure as a viable health plan.

47. Third-Party Defendants' negligence proximately caused harm to UHH by materially interfering with UHH's ability to perform its duties and obligations.

48. Accordingly, if the CO-OP obtains any recovery from UHH, then UHH is entitled to contribution from Third-Party Defendants, including reasonable attorneys' fees and costs incurred in defending this action.

PRAYER FOR RELIEF

WHEREFORE, UHH demands judgment against Third-Party Defendants as follows:

1. For a judicial determination of the rights and duties between UHH and Third-Party Defendants in the event that UHH is held liable to the CO-OP.

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2. For contribution from Third-Party Defendants, in the event UHH is held liable to the CO-OP, in an amount to be determined at trial.

3. For judgment in excess of $15,000.00, in an amount to be determined at trial.

4. For costs incurred in this action.

5. For reasonable attorneys' fees.

6. For such other and further relief as the Court considers just and proper.

DATED this ___ day of _____, 2020

BAILEY❖KENNEDY

By: /s/ John R. Bailey
JOHN R. BAILEY
SARAH E. HARMON
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CERTIFICATE OF SERVICE

I certify that I am an employee of BAILEY❖KENNEDY and that on the ___ day of _____, 2020, service of the foregoing was made by mandatory electronic service through the Eighth Judicial District Court's electronic filing system and/or by depositing a true and correct copy in the U.S. Mail, first class postage prepaid, and addressed to the following at their last known addresses:

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EXHIBIT B

EXHIBIT B

For Purchasing Use Only:
RFP/Contract #2023
CETS# 13561

CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR

A Contract Between the State of Nevada
Acting by and Through Its

SILVER STATE HEALTH INSURANCE EXCHANGE
808 West Nye Lane, Ste 204
Carson City, NV 89703
Contact: Shawna DeRousse
Phone: 775-687-9939 Fax: 775-687-9932
Email: sderousse@exchange.nv.gov

and

XEROX STATE HEALTHCARE, LLC
8260 Willow Oaks Corporate Drive, Ste 600
Fairfax, VA 22031
Contact: Will Saunders, President
Phone: 804-965-8201 Fax: 804-421-6982
Email: will.saunders@xerox.com

WHEREAS, NRS 333.700 authorizes elective officers, heads of departments, boards, commissions or institutions to engage, subject to the approval of the Board of Examiners (BOE), services of persons as independent contractors; and

WHEREAS, it is deemed that the service of Contractor is both necessary and in the best interests of the State of Nevada.

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL**. This Contract shall not become effective until and unless approved by the Nevada State Board of Examiners.

2. **DEFINITIONS**.

   A. "State" – means the State of Nevada and any State agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.

   B. "Independent Contractor" – means a person or entity that performs services and/or provides goods for the State under the terms and conditions set forth in this Contract.

   C. "Fiscal Year" – is defined as the period beginning July 1st and ending June 30th of the following year.

   D. "Current State Employee" – means a person who is an employee of an agency of the State.

   E. "Former State Employee" – means a person who was an employee of any agency of the State at any time within the preceding 24 months.

3. **CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 10, Contract Termination*. Contract is subject to Board of Examiners' approval (anticipated to be July 13, 2012).

Effective from:	**BOE Approval**	To:	**December 31, 2016, with a possible extension of three, one year periods in accordance with the RFP (Attachment EE).**

4. **NOTICE**. Terminations shall be handled in accordance with *Section 10, Contract Termination.* All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, posted prepaid on the date posted, and addressed to the other party at the address specified above.

5. **INCORPORATED DOCUMENTS**. The parties agree that this Contract, inclusive of the following attachments, specifically describes the scope of work. This Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT AA:	NEGOTIATED ITEMS
ATTACHMENT BB:	INSURANCE SCHEDULE
ATTACHMENT CC:	PAYMENT SCHEDULE
ATTACHMENT DD:	REQUIREMENTS MATRIX
ATTACHMENT EE:	STATE SOLICITATION OR RFP #: 2023 and AMENDMENTS #1 (dated 4/13/12), Amendment #2 (dated 4/24/12), Amendment #3 (dated 4/24/12) and Amendment #4 (dated 5/2/12)
ATTACHMENT FF:	CONTRACTOR'S RESPONSE DATED MAY 8, 2012

A Contractor's attachment shall not contradict or supersede any State specifications, terms or conditions without written evidence of mutual assent to such change appearing in this Contract.

6. **CONSIDERATION**. The parties agree that Contractor will provide the services specified in *Section 5, Incorporated Documents* at a cost as noted below:

Total Contract Amount:	$71,963,299. The contract amount includes not to exceed $19,769,845 for DD&I and $257,454 for change orders. M&O authority for $51,936,000 is based upon estimates provided in Attachment CC: Payment Schedule.

The State does not agree to reimburse Contractor for expenses unless otherwise specified in the incorporated attachments. Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

7. **ASSENT**. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations specified.

8. **BILLING SUBMISSION: TIMELINESS**. The parties agree that timeliness of billing is of the essence to the Contract and recognize that the State is on a fiscal year. All billings for dates of service prior to July 1 must be submitted to the state no later than the first Friday in August of the same calendar year. A billing submitted after the first Friday in August, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will subject the Contractor to an administrative fee not to exceed one hundred dollars ($100.00). The parties hereby agree this is a reasonable estimate of the additional costs to the state of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to the Contractor.

9. **INSPECTION & AUDIT**.

A. Books and Records. Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) full, true and complete records, contracts, books, and documents as are necessary to fully disclose to the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with all State and federal regulations and statutes.

B. Inspection & Audit. Contractor agrees that the relevant books and records and documentation related to the work product shall be subject to inspection, examination, review, audit, with five (5) days' notice by the State Auditor, the relevant State agency or its contracted examiners, the department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the state Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the

Office of the Inspector General, or any of their authorized representatives. All subcontracts shall reflect requirements of this Section.

C. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained a minimum three (3) years, and for five (5) years if any federal funds are used pursuant to the Contract. The retention period runs from the date of payment for the relevant goods or services by the state, or from the date of termination of the Contract, whichever is later. Retention time shall be extended when an audit is schedule or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. **CONTRACT TERMINATION**.

A. Termination Without Cause. Any discretionary or vested right of renewal notwithstanding, this Contract may be terminated in whole or in part upon written notice by mutual consent of both parties, or unilaterally by either party without cause.

1) The Termination Notice shall (i) indicate the effective date of the termination ("Termination Date") which shall be not less than three hundred sixty five (365) calendar days from issuance of the Termination Notice, (ii) specify which portion or portions of the Agreement are being terminated in the case of a partial termination, and (iii) be delivered to the Contractor in accordance with the Notice provision, Section 4.
2) If, notwithstanding the continued availability of sufficient funds appropriated, budgeted, or otherwise made available by the state Legislature and/or federal sources, changes occur in laws, regulations or mandates that make all or a part of the project unnecessary or that materially diminish the utility of the project to the State, the State may request a change order to reduce or terminate all or a part of the Services to be provided under this Contract. If the Parties cannot within ten (10) business days agree to a change order reducing the scope of work, then the State shall thereupon have the right to terminate the Contract upon 60 days written notice to Contractor in accordance with the notice requirements of Section 4 of the Contract. Any compensation of the Contractor other than for work already performed under the Contract shall be limited to expenses it has incurred, or will incur in mitigating losses, in or as a result of justifiable reliance on the continuation of the contract and for which fairness requires such compensation. Any such compensation shall be limited to funds appropriated, budgeted, or otherwise made available by the state Legislature and/or federal sources for the Silver State Health Insurance Exchange and which are legally available for the purpose of such compensation.
3) Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with *Section 21, State Ownership of Proprietary Information*.

B. State Termination for Non-Appropriation or Frustration of Purpose. The continuation of this Contract beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the state Legislature and/or federal sources. The State may terminate this Contract, and Contractor waives any and all claims(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the contracting Agency's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired.

1) Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with *Section 21, State Ownership of Proprietary Information*.

C. Cause Termination for Default or Breach. A default or breach may be declared with or without termination. This Contract may be terminated by either party upon written notice of default or breach to the other party as follows:

1) If Contractor fails to provide or satisfactorily perform any of the conditions, work, deliverables, goods, or services called for by this Contract within the time requirements specified in this Contract or within any granted extension of those time requirements; or

2) If any State, county, city, or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or

3) If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the bankruptcy court; or

4) If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or

5) If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or

6) If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.

D. Time to Correct. Termination upon declared default or breach may be exercised only after service of formal written notice as specified in *Section 4, Notice*, and the subsequent failure of the defaulting party within thirty (30) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared default or breach has been corrected.

E. Winding Up Affairs Upon Termination. In the event of termination of this Contract for any reason, the parties agree that the provisions of this Section survive termination:

1) The parties shall account for and properly present to each other all claims for fees and expenses and pay those which are undisputed and otherwise not subject to set off under this Contract. Neither party may withhold performance of winding up provisions solely based on nonpayment of fees or expenses accrued up to the time of termination;

2) Contractor shall satisfactorily complete work in progress at the agreed rate (or a pro rata basis if necessary) if so requested by the Contracting Agency;

3) Contractor shall execute any documents and take any actions necessary to effectuate an assignment of this Contract if so requested by the Contracting Agency;

4) Contractor shall preserve, protect and promptly deliver into State possession all proprietary information in accordance with *Section 21, State Ownership of Proprietary Information*.

11. **REMEDIES**. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, actual damages, and to a prevailing party reasonable attorneys' fees and costs. It is specifically agreed that reasonable attorneys' fees shall include without limitation one hundred and twenty-five dollars ($125.00) per hour for State-employed attorneys. The State may set off consideration against any unpaid obligation of Contractor to any State agency in accordance with NRS 353C.190. In the event that the Contractor voluntarily or involuntarily becomes subject to the jurisdiction of the Bankruptcy Court, the State may set off consideration against any unpaid obligation of Contractor to the State or its agencies, to the extent allowed by bankruptcy law, without regard to whether the procedures of NRS 353C.190 have been utilized.

12. **LIMITED LIABILITY**. The State will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Liquidated damages shall not apply except as otherwise specified in the incorporated attachments. Damages for any State breach shall never exceed the amount of funds appropriated for payment under this Contract, but not yet paid to Contractor, for the fiscal year budget in existence at the time of the breach. Damages for any Contractor breach shall not exceed $1,000,000.

Contractor's liability to the State in tort shall not exceed $5,000,000 per claim, except for the following:

a. Contractor's tort liability for intentional or willful torts shall not be limited.
b. Contractor's liability for patent or copyright infringement shall not be limited. (see RFP Section 13.3.14)
c. Contractor shall be responsible for all notices or other corrective or mitigating measure required by law in the event of a breach of Personal Information (see RFP Section 13.3.13.3 and NRS Chapter 603A)

13. **FORCE MAJEURE**. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

14. **INDEMNIFICATION**. To the fullest extent permitted by law Contractor shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and

expenses, including, subject to *Section 12, Limited Liability*, reasonable attorneys' fees and costs, arising out of any alleged negligent or willful acts or omissions of Contractor, its officers, employees and agents. The Contractor's duty to indemnify the State for tort liability shall be limited to the same dollar amounts provided in section 12.

15. **INDEPENDENT CONTRACTOR**. Contractor is associated with the state only for the purposes and to the extent specified in this Contract, and in respect to performance of the contracted services pursuant to this Contract, Contractor is and shall be an independent contractor and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for the state whatsoever with respect to the indebtedness, liabilities, and obligations of Contractor or any other party. Contractor shall be solely responsible for, and the State shall have no obligation with respect to: (1) withholding of income taxes, FICA or any other taxes or fees; (2) industrial insurance coverage; (3) participation in any group insurance plans available to employees of the state; (4) participation or contributions by either Contractor or the State to the Public Employees Retirement System; (5) accumulation of vacation leave or sick leave; or (6) unemployment compensation coverage provided by the State. Contractor shall indemnify and hold State harmless from, and defend State against, any and all coverage provided by the State. Contractor shall indemnify and hold State harmless from, and defend State against, any and all losses, damages, claims, costs, penalties, liabilities, and expenses arising or incurred because of, incident to, or otherwise with respect to any such taxes or fees. Neither Contractor nor its employees, agents, nor representatives shall be considered employees, agents, or representatives of the State and Contractor shall evaluate the nature of services and the term of the Contract negotiated in order to determine "independent contractor" status, and shall monitor the work, relationship throughout the term of the Contract to ensure that the independent contractor relationship remains as such. To assist in determining the appropriate status (employee or independent contractor), Contractor represents as follows:

QUESTION		CONTRACTOR'S INITIALS	
		YES	NO
1.	Does the Contracting Agency have the right to require control of when, where and how the independent contractor is to work?		
2.	Will the Contracting Agency be providing training to the independent contractor?		
3.	Will the Contracting Agency be furnishing the independent contractor with worker's space, equipment, tools, supplies or travel expenses?		
4.	Are any of the workers who assist the independent contractor in performance of his/her duties employees of the State of Nevada?		
5.	Does the arrangement with the independent contractor contemplate continuing or recurring work (even if the services are seasonal, part-time, or of short duration)?		
6.	Will the State of Nevada incur an employment liability if the independent contractor is terminated for failure to perform?		
7.	Is the independent contractor restricted from offering his/her services to the general public while engaged in this work relationship with the State?		

16. **INSURANCE SCHEDULE.** Unless expressly waived in writing by the State, Contractor, as an independent contractor and not an employee of the state, must carry policies of insurance and pay all taxes and fees incident hereunto. Policies shall meet the terms and conditions as specified within this Contract along with the additional limits and provisions as described in *Attachment BB*, incorporated hereto by attachment. The State shall have no liability except as specifically provided in the Contract.

The Contractor shall not commence work before:

1) Contractor has provided the required evidence of insurance in the form of standard ACORD form types Certificates of insurance, to the Contracting Agency of the State, and
2) The State has approved the standard ACORD form types certificates of insurance provided by the Contractor.

Prior to approval of the certificates of insurance and endorsement by the State shall be a condition precedent to any payment of consideration under this Contract and the State's approval of any changes to insurance coverage during the course of performance shall constitute an ongoing condition subsequent to this Contract. Any failure of the State to timely approve shall not constitute a waiver of the condition.

A. Insurance Coverage. The Contractor shall, at the Contractor's sole expense, procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum limits as specified in *Attachment BB*, incorporated hereto by attachment. Unless specifically stated herein or otherwise agreed to by the State, the required insurance shall be in effect prior to the commencement of work by the Contractor and shall continue in force as appropriate until:

1) Final acceptance by the State of the completion of this Contract; or
2) Such time as the insurance is no longer required by the State under the terms of this Contract; whichever occurs later.

Any insurance or self-insurance available to the State shall be in excess of and non-contributing with, any insurance required from Contractor. Contractor's insurance policies shall apply on a primary basis. Until such time as the insurance is no longer required by the State, Contractor shall provide the State with renewal or replacement evidence of insurance and endorsements, in the form of standard certificates of insurance, no less than thirty (30) days before the expiration or replacement of the required insurance. If at any time during the period when insurance is required by the Contract, an insurer or surety shall fail to comply with the requirements of this Contract, as soon as Contractor has knowledge of any such failure, Contractor shall immediately notify the State and immediately replace such insurance or bond with an insurer meeting the requirements.

B. General Requirements.

1) Additional Insured: By blanket type endorsement to the commercial general liability insurance policy, the State of Nevada, its officers and employees, shall be included as additional insureds for all liability arising from the Contract. This requirement may be met through a blanket additional insured provision endorsement for commercial general liability.

2) Waiver of Subrogation: Each applicable insurance policy shall provide for a waiver of subrogation against the State of Nevada, its officers and employees for losses arising from work/materials/equipment performed or provided by or on behalf of the Contractor.

3) Cross Liability: All required liability policies shall provide cross-liability coverage as would be achieved under the standard ISO separation of insureds clause.

4) Deductibles and Self-Insured Retentions: Contractor's insurance may contain deductibles or self-insured retentions. Any self-insured retentions must be declared to the State Risk Management Division and shown on the certificate of insurance. Upon request, Contractor shall provide applicable public financial statements. Payment of deductibles and self-insured retentions shall be the sole responsibility of Contractor.

5) Policy Cancellation: Except for ten (10) days notice for non-payment of premiums, Contractor or it's insurance shall provide for thirty (30) days prior written notice to the State of Nevada, c/o Contracting Agency, in relation to any cancellation, non-renewal, or material changes to the insurance required by this agreement and shall provide that notices required by this Section shall be sent by certified mail to the address shown on page one (1) of this contract.

6) Approved Insurer: Each insurance policy shall be:

a) Issued by insurance companies authorized to do business in the State of Nevada or eligible surplus lines insurers acceptable to the State and having agents in Nevada upon whom service of process may be made; and

b) Currently rated by A.M. Best as "A-VII" or better.

C. Evidence of Insurance.

Prior to the start of any work, Contractor must provide the following documents to the contracting State agency:

1) Certificate of Insurance: The Acord 25 Certificate of Insurance form or a form substantially similar must be submitted to the State to evidence the insurance policies and coverages required of Contractor. The certificate must name the State of Nevada, its officers, employees as the certificate holder. The certificate should be signed by a person authorized by the insurer to bind coverage on its behalf. The State project/Contract number; description and Contract effective dates shall be noted on the certificate, and upon renewal of the policies listed, Contractor shall furnish the State with replacement certificates as described within *Section 16A, Insurance Coverage*.

Mail all required insurance documents to the State Contracting Agency identified on Page one of the Contract.

2) Additional Insured Endorsement: A copy of the blanket Additional Insured provision Endorsement for commercial general liability must be submitted to the State to evidence the endorsement of the State as an additional insured per *Section 16 B, General Requirements*.

3) Schedule of Underlying Insurance Policies: If Umbrella or Excess policy is evidenced to comply with minimum limits, a copy of the certificate of insurance evidencing Umbrella or Excess insurance policy may be required.

4) Review and Approval: The certificates of insurance and copy of the applicable blanket additional insured endorsement must be submitted for review and approval by the State prior to the commencement of work by Contractor. Neither approval by the State nor failure to disapprove the insurance furnished by Contractor shall relieve Contractor of Contractor's full responsibility to provide the insurance required by this Contract. Compliance with the insurance requirements of this Contract shall not limit the liability of Contractor or its subcontractors, employees or agents to the State or others, and shall be in addition to and not in lieu of any other remedy available to the State under this Contract or otherwise. If State requests copies of applicable policies during this agreement in relation to a claim or a lawsuit, Contractor shall make the applicable insurance policy sections available only for review purposes within the State area at a local Contractor office or at a Contractor local Insurance Broker office within thirty (30) days of such request. State may review such applicable policy sections and take notes but no copies may be made by State. Also, such applicable copies may be made available during a legal discovery period. Contractor shall require its subcontractors and agents to also comply and carry insurance as required by this agreement at subcontractors' and agents' expense.

17. **COMPLIANCE WITH LEGAL OBLIGATIONS.** Contractor shall procure and maintain for the duration of this Contact any State, county, city or federal license, authorization, waiver, permit qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract. Contractor will be responsible to pay all taxes, assessments, fees, premiums, permits, and licenses required by law. Real property and personal property taxes are the responsibility of Contractor in accordance with NRS 361.157 and NRS 361.159. Contractor agrees to be responsible for payment of any such government obligations not paid by its subcontractors during performance of this Contract. The State may set-off against consideration due any delinquent government obligation in accordance with NRS 353C.190.

18. **WAIVER OF BREACH**. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

19. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

20. **ASSIGNMENT/DELEGATION.** To the extent that any assignment of any right under this Contract changes the duty of either party, increases the burden or risk involved, impairs the chances of obtaining the performance of this Contract, attempts to operate as a novation, or includes a waiver or abrogation of any defense to payment by State, such offending portion of the assignment shall be void, and shall be a breach of this Contract. Contractor shall neither assign, transfer nor delegate any rights, obligations nor duties under this Contract without the prior written consent of the State.

21. **STATE OWNERSHIP OF PROPRIETARY INFORMATION**. This contract contemplates use of software purchased or leased with Federal financial participation and therefore is governed by the requirements of Federal law and regulations (45 CFR section 95.617 section 92.34, and other applicable provisions) concerning ownership and licensing of such software. Except as otherwise required by Federal law and regulations, ownership and licensing of software under this contract shall be governed by the terms of paragraphs 13.3.11 through 13.3.14 as reflected in the Negotiated Items (Attachment AA).

22. **PUBLIC RECORDS**. Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State has a legal obligation to disclose such information unless a particular record is made confidential by law or a common law balancing of interests. Contractor may label specific parts of an individual document as a "trade secret" or "confidential" in accordance with NRS 333.333, provided that Contractor thereby agrees to indemnify and defend the State for honoring such a designation. The failure to so label any document that is released by the State shall constitute a complete waiver of any and all claims for damages caused by any release of the records.

23. **CONFIDENTIALITY**. Contractor shall keep confidential all information, in whatever form, produced, prepared, observed or received by Contractor to the extent that such information is confidential by law or otherwise required by this Contract.

24. **FEDERAL FUNDING**. In the event federal funds are used for payment of all or part of this Contract:

A. Contractor certifies, by signing this Contract, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. This certification is made pursuant to the regulations implementing Executive Order 12549, Debarment and Suspension, 28 C.F.R. pt 67, Section 67.510, as published as pt. VII of the May 26, 1988, Federal Register (pp. 19160-19211), and any relevant program-specific regulations. This provision shall be required of every subcontractor receiving any payment in whole or in part from federal funds.

B. Contractor and its subcontracts shall comply with all terms, conditions, and requirements of the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted there under contained in 28 C.F.R. 26.101-36.999, inclusive, and any relevant program-specific regulations.

C. Contractor and it subcontractors shall comply with the requirements of the Civil Rights Act of 1964, as amended, the Rehabilitation Act of 1973, P.L. 93-112, as amended, and any relevant program-specific regulations, and shall not discriminate against any employee or offeror for employment because of race, national origin, creed, color, sex, religion, age, disability or handicap condition (including AIDS and AIDS-related conditions.)

25. **LOBBYING**. The parties agree, whether expressly prohibited by federal law, or otherwise, that no funding associated with this Contract will be used for any purpose associated with or related to lobbying or influencing or attempting to lobby or influence for any purpose the following:

A. Any federal, State, county or local agency, legislature, commission, council or board;

B. Any federal, State, county or local legislator, commission member, council member, board member, or other elected official; or

C. Any officer or employee of any federal, State, county or local agency; legislature, commission, council or board.

26. **WARRANTIES**.

A. General Warranty. Contractor warrants that all services, deliverables, and/or work products under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry, shall conform to or exceed the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.

B. System Compliance. Contractor warrants that any information system application(s) shall not experience abnormally ending and/or invalid and/or incorrect results from the application(s) in the operating and testing of the business of the State.

27. **PROPER AUTHORITY**. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract. Contractor acknowledges that as required by statute or regulation this Contract is effective only after approval by the State Board of Examiners and only for the period of time specified in the Contract. Any services performed by Contractor before this Contract is effective or after it ceases to be effective are performed at the sole risk of Contractor.

28. **NOTIFICATION OF UTILIZATION OF CURRENT OR FORMER STATE EMPLOYEES**. Contractor has disclosed to the State all persons that the Contractor will utilize to perform services under this Contract who are Current State Employees or Former State Employees. Contractor will not utilize any of its employees who are Current State Employees or Former State Employees to perform services under this Contract without first notifying the Contracting

Agency of the identity of such persons and the services that each such person will perform, and receiving from the Contracting Agency approval for the use of such persons.

29. **ASSIGNMENT OF ANTITRUST CLAIMS**. Contractor irrevocably assigns to the State any claim for relief or cause of action which the Contractor now has or which may accrue to the Contractor in the future by reason of any violation of State of Nevada or federal antitrust laws in connection with any goods or services provided to the Contractor for the purpose of carrying out the Contractor's obligations under this Contract, including, at the State's option, the right to control any such litigation on such claim for relief or cause of action. Contractor shall require any subcontractors hired to perform any of Contractor's obligations under this Contract to irrevocably assign to the State, as third party beneficiary, any right, title or interest that has accrued or which may accrue in the future by reason of any violation of State of Nevada or federal antitrust laws in connection with any goods or services provided to the subcontractor for the purpose of carrying out the subcontractor's obligations to the Contractor in pursuance of this Contract, including, at the State's option, the right to control any such litigation on such claim or relief or cause of action.

30. **GOVERNING LAW: JURISDICTION**. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, without giving effect to any principle of conflict-of-law that would require the application of the law of any other jurisdiction. The parties consent to the exclusive jurisdiction of the First Judicial District Court, Carson City, Nevada for enforcement of this Contract.

31. **ENTIRE CONTRACT AND MODIFICATION**. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

President, Xerox State Healthcare, LLC

Will Saunders — Date — Title

Exec Dir, Silver State Health Insurance Exchange

Jon M. Hager — Date — Title

APPROVED BY BOARD OF EXAMINERS

Signature – Board of Examiners

On: _____

Date

Approved as to form by:

On: _____

Deputy Attorney General for Attorney General — Date

EXHIBIT C

EXHIBIT C

RFP 2023 ATTACHMENT DD REQUIREMENTS MATRIX

Code	Condition	Description
S	Standard Function	The proposed system fully satisfies the requirement as stated. The vendor must explain how the requirement is satisfied by the system.
W	Workflow or System Configuration Required	Current functionality of the proposed system exists in the system and can be modified by a system administrator to meet this requirement.
M	Modification Required	The proposed system requires a modification to existing functionality to meet this requirement which requires a source code modification. The system will be modified to satisfy the requirements as stated or in a different format. The vendor must explain the modifications and include the cost of all modifications above and beyond the base cost in ***Attachment K, Project Costs*** .
F	Planned for Future Release	This functionality is planned for a future release. The vendor must explain how the requirement will be satisfied by the system and when the release will be available.
C	Custom Design and Development	The proposed system requires new functionality to meet this requirement which requires a source code addition. The vendor must explain the feature and its value, and include any cost above and beyond the base cost in ***Attachment K, Project Costs*** .
N	Cannot Meet Requirement	The proposed system will not satisfy the requirement. The vendor must explain why the requirement cannot be satisfied.
O	Other Software	If the requirement is to be satisfied through the use of a separate software package(s), vendors must identify those package(s) and describe how the functionality is integrated into the base system.

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
1	Business	Application and Enrollment	General	Exchange Infrastructure (Security)	The solution shall provide role-based access control to allow users to perform certain operations assigned to specific roles (e.g., Case Managers, Individuals, Brokers, and Navigators).	S	The Web portal uses role-based access control capabilities that limit the specific data sets and features available to any single role. Most consumer users are automatically assigned to a single role, e.g., Individual, Employer, Employee, and Member. Internal, administrative users may be assigned to multiple roles to deliver comprehensive access to the features and data sets needed. Please refer to Proposal Tab VI Section 4, System Requirements, specifically Proposal Section VI.2.2, Business Overview for a detailed discussion of our approach to business functionality for the Individual requirements.	790, 938, 1086
2	Business	Application and Enrollment	Pre-Screening	Eligibility and Enrollment	The solution shall provide Individuals and authorized representatives with the option to complete pre-screening for eligibility for State health plans through a real-time interface with the HCR Eligibility Rules Engine with the option for anonymous screening.	M	The HIX Solution Suite is designed to support integration with an external eligibility engine and provides pre-screening options. Integration with the Nevada HCR Eligibility Rules Engine will require some modifications to source code based on the final design for this function; however, this modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
3	Business	Application and Enrollment	Pre-Screening	Customer Relations	The solution shall provide an ~~expert-level~~ pre-screening function to Navigators, Brokers, and Case Workers. (Deleted per Amendment No. 1, dated April 13, 2012)	S	The HIX solution Suite provides the same eligibility pre-screening tools offered to individuals and businesses to assist their clients with enrollment into the appropriate program.	790, 938, 1086
4	Business	Application and Enrollment	Pre-Screening	Eligibility and Enrollment	The solution shall indicate whether an applicant is already enrolled in a publicly subsidized health coverage program.	S	The HIX Solution Suite maintains and displays the current enrollment information available for a properly authenticated User. Since PII and PHI security must be maintained, user authentication must be successfully completed. Consequently, anonymous users will not have this capability. The permission rights of Call Center Reps., Case Workers and Tier-2 Support would have these capabilities. When an applicant attempts to apply for any coverage and the system detects the applicant already has active coverage, then the applicant is redirected to the active coverage and make any adjustments allowed by the business rules engine.	790, 938, 1086
5	Business	Application and Enrollment	Pre-Screening	Eligibility and Enrollment	The solution shall present a more detailed level of screening questions to be addressed at the option of the Individual.	S	The HIX Solution Suite will allow an Individual to optionally submit more detailed information beyond its normal eligibility and enrollment "dialogue".	790, 938, 1086
6	Business	Application and Enrollment	Intake and Application	Exchange Infrastructure	The solution shall interface with the HCR Eligibility Engine to display eligibility information for Nevada subsidized and commercial health plans available through the Exchange.	M	The HIX Solution Suite is built to integrate with an external business rules engine (Blaze Engine). Integration with the Nevada HCR system will require some modifications to source code. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
7	Business	Application and Enrollment	Intake and Application	Exchange Infrastructure	The solution shall interface with the HCR Rules Engine to display eligibility information and supporting data for the Advance Premium Tax Credit.	M	While our HIX Solution Suite has the business rules and workflow engine to support notification and application of subsidy and tax credits, we will work with SSHIX to finalize the specific rules based on the Exchange's requirements and final guidance from HHS. If subsidized Individual AHBE QHPs are to be tracked by external, state-operated solutions, the HIX Solution Suite requires integration with those external State-operated solutions. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
8	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall process the Advance Premium Tax Credit amount provided by CMS/IRS and update the account.	S	Our HIX Solution Suite inherently understands how to handle Advance Premium Tax Credits (Premium Subsidies) on Individual coverage. Whether calculated by our own system or via the HCR Eligibility Engine, the HIX Solution Suite will aggregate all premium subsidies due from all active Individual coverage for the billed month into a monthly invoice and send the invoice to the appropriate government agency. Our A/R system will track and wait for payment. Upon payment, our financial module properly disburses those monies to Carriers. In addition, our solution correctly handles any adjustments related to monthly coverage changes that may generate associated monthly premium changes which thereby cause either increases or decreases in the subsidy monies due from government agencies. Finally, these capabilities include the proper billing, invoicing and other financial activities for the "net" premium due from the Individual as a result of the premium subsidy.	790, 938, 1086
9	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide Individuals with the option to accept a lower Advance Premium Tax Credit.	F	This feature follows UX 2014 guidance and is planned for the next major release.	790, 938, 1086
10	Business	Application and Enrollment	Intake and Application	Customer Relations	The solution shall allow Case Workers, Individuals, Brokers, and Navigators to view alerts regarding the need to recalculate the tax credit when needed.	M	Changes in tax credits will be re-calculated only during renewals, reinsurance, and re-eligibility. At such time alerts would be sent to the appropriate individuals. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
11	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the capability for an Individual to identify the source of information used to determine eligibility.	M	The HIX Solution Suite has the ability to display and communicate the source of the eligibility determination, either electronically or in print. This deliverable will be fulfilled via our integration with the HCR platform. Eligibility determined outside of the standard integration between SSHIX and the BOS would not be in scope. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
12	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide individuals with the ability to acknowledge an eligibility determination.	S	The HIX Solution Suite includes a mechanism to track an Individual's viewing and acknowledgment of their eligibility determination.	790, 938, 1086
13	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall allow Case Workers to submit case for eligibility determination outside of the standard workflow.	S	The HIX Solution Suite allows Users with the correct User Role, such as Case Workers, to manually initiate a cases' eligibility determination. In addition, the Case Worker may override the system-generated eligibility determination. To enabled the eligibility override mode, the Case Worker is first authenticated using his/her password and the system requests text describing the reason for the override action. The Case Worker's identity is associated with the eligibility override action as well as date and time of the action.	790, 938, 1086
14	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment, Policy Management	The solution shall send real-time, automated notifications and written notices to Individuals of CMS determinations of exemption status, and update accounts accordingly.	S	The HIX Solution Suite sends real-time, automated notifications via email and notices to individuals of CMS determinations of exemption status and will update accounts accordingly. All e-communications are performed through our HIPAA-secure system to preserve confidentiality by notifying participants through secure email about information available to them through the Web portal.	790, 938, 1086
15	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the ability to generate online and written notification of the result of an Individual's eligibility determination, including the basis for denial if denied coverage.	S	The HIX Solution Suite provides eligibility notifications, with explanatory text, to Individuals and their "cases". These notifications can be viewed "online" in addition to being transmitted via email or postal mail as may be configured.	790, 938, 1086
16	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide electronic notification to CMS of the result of an Individual's eligibility determination.	F	Sending notifications to CMS for the results of Individual eligibility determinations are planned for future release when more detail by CMS describes how information exchange packages of the Health Domain within NIEM is provided.	790, 938, 1086
17	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall send notifications to the Individuals, alerting them to submit required eligibility or verification information.	S	The HIX Solution Suite sets, sends, and displays notifications concerning their actions to establish their eligibility and to complete the enrollment workflow.	790, 938, 1086
18	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall send notifications to the Individuals who have not completed their applications informing them of the expiration date.	S	The notification subsystem sends notifications when incomplete actions are approaching a cutoff date, such as enrollment dates. Finally, notifications are sent when cutoff dates have expired.	790, 938, 1086
19	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall send notifications to the Individuals, Case Workers, Brokers, and Navigators of changes to Individuals' applications.	S	Based on the business rules agreed to by the Exchange, our system would be able to send notifications to appropriate users based on an application status change. Typically this notification is sent when an application is changed to approved, declined, alternative offer, or pending item request.	790, 938, 1086
20	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall send notifications to the Individuals regarding the enrollment process and the status of their application.	S	The HIX Solution Suite sets, sends, and displays notifications concerning individuals' actions to establish their eligibility and to complete the enrollment workflow.	790, 938, 1086
21	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall determine if users requesting new access already have system access, assist known Individuals in recovering login information, and assist new Individuals in setting up access	S	Creation of new user accounts includes capturing unique facts (email addresses, phone numbers, driver license numbers, etc.), as a means to avoid duplicates for the same individual. Our solution includes self-serve “forgot-password” features where users provide answers to questions previously selected and answered. The system can also send password-reset emails using the email address already associated with a user's account. Additionally, we include click-to-chat or click-to-call features that enable personal assistance via call center staff.	790, 938, 1086
22	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide for the management of the Individual's application intake process, including viewing, updating and displaying the Individual's and household's eligibility history to authorized users.	S	The assignment of "authorized users" to the management of Individual application is provided via the creation of a User Group with sufficient permission to perform these activities and then assign select "users" into that User Group with those permissions.	790, 938, 1086
23	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall use a single State-specified client identifier for all solution functions and interfaces, and provide cross-referencing to other system identifiers where required.	S	Our Case Management module understands how to associate system identifiers from outside systems against our own Case IDs as a strategy to enable inter-system Case information flow between disparate systems.	790, 938, 1086
24	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide a consolidated online application for all programs offered through the Exchange, including but not limited to Medicaid, Nevada Check Up, BHP, and commercial health insurance subsidies.	S	The HIX Solution Suite uses business rules, either internal or external, to drive the web-portal's solicitation and validation of any required data to derive program eligibility. It is assumed that the rules engine will properly emit the necessary directives to cause the web portal to prompt and accept information needed by all or any single "program".	790, 938, 1086
25	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall intake applicant information required to determine eligibility for publically subsidized health coverage programs offered through the Exchange.	S	The HIX Solution Suite uses business rules, either internal or external, to drive "eligibility" or "ineligibility" of an applicant for participation in subsidized or non-subsidized QHPs in the Exchange.	790, 938, 1086
26	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall route applicant data to the HCR Eligibility Engine to determine eligibility for publically subsidized programs and commercial health coverage programs offered through the Exchange.	M	This deliverable will be fulfilled via our integration with the HCR Eligibility Engine. Eligibility determined outside of the standard integration between SSHIX and the BOS would not be in scope. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086

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27	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the capability to identify Navigators and Brokers if they are completing applications on behalf of an Individual.	S	Our Case Management module logs when "another" entity, (Case Workers, Brokers, Navigators, Call Center), views or updates any Case information. The system also logs the date and time and tracks for historical data reporting.	790, 938, 1086
28	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall have the capability for the Individual to attest that any information provided by a Navigator or Brokers is accurate.	S	An Individual's "attestation" or "acknowledgment" for information inputted by Brokers or Navigators on their behalf is achieved when they "submit" the application for enrollment and submit their payment.	790, 938, 1086
29	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall allow continuance of the application process for Individuals without an SSN (e.g. newborns and undocumented Individuals).	S	The Case Management module uses business rules, either internal or external, to drive the solicitation and validation of information for Individuals and their dependents. By establishing those rules, SSHIX may strengthen or relax the entry of valid SSNs as may be needed.	790, 938, 1086
30	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall display an Individual's eligibility and subsidies under all tiers of QHP benefits through an interface with the HCR Eligibility Engine.	M	This deliverable will be fulfilled via our integration with the HCR Eligibility Engine. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
31	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the capability for an Individual to indicate various types of potential exemptions through the single, integrated application process.	S	The Case Management module uses a business rules engine, either internal or external, that will drive the solicitation of the various conditions that would exempt an Individual from the Individual mandate.	790, 938, 1086
32	Business	Application and Enrollment	Intake and Application	Customer Relations	The Service Center shall process documents received in the mail, via facsimile, web portal, and/or email.	S	The Service Center processes and scans hardcopy documents as images into the Document Management (Doc. Mgmt.) module. Fax images, uploaded documents and emails flow into Doc. Mgmt. All content in Doc. Mgmt. is then scanned using OCR technologies and indexed for association with Individual and SHOP Cases. Subsequent document workflows are enabled to process the images as needed.	790, 938, 1086
33	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall allow qualified Native Americans to switch plans on a monthly basis.	M	This requirement can be accommodated with modifications to the enrollment and renewals flow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
34	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the capability to eliminate all cost-sharing for Native Americans enrolled in any QHP through the Exchange whose household income is less that 300 percent FPL.	S	Our HIX Solution Suite's Web portal automatically alters the display of QHP benefits to indicate no cost-sharing when Native American household income is below 300% of the relevant FPL amount, as determined by the business rules.	790, 938, 1086
35	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall allow for the indication / determination of an applicant's membership in a Native American tribe, as defined by the ACA as well as Medicaid.	S	Via the use of the business rules engines driving the solicitation and validation of Individual's information, the Native American status for every Individual is requested and captured.	790, 938, 1086
36	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall provide the capability to adjust the calculation of MAGI with allowed exclusions for qualified Native Americans per the ACA regulations.	S	Our HIX Solution Suite will apply the correct exclusions for MAGI calculations for qualified Native Americans' health care benefits using calculation logic defined via the business rules engine.	790, 938, 1086
37	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution will distribute and collect, through a range of mediums, individual, employer, and employee enrollment forms.	S	Our enrollment processes accept online enrollments, paper-based enrollment mailed to us, or faxed enrollment forms sent to dedicated fax servers. The inbound paper enrollment forms are handled in secure mailrooms, using defined workflows, where they are scanned as images. Indexing information is extracted, the document image is indexed to the correct applicant, and the enrollment form is archived. Faxed enrollment forms are automatically received as images. They proceed through index information extraction and document indexing workflow steps.	790, 938, 1086
38	Business	Application and Enrollment	Intake and Application	Eligibility and Enrollment	The solution shall indicate individuals determined eligible for Medicaid and CHIP who access coverage through the BOS.	S	The HIX Solution Suite, using the results returned by the HCR Eligibility Engine, will display an individual's eligibility for Medicaid and CHIP within the Web Portal.	790, 938, 1086
39	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall ask knowledge-based ID questions based on data gathered from external data sources to facilitate authentication of identity.	S	The HIX Solution Suite is designed to request several different facts to cross-validate the identity of an Individual using Home ZIP Code, Home Phone Number, Date of Birth, SSN, Driver's License, etc.	790, 938, 1086
40	Business	Application and Enrollment	Verification	Eligibility and Enrollment Customer Relations	The solution may request proof of identity from Individuals, Brokers, and Navigators (driver's license, passport) if a higher level of trust is required.	S	The HIX Solution Suite uses business rules (internal or external) to request facts such government IDs as required. The rules may also require the submission of documents, in either electronic or hardcopy, which may require review and approval by Exchange personnel. The Customer Relations module is designed, in part, to request and approve state-issued broker licenses or navigator certifications that are manually validated by Exchange personnel via a State agency. Once a broker enters his or her license information, this information can be automatically matched against a State-sponsored database for validation. Should the SSHIX require navigators to become licensed or otherwise obtain State certification, this platform would be able to track this information and make it available to users of the Exchange.	790, 938, 1086
41	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall validate Individual application information for completeness of data and prompt the Individual for additional information, if applicable.	S	The HIX Solution Suite uses business rules, either internal or external, to drive the web-portal's solicitation and validation of any required data to derive eligibility or calculate facts such as premium subsidies. It is assumed that the HCR Eligibility Engine will detect conditions that require additional information to be requested as may be needed.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
42	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall be able to gather and display Individual and household eligibility data from external sources.	M	Assuming NOMADS is the data source of truth for data elements intended to be included in this requirement, current scope of agreed upon interfaces meets this requirement. The HIX Solution Suite is designed to comply with the requirement that income and citizenship information is validated via an external, Federal Data Hub. If additional external data sources are needed in lieu of Federal Data Hub, additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.	790, 938, 1086
43	Business	Application and Enrollment	Verification	Eligibility and Enrollment	Requirement Eliminated during negotiations.			
44	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall allow for a manual verification process when the federal hub verification service is not available through the business rules engine.	S	The HIX Solution Suite maintains a condition for each Individual that captures whether inputted information has been validated using external sources, such as the federal hub, or via manual validation performed by Users. These Users would be assigned a User Role (Case Workers) whose authorized features allow the manual validation activities.	790, 938, 1086
45	Business	Application and Enrollment	Verification	Eligibility and Enrollment, Customer Relations	The solution shall support a dispute process.	S	The HIX Solution Suite is designed to provide an appeal process for disputed eligibility determinations as well as inaccurate, outdated income information.	790, 938, 1086
46	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide capability to manually update incarceration status based documentation provided by the Individual (e.g. release papers).	S	Similar to all inbound documents, whether hardcopy, faxed, emailed or uploaded image via the web, the incarceration status is associated with the Case and entered into a workflow. Exchange personnel or Case Workers can perform a subsequent review of the documentation and revise the incarceration status as needed. Subsequent notifications to the Case can also be sent.	790, 938, 1086
47	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall produce an immediate on-screen notification of a positive incarceration data match, and allow the Individual of ability to provide alternate documentation or an attestation of incarceration status.	S	The Web portal, via the HCR Eligibility Engine's access to the federal data hub, detects multiple conditions that mark a Case as ineligible, including incarceration status. All ineligible conditions will provide the User with an appeal process requesting eligibility review and allows document submission. Normal workflows, administrative reviews, overrides and notifications will apply to complete the transaction.	790, 938, 1086
48	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall update accounts with the verification results as appropriate.	S	The administrative review by Exchange personnel or Case Workers enable updates to accounts as enabled by permissions derived from User Roles assigned.	790, 938, 1086
49	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide capability for an Individual to confirm income data from external sources.	S	The HIX Solution Suite is designed to comply with the requirement that income and citizenship information is validated via an external, Federal Data Hub.	790, 938, 1086
50	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall be able to verify information needed to evaluate eligibility for Nevada subsidized health plans.	M	The HIX Solution Suite uses business rules, either internal or external, to drive the web-portal's solicitation and validation of any required data to derive eligibility or calculate facts such as premium subsidies. It is assumed that the HCR Eligibility Engine will detect conditions that require additional information to be requested as may be needed. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
51	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide the ability for Individuals to submit images of documents required for eligibility verification.	S	The HIX Solution Suite allows for users to upload documents via the Web portal. Additionally, documents are also accepted via e-mail. Regardless of the delivery method, upload or e-mail, these images are processed via our Document Management system to ensure that proper indexing and business rules are applied.	790, 938, 1086
52	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall generate online or written requests to Individuals for additional documentation of annual / monthly income, allow electronic submission of documents, link to accounts, and track follow up activities.	S	The HIX Solution Suite uses business rules, either internal or external, to solicit and accept "documents" in either electronic or hardcopy formats that will be associated to an Individual or Small Group Case. Such documents can be marked as either mandatory or optional for enrollment as well as marked to require manual review and approval by Exchange Administrative personnel or state Case Workers before enrollment is allowed to proceed.	790, 938, 1086
53	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall allow Case Workers, Brokers, and Navigators to view, save, and print Individual verification documents that have been up-loaded to a case.	S	The HIX Solution Suite allows Users to view the information and documents associated to Individual and Small Group Cases based upon the access rights associated to their assigned User Roles. Case Workers, Brokers and Navigators have access rights to Individuals and Small Group Cases but with different scope. Case Workers have the scope to view, save and print any Individual or Small Group Case's information or documents while Brokers and Navigators may only access Cases associated to them for specific policy periods.	790, 938, 1086
54	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall have the ability to allow designated users to confirm, notate and mark active/non-active status of verification documents and verification results.	S	The Web portal allows Exchange personnel or Case Workers to view, confirm, notate and mark active or non-active status on verification documents via permission rights associated to a User Role with this feature. The intent of these action is to make an Individual's participation in the SSHIX eligible or ineligible.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
55	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide the ability to allow Case Workers, Individuals, Brokers, and Navigators to provide alternative verification through multiple methods.	S	The Web portal allows Exchange personnel or case workers to directly revise the status of a case to "eligible" or "ineligible" for participation in the Individual Exchange via permission rights associated to a user role with this feature. This feature generates an entry into an auditable log file with the case workers ID, date, time, reason code, and free form text/note. These features are not available to individuals, brokers, or navigators since they will not be assigned the user role allowing this feature.	790, 938, 1086
56	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide the ability to allow Individuals to view, confirm, dispute and submit corrections to verification results.	S	The Web portal allows Individuals to submit new verification documents for review or allow updates to existing, "active" verification documents that have not already been "closed" or "non-active".	790, 938, 1086
57	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide individuals the ability to have a reasonable opportunity (90-day period under PPACA) to address inconsistencies reported by external entities (i.e. income, citizenship, etc.)	S	The HIX Solution Suite provides the capability to support end-to-end appeals processing on behalf of applicants. All applicants have the ability to address inconsistencies with regard to CCIIO verification or HCR Eligibility Engine determinations.	790, 938, 1086
58	Business	Application and Enrollment	Verification	Eligibility and Enrollment	The solution shall provide capability for an Individual to indicate or attest to affiliation with recognized Native American tribe during the application process, request verification and update the individual account with verified information.	S	The Web portal provides an ability for an Individual to electronically "attest" to his/her affiliation with a recognized Native American tribe or request the submission, review and approval of additional documentation. These capabilities are enabled via the rules engine's detection of the Native American tribe condition and its subsequent requests to the web portal for attestation or documentation.	790, 938, 1086
59	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall initiate the plan selection and enrollment process when an Individual has been determined eligible for an Advance Premium Tax Credit.	S	Once the HIX Solution Suite's Web portal has determined an Individual is eligible for any health care coverage and finds available QHPs for the Individual, Individuals can view, compare and select eligible QHPs and begin enrollment processes using intuitive, best-of-breed web designs. These capabilities are available regardless of whether the Advanced Premium Tax Credit is available or not.	790, 938, 1086
60	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall provide an interface with Carriers to generate new enrollments under the Federal Basic Health Option.	W	Carrier interface capability using EDI 820 and 834 documents is standardly available but must be configured for state-specific Carriers.	790, 938, 1086
61	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall generate and on-screen notification to Individuals regarding eligibility for enrollment periods.	S	The HIX Solution Suite, using the HCR Eligibility Engine or its own internal rules engine, will display an individual's eligibility during any program's enrollment periods.	790, 938, 1086
62	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall initiate plan selection and enrollment process if an Individual has been determined eligible to select an unsubsidized QHP.	S	The HIX Solution Suite, using the HCR Eligibility Engine, first determines an individual's eligibility for any subsidized health care coverage. If ineligible for subsidized coverage, it attempts to determine unsubsidized eligibility within the Individual (AHBE) Exchange and associated QHPs.	790, 938, 1086
63	Business	Application and Enrollment	Enrollment	Shop and Compare, Eligibility and Enrollment	The solution shall support the entire enrollment process from display of plan choices through enrollment.	S	The HIX Solution Suite provides a Web portal with complete capabilities to determine eligibility, display and compare QHPs, capture family coverage selections, display Premiums due net of any Premium subsidies, display the correct Cost-sharing reduction benefit amounts, select QHP for enrollment, solicit and accept the first month's premium due, solicit and capture any necessary documentation, and transmit enrollment data to Issuers/Carriers.	790, 938, 1086
64	Business	Application and Enrollment	Enrollment	Shop and Compare, Eligibility and Enrollment	The solution shall display general information on available health plans and allow plan selection.	S	The HIX Solution Suite's web portal displays available, eligible QHPs and allows QHP selection.	790, 938, 1086
65	Business	Application and Enrollment	Enrollment	Shop and Compare	The solution shall support searches based on predefined criteria, such as geographic region, covered services, availability, plan certification status, participation of specific providers, cost, benefits, quality and consumer satisfaction ratings.	S	The HIX Solution Suite's web portal provides extensive search criteria and filtering features to assist in the presentation and comparison of eligible QHPs to prospective Individual Consumers. The Web portal displays, for every eligible QHP, the Plan's "minimum essential benefits" and coverage, detailed Premium and cost sharing information, satisfaction and quality ratings, the QHP's medical loss ratio associated with the "metal tier" and allow searching for Providers associated with the QHP.	790, 938, 1086
66	Business	Application and Enrollment	Enrollment	Shop and Compare	The solution shall provide the ability to refine search/display criteria.	S	The HIX Solution Suite's Web portal provides extensive search criteria and filtering features to assist in the presentation and comparison of eligible QHPs to prospective individual consumers.	790, 938, 1086
67	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall allow individuals to view comparative information on all available health plans, including premium and cost-sharing information; summary of benefits and coverage; plan level; satisfaction and quality ratings; medical loss ratio coverage; and a provider directory. The Individual shall be able to select top plans for side-by-side comparison.	S	Individuals can review each aspect of available offerings one at a time or compare multiple plans at once. High-level information is available for each plan with the option of drilling down for more detail simply by clicking on the plan. Though attributes displayed are configurable by the SSHIX, typical attributes selected for display include name of the plan, health carrier, deductible, coinsurance, and monthly payment amount.	790, 938, 1086
68	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall allow individuals to save a selected health plan (shopping cart), retrieve it, and continue enrollment of the Individual and other members of the household.	S	The HIX Solution Suite will allow Individuals with User Accounts to save their personal and family coverage facts and save selected QHPs into a "cart" that can be retrieved and manipulated during multiple visits to the web portal. These activities are available after the Individual has "logged in" using their unique Username and Password.	790, 938, 1086
69	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall allow individuals to select health plans and aggregate enrollment information for all household members and view selected health plans.	S	The HIX Solution Suite maintains for Individuals with User Accounts all enrollment information for all household members using the "cart" facility.	790, 938, 1086

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70	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall initiate and complete the enrollment process upon selection of the health plan(s).	S	The HIX Solution Suite provides a Web portal with complete capabilities to determine eligibility, display and compare QHPs, capture family coverage selections, display Premiums due net of any Premium subsidies, display the correct Cost-sharing reduction benefit amounts, select QHP for enrollment, solicit and accept the first month's premium due, solicit and capture any necessary documentation, and transmit enrollment data to Issuers/Carriers.	790, 938, 1086
71	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall transmit all information necessary for enrollment to QHPs or State health plans, including plan-specific enrollment data, application of tax credits and cost-sharing reductions.	S	The membership system uses standardized EDI feeds to transmit enrollment information to QHP Issuers. Transmission of tax credit and cost-sharing reductions are pending guidelines from HHS.	790, 938, 1086
72	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall require a real-time confirmation of receipt of enrollment information from QHPs and State health plans.	S	The use of standardized EDI feeds includes adoption of the 999 acknowledgement feed flowing back from the target QHP Issuer.	790, 938, 1086
73	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall allow individuals to select primary care providers from their health plan.	S	The web portal allows an Individual or Employee to designate a primary care provider during enrollment.	790, 938, 1086
74	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall maintain records of all QHP enrollments made through the solution and submit enrollment information to State and federal agencies at required time frames.	S	The membership system uses the standardized EDI feed to transmit enrollment information to State and federal agencies during specified time frame using full or incremental data sets.	790, 938, 1086
75	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall allow for and record dis-enrollments and terminations initiated through electronic notifications from plans or Individual's request for voluntary disenrollment.	M	The membership system accepts an individual's request for voluntary disenrollment via Web portal input. However, there is no capability for electronic notifications from plans which may cancel coverage for facts unknown to the HIX Solution Suite. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ State's response: The carrier will provide disenrollment information, including reason codes, in x12 ANSI 834 5010 format, inclusive of Xerox companion guide requirements. Change to an M.	790, 938, 1086
76	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall allow for and record dis-enrollments and terminations due to lack of premium payment.	S	The membership system can automatically terminate coverage for failure to pay amounts due in a timely manner. Coverage termination workflows include the notifications sent to the covered Individual or Employee before coverage is cancelled.	790, 938, 1086
77	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall generate electronic notifications to QHPs of voluntary disenrollments initiated through the Exchange.	S	The membership system includes features in the web portal for Individuals to disenroll from their coverage.	790, 938, 1086
78	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall reconcile enrollment information with QHPs and State plans at least monthly by generating a report of current enrollments to plans, processing data received from plans and addressing discrepancies.	M	The membership system accepts an individual's request for voluntary disenrollment via Web portal input. However, there is no capability for electronic notifications from plans which may cancel coverage for facts unknown to the HIX Solution Suite. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ The parties agree that if discrepancies occur between the Carrier information and the Solution, Contractor will work with the Carrier to resolve issues, with the support of the Exchange staff.	790, 938, 1086
79	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall allow for and maintain changes in QHP and State insurance plan enrollment during open enrollment and special enrollment periods.	S	The HIX Solution Suite has comprehensive tracking of QHP plan enrollments via all activity captured within its web portal. The Access NV website and associated solutions will capture enrollment activity for State insurance plans such as Medicaid, CHIP, Basic Health, etc. If the HIX Solution Suite must track these 'state' plan's activity as comprehensively as it does for its own QHPs, then integration must be created with Access NV.	790, 938, 1086
80	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	Individuals shall have the ability to either accept, refuse or take a reduced Advance Premium Tax Credit when enrolling. The solution will generate on-screen and written notifications to Individuals selecting credits of the possibility of tax penalties or liabilities at time of tax filing.	S	The web portal calculates and displays appropriate Premium subsidies during QHP selection. During enrollment, the web portal allows Individuals to accept, refuse or reduce the calculated Premium subsidy amounts to be applied to determine their net Premium amounts due. The web portal will include, among a broad array of educational material, a description of tax penalties or liabilities that may arise during tax filing.	790, 938, 1086
81	Business	Application and Enrollment	Enrollment	Financial Services	The solution will direct an Individual who has selected a plan to carrier-specific specific instructions on payment remittance for monthly premiums.	M	The HIX Solution Suite's Financial module automatically invoices consumers for Monthly Premiums and Fees due, accepts their direct Payments via the web portal and disburses Premiums to Carriers and commissions to Agents and Brokers. In addition, the Financial module automatically "invoices" the federal agencies for the Premium subsidies due and combines those monies to send Carriers their full monthly Premiums, not the net monthly Premiums. These centralized financial activities reduce the administrative burden on Carriers and simplifies tracking of inforce coverage to payment status. Introducing the Consumer's ability to directly pay Carriers increases complexity for the Exchange and Carriers. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ The Xerox team can provide instructions and a link to a carriers site for payments. Change to an M.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
82	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment	The solution shall prepare an electronic notice to CMS with a minimum dataset of information regarding each Individual's enrollment or disenrollment in a QHP through the solution.	S	The Membership module is capable of transmitting enrollment/disenrollment information using standardized feeds. Pending.	790, 938, 1086
83	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Plan Management	The solution shall allow Individuals to submit changes to plan enrollment via online or written communication.	S	This HIX Solution Suite captures plan enrollments via web portal activity and submitted documents as described elsewhere.	790, 938, 1086
84	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Plan Management	The solution shall store reported changes until the next available open enrollment period when reported changes do not qualify an Individual for a special enrollment.	S	Only qualifying events will allow special enrollments. Non-qualified events will be pended until the next enrollment period.	790, 938, 1086
85	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Plan Management	The solution shall determine whether a renewal requires enrollment into a new QHP or addition of an Individual into an existing QHP.	S	The HIX Solution Suite maintains the availability / eligibility of QHPs using effective month ranges. When QHPs become unavailable for the consumer's renewal date, the Plan Management module will not allow the consumer to renew the previous QHP. The consumer will pick other available QHPs for the renewal date which may include a follow-on QHP specifically associated to the now unavailable QHP as a "default" renewal plan.	790, 938, 1086
86	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall provide the capability to calculate a year-to-date amounts for premiums paid and monthly income for display to the Individual at time of renewal.	S	As part of the inherent features within the web portal for QHP review, compare and selection, the consumer sees monthly and year-to-date amounts for either new or renewal enrollment.	790, 938, 1086
87	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall process and update the Individual account with household income data based on data responses provided from CMS/IRS at the time of renewal.	S	The HIX Solution Suite retrieves and accepts from the Federal data hub household income data, via the HCR Eligibility's Engine interface, that can be used as default incomes during QHP renewal. Since the information from the federal data hub may be outdated, the Individual may override these default amounts. If the HCR Eligibility Engine has been instructed to compare the IRS values against the new, manually inputted values, the HCR Eligibility Engine may instruct the web portal to request additional documentation to be submitted and initiate a workflow requiring administrative review and approval before the enrollment is allowed.	790, 938, 1086
88	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	Requirement Eliminated during negotiations.			
89	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall send eligibility and enrollment information to QHP Carriers and State health plans on a State-specified frequency.	M	The HIX Solution Suite sends eligibility and enrollment information to QHP issuers and the Exchange using standard EDI feeds. The HIX Solution Suite performs these activities for State plans maintained and tracked within an external application such as Access NV through integration with the State. Implementation of this capability requires additional development and modifications to source code; however, this modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
90	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall provide the ability to open a special enrollment period for enrolling plans outside the defined enrollment period.	S	The web portal, via the business rules engine, either internal or external, will allow or disallow special enrollment periods as required.	790, 938, 1086
91	Business	Application and Enrollment	Enrollment	Eligibility and Enrollment, Policy Management	The solution shall provide the ability to track the status of, maintain and issue notifications on plan enrollment changes.	S	The HIX Solution Suite provides the audit capabilitiues on changes to all coverage facts, including plan enrollments by employees and changes to the family coverage options selected. These audit file entries can be viewed by the employee or the employer via the web portal when questions arise as to past and current employee plan enrollment status.	790, 938, 1086
92	Business	Application and Enrollment	Case Management	Eligibility and Enrollment	The solution shall provide the ability for Case Workers to verify that enrollment forms are complete and correct; verify individual, employer, and employee eligibility; and process applications for commercial insurance subsidy consumers.	S	The HIX Solution Suite allows enrollments to occur via submitted enrollment forms and not using the electronic “forms” of the web portal. Such submissions implement a workflow that requires Exchange personnel or Case Workers to review the enrollment forms and approve/decline as required.	790, 938, 1086
93	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Case Workers, Brokers, and Navigators to mark a case as a potential duplicate and associate information on different household members across cases.	S	The HIX Solution Suite's web portal allows Case Workers, Brokers and Navigators, via permissions associated to a User Role, to designate a Case as a duplicate case and thereby terminate enrollment processing only for the circumstance where no active coverage exists.	790, 938, 1086
94	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Case Workers, Brokers, and Navigators to designate cases as inactive.	S	The HIX Solution Suite's web portal allows Case Workers, Brokers and Navigators, via permissions associated to a User Role, to designate a Case as inactive and thereby terminate enrollment processing only for the circumstance where no active coverage exists.	790, 938, 1086
95	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall track compliance with program standards based on date of application submission.	S	The HIX Solution Suite tracks compliance against business rules in effect during the date of application submission.	790, 938, 1086
96	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall save application information to the Individual's account once an account is created, and accept updates to the account.	S	The HIX Solution Suite's web portal saves an Idividual's relevant personal information and application information via the creation of a secure User Account. Upon successful User login into the web portal, personal information is retrieved and can be updated as may be needed and is saved upon logging off.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
97	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall provide the capability to suspend an Individual's eligibility status based on incarceration status as dictated by Nevada policy.	W	Eligibility holds are a standard capability for incarceration. Any Nevada-specific policy requirements may require additional configuration.	790, 938, 1086
98	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall provide the capability for Individuals to submit changes to household income.	S	The HIX Solution Suite's Web portal accepts changes to household composition as well as income, based upon the business rules engine (internal or external) that solicits and validates changes impacting active health care coverage.	790, 938, 1086
99	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Individuals to submit changes to household composition.	S	The HIX Solution Suite's Web portal accepts changes to household composition as well as income, based upon the business rules engine (internal or external) that solicits and validates changes impacting active health care coverage.	790, 938, 1086
100	Business	Application and Enrollment	Case Management	Policy Management	The solution shall seamlessly transition enrollment and disenrollment of Individuals between subsidized health plans based on changes to household composition or income.	M	The HIX Solution Suite includes comprehensive tracking of QHP plan enrollments via all activity captured within its Web portal. For a seamless transition, conditions where coverage facts (e.g., income, alter an individual's eligibility for either an Exchange QHP or State-managed plan), comprehensive integration between the HIX Solution Suite and the Exchange's coverage management solution must exist. This is true regardless of the direction of the transition. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
101	Business	Application and Enrollment	Case Management	Policy Management	The solution shall allow individuals to choose new health plans after the re-determination process based on the new circumstances.	S	Our policy management system recognizes a collection of life events, such as marriage, divorce, child birth, etc., that allow an individual to alter his or her family coverage and thereby change the selected QHP.	790, 938, 1086
102	Business	Application and Enrollment	Case Management	Policy Management	The solution shall allow Case Workers, Brokers, and Navigators to add a narrative to a case and track and maintain changes over time in the narrative.	S	Our policy management functionality maintains a text-based log with free-form text and entry dates for every individual's case.	790, 938, 1086
103	Business	Application and Enrollment	Case Management	Policy Management	The solution shall allow individuals, Case Workers, Brokers, and Navigators to maintain and access a history of notices that have been sent to a beneficiary.	S	Our policy management functionality maintains a date-sequenced log of documents that have been sent or received for any case. These documents can be viewed by any user whose permissions allow access to the case via the Web portal.	790, 938, 1086
104	Business	Application and Enrollment	Case Management	Policy Management	The solution shall allow individuals, Case Workers, Brokers, and Navigators to maintain and access a history of a beneficiary's eligibility status over time.	S	The policy management module tracks the eligibility status of beneficiaries, known as dependents or members, that comprise the family coverage associated with an individual (subscriber).	790, 938, 1086
105	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Case Workers, Individuals, Brokers, and Navigators to add, delete or update income information.	S	The policy management module allows authorized users with access to any case the ability to make changes, such as income, as required. Most changes require knowing the specific coverage month the change(s) take effect which, in turn, may impact previously billed coverage premiums.	790, 938, 1086
106	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Case Workers, Individuals, Brokers, and Navigators to update citizenship information or immigration status.	S	The policy management module allows authorized users with access to any case the ability to make changes, such as citizenship, as required. Most changes require knowing the specific coverage month the change(s) takes effect which, in turn, may impact previously billed coverage premiums.	790, 938, 1086
107	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Case Workers, Individuals, Brokers, and Navigators to view the new determination of eligibility after the change in circumstances.	S	The HIX Solution Suite's web portal allows Users to view changes to their eligibility which occur after critical coverage facts change. The actual entry of these changes via the web portal is controlled by the eligibility results returned by the HCR Eligibility Engine. Users with sufficient permissions will be allowed to view a Case's change history.	790, 938, 1086
108	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall allow Navigators and Brokers to enter the solution via a Navigator tab and manage cases.	S	The web portal provides unique "portals" into the website that are available to specific User Groups like Individuals, Employers/Employees, Brokers, Navigators and Carriers. The specific features available to each User Group is controlled by the features and data access rights associated with their User Group/Role.	790, 938, 1086
109	Business	Application and Enrollment	Case Management	Eligibility and Enrollment, Policy Management	The solution shall update recipient data based on ~~enrollments and~~ disenrollments initiated through the Exchange or receipt of notification from Carriers, including plan selection and effective plan year.	S	The HIX Solution Suite processes all enrollments, dis-enrollments, terminations and life events impacting health care coverage status. The Financial module monitors payment status which, if consumers become excessive past due, will terminate coverage. There is no capability for Carriers to notify the HIX Solution Suite concerning enrollments or dis-enrollments of Individuals, nor change the selected QHP or the effective plan year. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Delete "enrollments and" and change to an S. Included in price.	790, 938, 1086
110	Business	Application and Enrollment	Case Management	Eligibility and Enrollment	The solution shall allow Case Workers to enter the solution through a Case Worker tab and manage cases.	S	The HIX Solution Suite allows Brokers, Navigators, Case Workers, Exchange Administrators and Case Workers to create, edit, update participant information "on behalf of" a Employer, Employee or Individual while logging their identity to the account/case.	790, 938, 1086
111	Business	Application and Enrollment	Renewals	Policy Management	The solution shall provide the ability for Individuals to be automatically enrolled (e.g., into a default health plan) at renewal.	S	Our renewal processes automatically notify Individuals to return to the web portal so that they can accept or reject the renewal as well as update their coverage or QHP during open enrollment. By default, the existing QHP and family coverage is continued into the renewing period.	790, 938, 1086

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
112	Business	Application and Enrollment	Renewals	Policy Management	The solution shall request and allow Individuals to submit changes to eligibility data for annual renewals via online or written communication.	S	Our renewal processes automatically accepts changes made on an Individual's Case via the web portal as may be required. Submission of hardcopy documents to drive Case information changes follows a workflow process that includes scanning, OCR, image indexing and association of the scanned document to the appropriate Case. In addition, a workflow action drives a manual review of the scanned document by Exchange personnel or Case Workers to update the Individual's Case information as requested. These workflows commonly include a follow-on step which sends a notification to the Individual, via electronic or postal mail, which requests the Individual's review and approval of the changes within the web portal.	790, 938, 1086
113	Business	Application and Enrollment	Renewals	Eligibility and Enrollment, Policy Management	The solution shall process Individual responses to renew eligibility, initiate the eligibility determination process if necessary, and modify eligibility and enrollment based on responses.	S	The HIX Solution Suite's web portal can perform these actions since it processes all enrollments, dis-enrollments, terminations and life events impacting health care coverage status.	790, 938, 1086
114	Business	Application and Enrollment	Renewals	Eligibility and Enrollment, Policy Management	The solution shall provide the ability for Individuals to compare and enroll plans during renewal.	S	During the renewal process via the web portal, Individual are able to review and compare QHPs in the same manner as their initial enrollment.	790, 938, 1086
115	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall capture, track, and display disposition of appeals (including status, assignments, and relevant case notes).	S	Our Case Management module includes an appeal process whereby Individuals may submit appeals for issues such as eligibility determinations and calculation of health care subsidies. Submission of an appeal, tracking, status, notes, and outcomes are automatically administered via workflows. Additional documentation may be submitted in either electronic or hardcopy formats that will be associated to an appeal. Appeals requiring managerial review may be moved into an escalated workflow. Regardless of the action taken, the Individual is notified, via electronic or postal mail, of the current status or determination of the Appeal.	790, 938, 1086
116	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall provide the capability to refer or route appeal requests to entities outside of the Exchange as specified by the State.	W	This requirement can be managed via workflow configuration.	790, 938, 1086
117	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall generate written notices informing Individuals of an appeal decision.	S	The Web portal provides comprehensive features for appeals submission, tracking, administrative workflows, notifications, status updating, and final eligibility/ineligibility results of the appeal.	790, 938, 1086
118	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall generate a notification to CMS of completed appeal decisions.	S	This requirement can be managed as part of the workflow.	790, 938, 1086
119	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall provide the capability for Individuals to request appeals to eligibility decisions.	S	This requirement can be performed online, via mail or through the call center.	790, 938, 1086
120	Business	Application and Enrollment	Appeals	Eligibility and Enrollment	The solution shall send notifications to the Individuals regarding the appeal process and in the status of their appeal.	S	This can be managed as part of the workflow; notifications can be sent via email and US mail.	790, 938, 1086
121	Business	Plan Management	General	Program Maintenance	The solution must accept links to plans and information from Insurance Carriers, track the status, and display electronic files of marketing materials for State review, including links to websites.	S	The Web portal displays a QHP's benefit and premium information to consumers, both anonymous and with valid user accounts. When available, links can be displayed with PDF documents containing ancillary information.	819, 967, 1115
122	Business	Plan Management	General	Shop and Compare	The solution shall display QHPs and their respective plan information to consumers.	S	The HIX Solution Suite's Web portal displays available, eligible QHPs, and allows QHP selection.	819, 967, 1115
123	Business	Plan Management	General	Program Maintenance	The solution shall gather and display information from QHPs on geographic regions served, plan types, participating providers, enrollment start and end dates (multiple occurrences), quality measures, and other data.	S	The Program Maintenance module captures and reports on QHPs facts and certification status for analysis and oversight.	819, 967, 1115
124	Business	Plan Management	General	Program Maintenance	The solution shall display the current and historical certification status of all QHPs.	S	The program maintenance module captures and reports on QHPs facts and certification status for analysis and oversight.	819, 967, 1115
125	Business	Plan Management	General	Program Maintenance	Deleted as duplicate			
126	Business	Plan Management	General	Program Maintenance	The solution shall allow QHPs to provide premium information on a real-time basis or as part of the catalog.	S	The Web Portal displays a QHP's Benefit and Premium information to "Consumers". As more detailed, personal information is provided, the list of eligible QHPs and their Premiums and subsidies become progressively more accurate.	819, 967, 1115
127	Business	Plan Management	General	Program Maintenance	The Exchange shall gather and display information from QHPs on geographic regions served, plan types, participating providers, enrollment start and end dates (multiple occurrences), quality measures, and other data.	S	The Web Portal provides multiple filters to facilitate the shopping, viewing and comparing of QHPs.	819, 967, 1115
128	Business	Plan Management	General	Program Maintenance	The Exchange shall provide ability to record validation of Carrier to sell products within Nevada and other information on Carriers maintained on State databases.	S	Our Plan Management module inherently tracks the validation and certification of Carriers during specific time periods.	819, 967, 1115
129	Business	Plan Management	General	Program Maintenance	The solution shall accept and display agreement information, including signatures, which is linked to Carrier plans.	S	Our Plan Management module can accept, view, print and track electronic or scanned documents that are assigned to specific Plans or to their issuing Carrier.	819, 967, 1115
130	Business	Plan Management	General	Program Maintenance	The solution shall display the CMS plan quality rating methodology and display ratings for QHPs online.	S	The web portal capture and display QHP's plan quality rating and consumer ratings.	819, 967, 1115
131	Business	Plan Management	Certification Support	Program Maintenance	The solution shall provide support for the QHP certification, recertification and decertification process through maintenance and provision of data. Support shall include letter generation to Carriers and agencies, notifications to CMS, and storing data concerning denials or decertification.	S	The HIX Solution Suite's QHP Management module provides extensive features related to certification activities and associated notifications, letters and status tracking.	819, 967, 1115
132	Business	Plan Management	Certification Support	Program Maintenance	Deleted as duplicate			

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
133	Business	Plan Management	Complaints	Program Maintenance	The solution shall provide the ability to track and manage complaints, complaint disposition, assignments and status.	S	The HIX Solution Suite's program maintenance module provides extensive features related to tracking and managing complaints and associated notifications, letters, and status tracking.	819, 967, 1115
134	Business	Plan Management	Complaints	Program Maintenance	The solution must accept and secure electronic complaint data from CMS, the Carriers and any State-defined sources.	S	The new Health Domain within NIEM has not been fully defined as of this RFP for electronic data to be received from CMS, Carriers and state-defined sources. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified and no changes are necessary.	819, 967, 1115
135	Business	Plan Management	Complaints	Program Maintenance	The solution allow users to enter complaints about Exchange Carriers or Plans, and track complaints received for reporting purposes.	S	The web portal allows Users, both anonymous and authenticated, to submit complaints / comments against Carriers/Issuers, QHPs, the Exchange and the web portal. A collection of web pages for viewing, filtering and downloading complaints is available to Users assigned to a User Role which enables these features. Reports may be generated based on State requirements.	819, 967, 1115
136	Business	Plan Management	Complaints	Program Maintenance	The solution must track and manage complaints, including maintenance of identifying information.	S	The web portal provides extensive complaint management and oversight features.	819, 967, 1115
137	Business	Plan Management	Complaints	Program Maintenance	The solution shall reformat and merge complaint data from all sources into a common format to support analysis.	S	Because this requirement is broad and generalized we would need to work with the State to understand the sources of this data and the aggregation requirement. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified and no changes are necessary.	819, 967, 1115
138	Business	Plan Management	Complaints	Program Maintenance	Deleted as duplicate			
139	Business	Plan Management	Maintenance	Program Maintenance	The solution shall allow Carriers to add and update their health plans for pending state approval.	S	The Carrier Management module allows submission of QHP benefits and premium facts using pre-defined file formats.	819, 967, 1115
140	Business	Plan Management	Maintenance	Program Maintenance	The solution must allow staff to update provider information supplied by Carriers.	S	This is a broad feature description to accept provider information, in electronic format and outside of the Carrier Portal, from Carriers that will be loaded into the Producers database. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Change to S. Clarified and no changes are necessary.	819, 967, 1115
141	Business	Plan Management	Maintenance	Program Maintenance	Deleted during negotiations.			
142	Business	Plan Management	Maintenance	Program Maintenance	Deleted as duplicate			
143	Business	Plan Management	Monitoring	Program Maintenance	The solution shall accept and display agreement information linked to Carrier plans.	S	The Carrier Management module accepts and displays contractual / agreement information for those Users whose permissions allow such features.	819, 967, 1115
144	Business	Plan Management	Monitoring	Program Maintenance	The solution must accept Carrier and plan performance data electronically from Carriers, CMS, and State agencies in support of agreed-upon periodic monitoring activities.	M	This is a broad feature description for unspecified electronic data formats and monitoring. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~The Xerox solution has the ability to receive and display plan quality/performance data from carriers, CMS, State agencies or any single source as agreed to with the State during implementation.	819, 967, 1115
145	Business	Plan Management	Monitoring	Program Maintenance	The solution must provide the ability to analyze and produce reports on plan performance.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with the Exchange during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	819, 967, 1115
146	Business	Plan Management	Monitoring	Program Maintenance	The solution must track the status and results of current and historical compliance analyses.	C	The HIX Solution Suite does not currently perform these capabilities. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Remain a C until requirements defined further.	819, 967, 1115
147	Business	Plan Management	Monitoring	Program Maintenance	The solution must produce electronic and paper notices to Carriers showing the results of compliance and quality reviews.	M	Notifications of quality reviews conducted by the Exchange can be submitted electronically or via paper as directed by the Exchange. The formatting and repot layout will need to be developed. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	819, 967, 1115
148	Business	Plan Management	Monitoring	Program Maintenance	The system must provide analyses and reports to assist the State in determining plan adequacy, provider coverage and Carrier compliance with Exchange policy	M	Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with the Exchange during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	819, 967, 1115

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
149	Business	Plan Management	Monitoring	Program Maintenance	The solution must maintain historical provider data to show accurate information at a given point in time.	M	~~Based on the scope of the intended results, the HIX Solution Suite may not satisfy these capabilities. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ The Xerox HIX Solution Suite will provide view access for the user to review their historical plan selection information for the purpose of comparing against currently available plans. Parties agree no additional cost.	819, 967, 1115
150	Business	Plan Management	Monitoring	Program Maintenance	The solution shall maintain, analyze and report on transparency and quality data submitted by Carriers.	C	The HIX Solution Suite does not currently perform these capabilities. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. The parties agree to discuss price for this item once the requirement is clearly defined. Change to a C.	819, 967, 1115
151	Business	Plan Management	Rates	Program Maintenance	The solution shall provide ability for Issuers to electronically submit rate and benefit data, and ~~a justification for rate increases, track approval status and~~ send required notifications, update records and make amendments.	S	The HIX Solution Suite must be customized to accept comprehensive electronic uploads capable of accepting this broad array of information for QHP benefits, rates, rate increase justifications, etc. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to an S. Clarified during negotiations.	819, 967, 1115
152	Business	Plan Management	Rates	Program Maintenance	Deleted as duplicate			
153	Business	Plan Management	Rates	Program Maintenance	The solution shall provide comparisons between current and proposed rates and plan benefits.	C	The HIX Solution Suite does not currently perform these capabilities. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Leave as is. Not included in price.	819, 967, 1115
154	Business	Plan Management	Rates	Program Maintenance	The solution shall provide current, historical and future QHP rates.	S	Assuming "future" periods are for those entered on QHPs for upcoming renewal periods.	819, 967, 1115
155	Business	Plan Management	Rates	Program Maintenance	Upon rate approval, the solution must send updated plan/rate/benefit data to the CMS for determination of silver plans and receive second lowest cost silver plan ratings from the CMS.	F	These features are planned for future release once data formats are described by CMS to accomplish these features, possibly using an information exchange package defined within the Health Domain of NIEM.	819, 967, 1115
156	Business	Plan Management	Rates	Program Maintenance	Deleted as duplicate			
157	Business	Financial Management	Financial Reporting	Financial Services	The solution shall generate monthly report of Individuals enrolled in the QHPs for the upcoming month along with the amounts of advance tax credits and cost-sharing reductions.	S	Using the Individual and QHP monthly enrollment information, the Financial Management module is able to create reports containing a listing, by Individuals, with their advance tax credits (Premium Subsidies) and cost-sharing reductions (Max. Out of Pockets Reductions) for future months. The report may be sorted by several attributes such as by QHP, by Individual's Last Name and include totals by QHP, by Carrier and include a Grand Total.	848, 996, 1144
158	Business	Financial Management	Financial Reporting	Financial Services	The solution shall update and maintain financial data with tax credit and cost-sharing reduction payments to Carriers.	S	The HIX Solution Suite is capable of calculating, invoicing and collecting advance premium tax credits from regulatory agencies. The ability to calculate the payments due to Carriers for the imbalances caused by cost sharing reductions will require participation and guidance from HHS/CMS.	848, 996, 1144
159	Business	Financial Management	Financial Reporting	Financial Services	The solution shall receive electronic payment history reports from Carriers and update solution financial data with the data.	C	The HIX Solution Suite does not currently track any payments due FROM Carriers due to the Issuer "User Fees" described in the ACA law. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Leave as is. Not included in price.	848, 996, 1144
160	Business	Financial Management	Financial Reporting	Financial Services	The solution shall maintain financial information about electronic payments and payment type (by the State or Individuals).	S	The Financial Services module in track and report payments due and whether payments were made by check, ACH, and credit card by Individual or Federal / State Agency.	848, 996, 1144
161	Business	Financial Management	Financial Reporting	Financial Services	The solution shall produce payment exception reports and notifications to Individuals.	S	The Financial Services module tracks and reports payment exceptions and notifications for Individuals	848, 996, 1144
162	Business	Financial Management	Financial Reporting	Financial Services	The solution shall provide inquiry screens to for Individuals, Case Workers, Brokers, and Navigators access to information on payment discrepancies.	S	The Financial Services module provides inquiry screens with detail information about monthly payments due, payments made and discrepancies to Individuals and Agents, Brokers and Navigators associated with the Individual.	848, 996, 1144
163	Business	Financial Management	Financial Reporting	Financial Services	The solution shall apply general ledger coding to the financial transactions and send data to the State financial system on a State-specified frequency.	M	The HIX Solution Suite must be customized to work effectively with any state's financial system. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	848, 996, 1144
164	Business	Financial Management	Financial Reporting	Financial Services	The solution shall produce an solution Annual Financial Report in a format specified by the State.	M	We will work the Exchange to determine the exact report layout and delivery method during implementation. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	848, 996, 1144
165	Business	Financial Management	Premium Processing	Financial Services	The solution shall allow Native American tribes to make premium payments on behalf of members using federal funds.	C	Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. The tribe acts as a group. If a Tribe pays the Carrier, the solution is not involved. Leave as is. Not included in price.	848, 996, 1144
166	Business	Financial Management	Premium Processing	Financial Services	The solution shall provide mechanisms to calculate / adjust premium subsidies on behalf of recognized Native Americans applying for commercial health insurance coverage through the Exchange.	S	~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Assume subsidy is coming from eligibility Engine. Change to "S". Included in price.	848, 996, 1144

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
167	Business	Financial Management	Premium Processing	Financial Services	The solution will display invoice and payment history online.	S	For non-subsidized health care coverage maintained within the HIX Solution Suite for the SHOP and AHBE Exchanges, the financial services module provides a comprehensive list of features for invoicing, payment submission, payment due and past due notifications, monthly/annual payment history and discrepancy reports, generates the appropriate premium and fees due for each month, and other miscellaneous features. Detailed reports for individuals with AHBE coverage contain their unique personal information.	848, 996, 1144
168	Business	Financial Management	Premium Processing	Financial Services	The solution shall provide detail reports to support and reconcile an Annual Financial Report in a format specified by the State.	S	This requirement can be accomplished via our extensive reporting functionality.	848, 996, 1144
169	Business	Financial Management	Premium Processing	Financial Services	The solution shall allow individuals to view the current payment status.	S	Individuals can view current payment status via the Web Portal.	848, 996, 1144
170	Business	Financial Management	Premium Processing	Financial Services	The solution shall track and provide notices to users on the 90-day premium grace period.	S	Enrollment period date rules are automatically enforced to include grace periods. All of these rules are enforced and notices triggered automatically,	848, 996, 1144
171	Business	Financial Management	Premium Processing	Financial Services	The solution shall compare payment data made by CMS to the Exchange payment data, report exceptions and adjust data as needed for reconciliation.	S	This requirement can be accomplished via our extensive reporting functionality.	848, 996, 1144
172	Business	Financial Management	Premium Processing	Financial Services	The solution shall send notifications to the Individuals informing them of the due dates for premium payments.	S	System correspondence, notifications, and other correspondence are all automated in our current processes.	848, 996, 1144
173	Business	Financial Management	Premium Processing	Financial Services	The solution shall send notifications of all payment discrepancies and unpaid premiums to Individuals, Case Workers, Brokers, Navigators and State/Exchange Eligibility and Enrollment staff.	S	System correspondence, notifications, and other correspondence are all automated in our current processes.	848, 996, 1144
174	Business	Financial Management	Premium Processing	Financial Services	The solution shall determine the payment amount based on the health plans) selected by the Individual.	S	Upon receipt of enrollment information from the membership system, the financial services module generates invoices for each funding source and type, such as employers, participants, etc. Calculation of invoice amounts is completed within the financial services module based on the health plan product and service choices made by a participant. These participant choices are cross-referenced to the information provided by the carriers to generate invoices for each funding source. When creating the invoices, the EFS system performs a look-back to previous months to verify that invoiced amounts are still accurate according to current enrollment information and that previously invoiced payments were made to the account. The system adjusts the current invoice to recover any shortfall or credit any overpayments.	848, 996, 1144
175	Business	Financial Management	Premium Processing	Financial Services	The solution shall allow individuals to view the premium amount, their obligation and payment status online.	S	We offer electronic presentment and payment that shows monthly balances and premium payment history for each participant. An individual is notified of the presence of the invoice on the Web portal. Should a payment be late or delinquent, the system also keeps participants informed of payment status and the steps required to resolve payment issues and retain coverage.	848, 996, 1144
176	Business	Financial Management	Premium Processing	Financial Services	The solution shall allow individuals to pay premiums directly to the QHP, pending Board decision, or through the solution using one of a variety of payment methods including EFT, e-check, debit and credit cards.	S	Once the system creates the billing invoice, participants have options for paying their billed amounts. Our EFS supports premium payment through the Web, by mail, or via a Service Center. We support several billing methods, including: • Credit card • Binder payments • Auto-draft recurring payments • Paper checks We provide Payment Card Industry Data Security Standard (PCI-DSS)-compliant services to support the set-up and selection of payment processing through a variety of means, including ACH and credit card through a Web portal, IVR, or customer service center. Custom development would be required if payments are to be made directly to the QHP instead of to the solution. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. It is one or the other, not a mix	848, 996, 1144
177	Business	Financial Management	Premium Processing	Financial Services	The solution shall send invoices to Individuals for monthly premium payment, pending Board decision.	S	The HIX Solution Suite, via the financial module, issues monthly invoices to consumers, accepts payments, handles NSFs and non-payments, and disburses premium to carriers/issuers and commissions to brokers. Financial adjustments to invoice amounts are automatically issued whenever retro-active coverage adjustments impact previously billed coverage months.	848, 996, 1144
178	Business	Financial Management	Premium Processing	Financial Services	The solution shall receive, process and record premium payments, if directed by the Exchange Board.	S	The HIX Solution Suite's extensive notification functionality includes notifications of unpaid premiums to individuals and display of notifications online.	848, 996, 1144
179	Business	Financial Management	Premium Processing	Financial Services	The solution shall determine and record the Individual payment option.	S	The HIX Solution is designed to determine record all payments and to adjust future payments, as required.	848, 996, 1144
180	Business	Financial Management	Premium Processing	Financial Services	The solution shall calculate premiums owed for State subsidized health plans, and indicate Individual obligation and any fees owed by the Individual.	S	The HIX Solution Suite financial services platform offers Web-based premium billing, collections, aggregations, assessment fees, and payments functionality to provide a streamlined financial management process.	848, 996, 1144

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
181	Business	Financial Management	Premium Processing	Financial Services	The solution shall produce notifications of discrepancies to Eligibility and Enrollment staff.	S	This requirement is accomplished via automatic notifications built into the workflow.	848, 996, 1144
182	Business	Financial Management	Premium Processing	Financial Services	The solution shall provide for processing adjustments for bad checks or payments due to NSF or other reasons.	S	As a part of our daily reconciliation process, any transactions that fail (such as returned checks) are reported as bank debits in an individual's account. Information on returned items is reported monthly via the reconciliation report and includes adjustments to previous payments.	848, 996, 1144
183	Business	Financial Management	Premium Processing	Financial Services	The solution shall provide automated process for identifying unpaid Individual premiums and generating a notification to the Individuals.	S	This process is built into the workflow.	848, 996, 1144
184	Business	Financial Management	Premium Processing	Financial Services	The solution shall send notifications of unpaid premiums to Individuals and display notifications online.	S	The HIX Solution Suite's extensive notification functionality includes notifications of unpaid premiums to individuals and display of notifications online.	848, 996, 1144
185	Business	Financial Management	Premium Processing	Financial Services	The solution shall generate invoice adjustments and automatically update Individual accounts.	S	Financial adjustments to invoice amounts are automatically issued whenever retroactive coverage adjustments impact previously billed coverage months. Accounts are also updated automatically.	848, 996, 1144
186	Business	Financial Management	Premium Processing	Financial Services	The solution shall allow for State-specified tolerance amounts on acceptance of payments.	S	The HIX Solution Suite can be configured to accept payment amount less than the full amount due before disbursing premiums to Carriers/Issuers and commissions to Broker. The Financial Services module includes a configurable feature to establish a cumulative unpaid balance amount that triggers cancellation of coverage.	848, 996, 1144
187	Business	Financial Management	Premium Processing	Financial Services	The solution shall receive and process notifications of payment discrepancies from Carriers and allow online viewing. ~~and modification of discrepancies.~~	M	This requirement assumes payments are being made directly to carriers which is outside the solution's normal mode of operation. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to M. Included in price. The parties agree assuming carrier provides data in a format acceptable to contractor, if discrepancies occur between the Carrier information and the Solution, Contractor will work with the Carrier to resolve issues, with the support of the Exchange staff.	848, 996, 1144
188	Business	Financial Management	Premium Processing	Financial Services	The solution shall provide screens to update payment records with corrected invoice / payment information for Carriers, Employers, or Individuals.	S	The Financial Services module provides a means to manually adjustment consumer account balances due to circumstances where changes to coverage facts will not generate the correct adjustment needed. This manual feature is available to select personnel assigned to an exclusive User Role which enables this capability. These activities are tracked, logged and audited for misuse or fraud. Adjustments to consumer payment amounts occur using the payment processing activities compliant with accounting standards. All Carrier payment adjustments naturally flow from all consumer account adjustments. Manual Carrier payment adjustments could be affected using standard features available within the A/P sub-ledger by Exchange accounting personnel. These Carrier payment adjustment would be reviewed and audited.	848, 996, 1144
189	Business	Financial Management	Premium Processing	Financial Services	The solution will provide premium aggregation support capabilities.	S	The HIX Solution Suite's Financial module aggregates premium disbursements to Carriers/Issuers for all active QHPs administered by them every month.	848, 996, 1144
190	Business	Financial Management	Premium Processing	Financial Services	The solution shall invoice and process payments for BHP and APTC amounts for remittance by the State.	C	On a monthly basis, the HIX Solution Suite will track, bill and collect the appropriate Federal or State Agency for those APTC (subsidy) amounts eligible for active Individual Cases tracked by the solution. As currently implemented, the Financial module cannot track, bill and collect for those Basic Health Plans (BHPs) maintained by any external, state-operated solution without integration being established between the two system. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Leave as is. Not included is price. Necessity will be determined after definition of requirement is clarified.	848, 996, 1144
191	Business	Financial Management	Premium Processing	Financial Services	The solution shall remit aggregated premiums to Carriers electronically.	S	The HIX Solution Suite's Financial module automatically tracks and disburses premium amounts due Carriers, and commission amount due Agents and Brokers. Actual disbursements occur once Consumer payments have been received as ACH transactions via the web portal or as hardcopy payments mailed to our payment processing center. Through the use of an Accounts Payable sub ledger, available capabilities include electronic funds transfers, detailed statements and annual 1099 tax reporting.	848, 996, 1144
192	Business	Financial Management	Premium Processing	Financial Services	The solution shall process Nevada Check Up payments from Individuals with children in Nevada Check Up.	M	As currently implemented, the financial services module cannot track or bill coverage or process payments related to individuals with children maintained by the Nevada Check-Up solution operated by the Exchange without establishing integration between the two systems. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	848, 996, 1144
193	Business	Financial Management	Premium Processing	Financial Services	The solution must provide the ability to determine if a COBRA option exists for an Individual, and if it exists, allow an Individual to select COBRA and make COBRA payments when an Individual comes off of an Employer plan and chooses COBRA.	S	The HIX Solution Suite tracks a terminated Employee's eligibility for COBRA coverage from within the SHOP Exchange and transfers administration of the Individual's COBRA coverage to an authorized, accredited COBRA Administrator.	848, 996, 1144

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
194	Business	Financial Management	Premium Processing	Financial Services, Exchange Infrastructure	The solution shall generate data and reports on trends in premiums.	S	The HIX Solution Suite's financial services module creates reports for premium trends and individual premium payment activities.	848, 996, 1144
195	Business	Financial Management	Premium Processing	Financial Services, Exchange Infrastructure	The solution shall generate reports on Individual premium payments.	S	The HIX Solution Suite's financial services module creates reports for premium trends and individual premium payment activities.	848, 996, 1144
196	Business	Financial Management	Risk Management	Financial Services, Exchange Infrastructure	The solution shall gather and display information needed to support risk adjustment and transitional reinsurance.	S	The HIX Solution Suite supports risk adjustment and transitional reinsurance capabilities using Business Analytics reporting capabilities.	848, 996, 1144
197	Business	Financial Management	User Fees	Financial Services	The solution shall calculate the user fee from Carriers and update the financial accounts.	M	The HIX Solution Suite's financial service module does not calculate the user fees described in the ACA law for carriers participating in an ACA Exchange. The solution currently does not bill, invoice, collect, post revenue to financial accounts tracking such fees, nor disburse those monies to State Exchange bank accounts. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. A straight-forward methodology, such as a PMPM, is included in the agreed upon price of this contract. The solution may collect these fees from the carriers and remit funds to the Exchange. Should the methodology turn into a complicated algorithm, Contractor reserves the right to propose cost increase.	848, 996, 1144
198	Business	Financial Management	User Fees	Financial Services	The solution shall allow electronic payment of user fees.	S	The HIX Solution Suite's Financial module allows electronic payment of User fees and premiums	848, 996, 1144
199	Business	Consumer Assistance	General	Web Portal	The solution shall provide language support in on-screen communications in English and Spanish.	S	Content for Web presentations can be presented in Spanish or English and is written at a ninth-grade reading level. In addition, our Service Center is staffed in large part with multi-lingual staff allowing, us to easily and quickly respond to Web inquiries received in a non-English language. For example, an inquiry received in Spanish through either the *Contact Us* function or the *Web chat* function will be answered in Spanish by one of our bi-lingual customer care specialists.	877, 1025, 1173
200	Business	Consumer Assistance	General	Web Portal	The solution shall provide field level help for each screen field, which includes description and required data format.	S	The HIX Solution Suite's web portal provides screen field help using free-form text descriptions and data format requirements.	877, 1025, 1173
201	Business	Consumer Assistance	General	Program Maintenance	The solution shall allow QHPs to provide premium information in real-time or as a data file.	S	This HIX Solution Suite's Plan Management module will allow Issuers / Carriers to provide QHP Premium rating information via the Issuer Portal or submit QHP Premium rating information via data files using predefined formats.	877, 1025, 1173
202	Business	Consumer Assistance	Intake and Application	Exchange Infrastructure	The solution shall provide the ability to receive, scan, store, and display documents submitted to the Exchange via mail, facsimile, web portal, and/or email.	S	The HIX Solution Suite will accept, scan, upload, index and display documents regardless of the submitted format.	877, 1025, 1173
203	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall allow Indian tribes, tribal organizations, and urban Indian organizations to be designated as Navigators.	S	The HIX Solution Suite's Web portal provides registration pages devoted to agents, brokers, and navigators, and submits appropriate information and supporting documentation to obtain the necessary licensing or certification to perform those roles. Exchange personnel or State program administrators process these requests and update their accounts to enable their access to unique features assigned to the user role. These features include, in part, initiating new cases, assistance during enrollment activities, reviewing their cases and statuses, etc.	877, 1025, 1173
204	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall allow qualified Agents, Brokers, and Navigators to enter the portal.	S	Broker/navigator/agent self-registration requires information such as name, address, and ZIP code; it also requires parties to provide valid state license numbers and to select participating carriers they are licensed to represent. This information can be automatically matched against a State-sponsored database for validation. Should the Exchange require navigators to become licensed or otherwise obtain state certification, the HIX Solution would be able to track this information and make it available to users of the Exchange..	877, 1025, 1173
205	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall allow Agents, Brokers, and Navigators to create an account.	S	Broker/navigator/agent self-registration requires information such as name, address, and ZIP code; it also requires parties to provide valid state license numbers and to select participating carriers they are licensed to represent.	877, 1025, 1173
206	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall provide functionality to allow Agents and Brokers to manage and track their sales including the sales pipeline.	S	Our HIX Solution Suite provides brokers with unique self-service tools to manage their books of business online, provide their clients with personal URL addresses that point applicants directly to a 'view' of the Exchange tied to the broker number, and to allow brokers to assist their clients as authorized representatives. They may make approved updates and changes to their accounts.	877, 1025, 1173
207	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall provide functionality to allow Agents and Brokers to add, modify, and delete plan information.	S	The web portal allows Agents, Brokers and Navigators to add or remove QHPS selected for the Individual or Small Group Cases during the screening and enrollment phases. However, they cannot directly add, update or delete the actual QHPs used by the Exchange, either commercial or public.	877, 1025, 1173
208	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall provide functionality to allow Agents and Brokers to view premium billing, payment, and collection information.	S	The Producer Portal, used by Agents and Brokers receiving commissions, may view the Premium and Commission Billing of their associated	877, 1025, 1173

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
209	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall provide individuals with the ability to locate Agents, Brokers, and Navigators information to gain assistance.	S	The web portal provides search capabilities to locate and display contact information for licensed Agents and Brokers or certified Navigators registered with the SSHIX for assistance.	877, 1025, 1173
210	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall store and display certification information from the Agents, Brokers, and Navigators, if required by Exchange policy.	S	The portal provides Exchange personnel and State program administrators features to activate/deactivate agents, brokers, and navigators based upon their license or certification status and/or determination of fraud or deceptive activities.	877, 1025, 1173
211	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall provide the ability to categorize Agents, Brokers, and Navigators based on language capacity.	S	The portal allows tracking of the one or several languages spoken by an agent, broker, or navigator.	877, 1025, 1173
212	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution shall support provide the ability to indicate if a Agent, Broker, or Navigator is found to be committing fraud or is barred from an Exchange for deceptive activities.	S	The portal provides Exchange personnel and State program administrators features to activate/deactivate agents, brokers, and navigators based upon their license or certification status and/or determination of fraud or deceptive activities.	877, 1025, 1173
213	Business	Consumer Assistance	Agent, Broker, Navigator Management	Customer Relations	The solution, when registering and tracking certified Navigators or Brokers, shall associate complaints to the applicable Broker or Navigator.	S	The entry, update, deletion, and display of complaints against agents, brokers, and navigators is provided.	877, 1025, 1173
214	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The solution shall utilize methods and delivery mechanisms to minimize the workload for a customer service representative when dealing with a customer service issue.	S	The CRM application supporting Call Center activities is designed to minimize workload, particularly during peak loads.	877, 1025, 1173
215	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Shop and Compare	The solution shall support the use of multiple types of presentation and delivery options including, but not limited to, cell phones and other handheld devices, and tablets.	S	The HIX Solution Suite's web portal supports presentation and delivery to known, compliant browsers running on any device.	877, 1025, 1173
216	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Shop and Compare	The solution shall provide the capability for Individuals to request assistance through Chat Support (online assistance from a service representative).	S	The HIX Solution Suite provides Chat Support through an options available on the Web portal. All chat sessions with callers are documented in the CRM system.	877, 1025, 1173
217	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Shop and Compare	The solution shall use State-specified indicators for situations that require human intervention.	W	The HIX Solution Suite incorporates workflow rules, which include conditions for automated and manual processing. During implementation, we will work with the Exchange to define the State-specified indicators in order to configure the appropriate workflow(s).	877, 1025, 1173
218	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center must add and maintain a sufficient number of telephone lines and staff so at least 99% of incoming calls per day are answered within 60 seconds.	S	Our telephony solution includes performance reporting and monitoring functionality. Service Center leadership perform live monitoring of call traffic, adjust staffing levels and work schedules as needed, and analyze Service Center reports to ensure SLAs in the Service Center are met. This team works closely with our quality assurance staff to review regularly produced reports and track and resolve any performance issues.	877, 1025, 1173
219	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center will increase the staff, as necessary, to meet the needs of the Exchange user community.	S	Our infrastructure offers flexible capacity to support peak call volumes, and can easily support increased call volumes. Based on our experience, we have planned sufficient support including additionally staffing for peak enrollment periods. However, If special situations occur, we work with the State to identify additional staffing needs to support the special circumstance.	877, 1025, 1173
220	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall not place a caller on "hold," ring busy, or go unanswered for more than one minute without response to the caller's inquiry.	S	Customer service is central to our overall corporate philosophy, and every employee understands the importance of delivering excellent customer service. Our CSRs are trained to provide prompt, responsive service. Clear processes and ongoing quality monitoring helps ensure CSRs do not place a caller on hold, ring busy, or go unanswered for than one minute without responding to the caller's inquiry.	877, 1025, 1173
221	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall accept, manage and track calls from Individuals, Case Workers, Broker, Navigators and Carriers regarding the solution.	S	We establish a variety of priority queues and ACD groups to efficiently route callers—including individuals, case workers, brokers, navigators, carriers, and other types of callers—to the right CSR. All calls are documented in the CRM and a complete record of the individuals account is provided within the CRM, including interactions that the user has had through the Web portal, correspondence sent and received, and interactions with the IVR. This complete participant record allows CSRs to easily research information for the participants regarding the BOS.	877, 1025, 1173
222	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall operate within the Service Level Agreements set by contract.	S	The Xerox Team operates under SLAs and KPIs mutually agreed upon with the State to ensure a high level of quality service and customer satisfaction. Ongoing monitoring and reporting help ensure we meet all required SLAs.	877, 1025, 1173

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
223	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall support multiple languages as specified by the State (Spanish and English at a minimum).	S	The Xerox Team is committed to serving the non-English speaking community. The Service Center staffs for two languages—English and Spanish—and uses Language Select for additional language translation. Our CSRs are trained to communicate timely, accurately, and efficiently with both English and non-English speaking individuals and with individuals who have special needs and their caretakers.	877, 1025, 1173
224	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall support plain language as defined in federal regulation.	S	The Xerox Team has extensive experience providing appropriate, easy-to-understand assistance to callers in accordance with federal regulations for supporting plain language.	877, 1025, 1173
225	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall provide an automated contact/call distribution and tracking system with voice response capabilities.	S	The HIX Solution Suite uses a combination of systems in the Service Center to provide excellent customer service to our clients: the enhanced Automatic Call Distribution (ACD) system for contact/call distribution; the Customer Relationship Management (CRM) system to record all interactions with callers; and an Interactive Voice Response (IVR) system for automated assistance to callers with voice response capabilities.	877, 1025, 1173
226	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall integrate with the security platform of the Exchange.	S	Call Center representatives perform their activities using the web portal and are inherently constrained by the HIX Solution Suite's security platform. The HIX Solution Suite shares the same security platform throughout the core exchange models.	877, 1025, 1173
227	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall have the capability of expansion to multiple call centers if desired by the State.	S	Our Service Center solution includes an established telecommunications infrastructure to support operations for the Exchange. Our proposed network and telecommunications infrastructure is specifically designed to support the technical components of our solution and provide the capacity and flexibility needed to support this contract, including fluctuations in call volume. Our infrastructure also offers flexible capacity to support peak call volumes and can easily support increased call volumes during open enrollment. We work with the Exchange to evaluate call volume, SLAs, and other system architecture requirements. Our ongoing monitoring and planning and the design of our infrastructure positions us to provide the flexibility to scale up or scale down based on the needs of the Exchange.	877, 1025, 1173
228	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall provide multiple levels of support staff based upon experience levels, certifications, and other qualifications as specified by the State.	S	Our hiring philosophy for the Exchange, and for all other projects we manage, is to hire people with the right skill sets and mindset for each job. Being able to assure the Exchange and the State that we have staff in place with the required level of proficiency begins with hiring the right people—individuals with appropriate experience; willingness and ability to learn, retain, and recall detailed information; a positive attitude; and the desire to help people. We provide multiple levels of support staff to meet the requirements of the RFP and the agreed to scope of work, and adhere to all experience, certification, and other qualifications defined for Service Center staff.	877, 1025, 1173
229	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center software shall track call information entered automatically or by Service Call Center staff, including date and time of call, caller name, caller company/employer, reason for call, resolution of call, and staff person ID.	S	The HIX Solution Suite's CRM allows CSRs to keep a systematic record of interactions with the caller, including notes on their conversations with the individual. A complete record of the individuals account is provided within the CRM, including interactions that the user has had through the Web portal, correspondence sent and received, and interactions with the IVR. This complete participant record—including specific data about the call, caller, and CSR—allows CSRs to easily research information for Exchange callers.	877, 1025, 1173
230	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall maintain a detailed history of Service Center calls for up to three (3) years.	S	We maintain a detailed history of Service Center calls for up to three (3) years. These interactions are accessible to CSR during calls, to provide high quality assistance to participants, especially those who may have entered and exited the SSHIX and associated programs at any time.	877, 1025, 1173
231	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall track grievances and appeals by callers initiated or followed up through the Service Center, and shall ensure such grievances and appeals are reported and tracked as required by State and federal solution requirements.	S	Grievances and appeals are tracked to resolution through our CRM, with reporting on in process and completed statuses. During implementation, we work with the Exchange to review and refine as necessary our existing processes to help ensure we meet current and emerging State and federal requirements for Exchange grievances and appeals.	877, 1025, 1173
232	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall maintain State-specified Service Center statistics and report to the State according to the reporting schedule and format specified by the State, such as number of calls, calls answered, average call wait time, average talk time, and percent of calls answered within certain time frames.	S	Our telephony solution includes call management statistics such as number of calls, calls answered, average call wait time, average talk time, and percent of calls answered within certain time frames. Detailed reporting on statistics, including drilldown capabilities, are provided through our data warehouse/reporting component.	877, 1025, 1173

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
233	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall report statistics in total and by each individual staff person.	S	Our Service Center components include the capabilities to track individual CSR activities. Detailed reporting on statistics, including drilldown capabilities, are provided through our data warehouse/reporting component.	877, 1025, 1173
234	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall maintain an interface with the Exchange for inquiry and update by authorized Service Center staff.	S	In addition to integration between our membership and CRM components, CSRs in our Service Center have access to the BOS Web portal at all times, in order to effectively assist callers, as well as complete applications on a caller's behalf.	877, 1025, 1173
235	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center and all staff shall be located within the continental United States.	S	The Customer Service Center will be located in the state of Mississippi at one of our Center of Excellence Call Centers.	877, 1025, 1173
236	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall provide sufficient toll-free lines to meet all SLAs as specified in the RFP.	S	Our solution has been designed to provide sufficient toll-free lines to meet all SLAs as specified in the RFP, or subsequently agreed to during contract negotiations.	877, 1025, 1173
237	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The contractor shall maintain a contingency plan for temporary or permanent increases in volumes of calls.	S	Our infrastructure offers flexible capacity to support temporary peak call volumes, such as during annual enrollment, and provides the scalability to support permanent increased call volumes.	877, 1025, 1173
238	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The contractor shall staff the Service Center to meet performance requirements 24 hours a day, seven days a week, including holidays.	S	Our staffing model for the Service Center provides for the staff to meet performance requirements 24 hours a day, seven days a week, including holidays.	877, 1025, 1173
239	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall provide a Spanish translation service with immediate (within 60 seconds) access to services during normal working hours.	S	The Xerox Team is committed to serving the non-English speaking community. The Service Center includes bilingual agents—English and Spanish—and use Language Select for additional language translation. If all Spanish speaking staff are not immediately available, we have the capability to leverage Language Select to aid with our overflow calls to meet this requirement.	877, 1025, 1173
240	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall exercise quality control on Service Center staff by listening to line calls or recorded calls on a weekly basis, and report results to the State.	S	We conduct ongoing monitoring and recording of CSRs, with quality assurance reviews of CSRs on a weekly basis. We monitor the information conveyed during calls and other contact events for accuracy and customer service delivery. As a key component in our quality assurance process, our Service Center technology records 100 percent of incoming calls, from which we pull a random sampling to monitor and analyze for positive and negative trends, determine and execute any needed corrective actions, and review and modify reference materials (e.g., policies and procedures, quick tips, FAQs, call scripts) as needed to ensure the integrity of our knowledge management tools. Reporting is made available to the State.	877, 1025, 1173
241	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Centers shall develop a training curriculum for the Service Center staff for State review and approval, and implement the approved curriculum.	S	The Xerox Team provides new employee, ongoing, and refresher training for all Service Center staff to promote continuous assessment and improvement of product knowledge, staff skills, and quality assurance processes. Staff members undergo testing for each training module to ensure understanding and appropriate application of training material. Staff members who are not successful during testing exercises receive additional training and re-testing. Our training process encompasses not only methods and resources for handing basic questions, but also provides our CSRs with the tools to address user issues related to the technology in the HIX Solution Suite. We submit Service Center curriculum to the State for review and approval.	877, 1025, 1173
242	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Centers shall maintain current procedures for Service Center staff to respond to all inquiries.	S	We review and maintain current procedures for our CSRs, to help ensure we provide the right answer the first time on every call. Additionally, through the use of call scripting, we ensure our staff provides consistent answers to callers' questions.	877, 1025, 1173
243	Business	Consumer Assistance	~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)	Customer Relations	The Service Center shall perform activities necessary to receive, log, track, store, and respond to incoming communications and correspondence. Activities also include processing correspondence that requires imaging/scanning, tracking, and routing of documents received by the Vendor or the Exchange, as well as maintaining a repository of correspondence sent to carriers, Navigators, and Brokers.	S	The HIX Solution Suite's EDMS component manages the incoming and outgoing communications and correspondence for participants, carriers, navigators, brokers, and other participants. Processing of these and other documents is managed in an auditable, traceable manner. Correspondence processed by the EDMS includes mail, faxes, e-mails, and out-bound mail. Through indexing features, the EDMS ties each piece of correspondence to an individual participant record in the CRM to maintain a single record of participant interactions. The EDMS allows the Service Center to view images of documents received from the participant, such as applications, verification information, and unique letters. Participants can review their documentation online through their secure login.	877, 1025, 1173
244	Business	Consumer Assistance	Surveys	Exchange Infrastructure	The solution shall support user surveys.	S	The HIX Solution Suite's web portal conducts user surveys as directed by the Exchange.	877, 1025, 1173

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
245	Business	Consumer Assistance	Surveys	Exchange Infrastructure	The Service Center shall provide satisfaction survey tools for inbound callers.	S	Using automated IVR-based technology, we offer inbound callers the opportunity to participate in a post-call survey. Completing this survey after the call is completed means that callers do not become frustrated with messages when they first enter the IVR and the CSR does not know who will be evaluated (since all inbound callers are offered surveys). We work with the State to define survey elements and determine the threshold between a high score and a low score. We provide all survey results to the State and report on all actions taken as a result of these surveys, including supervisory calls and training activities.	877, 1025, 1173
246	Business	Communications	General	Policy Management	The solution shall allow Individuals to designate their preferred mode of communications.	S	The HIX Solution Suite can capture the User's postal address, home or mobile phone numbers and email address. In addition, the User may select their preferred communication mode as phone, postal or electronic mail. For certain notifications, either postal or electronic mail must be selected.	906, 1054, 1202
247	Business	Communications	General	Shop and Compare	The solution shall provide information to Individuals regarding PPACA minimum coverage requirements, including definition of minimum essential benefits.	S	The HIX Solution Suite's web portal provides definitions and educational content to describe ACA concepts about "minimum essential benefits" and provide definitions to all health care related concepts. During implementation, we work with the Exchange to create and approve the content specific to the SSHIX.	906, 1054, 1202
248	Business	Communications	Financial Reporting	Exchange Infrastructure	The solution shall generate reports to support State risk adjustment activities.	C	The HIX Solution Suite does not provide these features. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. Leave as is. Not included is price. Necessity will be determined after definition of requirement is clarified.	906, 1054, 1202
249	Business	Communications	Financial Reporting	Exchange Infrastructure	The solution shall generate financial reports according to State-specified parameters, format and frequency.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
250	Business	Communications	Notifications	Exchange Infrastructure	The solution shall generate letters and notifications regarding decertifications, recertifications, disenrollments, reenrollments and renewals for applicable stakeholders. Notifications may be issued using a variety of methods (automated, manual, electronic, or written). Type of notifications will be determined by the Exchange.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be in a variety of methods and are built into workflows. We work with the Exchange during implementation to ensure required notifications for the BOS is configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
251	Business	Communications	Notifications	Customer Relations	The solution must allow registered Navigators/Brokers to subscribe to Exchange notifications.	S	The HIX Solution Suite provides features allowing Brokers and Navigators to receive notification for Employers or Individuals receiving notifications that have been associated to the Broker or Navigator.	906, 1054, 1202
252	Business	Communications	Notifications	Customer Relations	The solution shall provide the ability to send notifications to Individuals, Carriers, Employers, Employees, Case Workers, Broker, Navigators and federal agencies according to State-specified formats, media, and frequencies.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted in a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS is configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
253	Business	Communications	Notifications	Customer Relations	The solution shall notify Carriers, Broker, Navigators, Case Workers and CMS of enrollment change requests made by Individuals and results of the requests as directed by the State.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted in a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS is configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
254	Business	Communications	Notifications	Customer Relations	Deleted as duplicate			
255	Business	Communications	Notifications	SHOP	The solution shall notify employers of eligibility determinations, appeals, and track the appeal process.	S	An employer or employee can appeal eligibility decisions in multiple ways including, but not limited to, use of the Web portal, printable appeal forms found on the Web portal, through the call center, or with assister support. Appeals management includes both internal tracking, such as case assignment, case notes, etc., and external status tracking (submitted, in progress, need additional information, and completed). Throughout the appeals process, the HIX Solution Suite notifies the employer, CMS, and any other integration partner required by State regulations. All documentation is retained for future reference.	906, 1054, 1202
256	Business	Communications	Notifications	Policy Management	The solution shall send a written renewal notice to the individual, process responses, send appropriate notifications and update accounts accordingly based on CMS-determined period of eligibility.	S	The HIX Solution Suite provides a standardized coverage renewal workflows that begin with initial notifications about the renewal dates as well as details about their QHP's updated Premiums and Cost-sharing amounts for the upcoming year.	906, 1054, 1202
257	Business	Communications	Notifications	Policy Management	The solution shall provide a posting area on the Exchange where consumers can view information alerts or notices and send written or email notices when required.	S	The web portal provides a means for consumers to review any communications or notifications sent to them electronically or as hardcopy. Hardcopy communications sent by postal mail are displayed as PDFs within the web portal.	906, 1054, 1202
258	Business	Communications	Reports	Eligibility and Enrollment	The solution shall notify CMS of reconciled enrollment information.	S	The HIX Solution Suite will transmits to CMS EDI Feeds describing QHP coverage and enrollment facts for those consumers and their QHPs maintained by the solution.	906, 1054, 1202

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
259	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reports and data in formats, media and frequencies specified by the State.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
260	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports needed for relevant agencies and stakeholders.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
261	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports needed to comply with federal audit and oversight requirements.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
262	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports needed to comply with federal solution, Medicaid and Nevada Check Up requirements.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
263	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports needed to apply for and demonstrate appropriate use of federal grant funding.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
264	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data on the administrative costs of the solution and waste, fraud and abuse as required by the PPACA.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
265	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reports for the Exchange Board, legislature and other policymakers on Exchange metrics.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
266	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports on enrollment trends.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
267	Business	Communications	Reports	Exchange Infrastructure	The solution shall provide Exchange data in State-specified format to support State ad hoc reporting.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
268	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports on eligibility determination outcomes.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
269	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reports on plan enrollments, disenrollments, renewals, ratings, etc.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
270	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate data and reports to support Case Workers, Brokers, and Navigators.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
271	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reports and data on Individual surveys and other indicators of consumer satisfaction.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
272	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reports and data on consumer use of the Exchange.	M	The HIX Solution Suite offers extensive reporting capabilities. Reports can be run daily, weekly, monthly, or as needed based on the Exchange's requirements. We will work with SSHIX during implementation to ensure required reporting for the BOS is configured and available. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
273	Business	Communications	Reports	Exchange Infrastructure	The solution shall generate reconciliation reports for comparison with State, Carrier and CMS/federal data as required by the State.	M	The HIX Solution Suite offers extensive reporting capabilities. Notifications can be conducted in a variety of methods and are built into workflows. ~~We will work with the Exchange during implementation to ensure required notifications for the BOS are configured and available within the workflow. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Assuming the data elements are available for import into the solution's database and/or data warehouse, and the report can be generated through the ad-hoc reporting tool, no additional charge necessary.	906, 1054, 1202
274	Business	Communications	General	exchange Infrastructure	The solution shall provide information on Nevada subsidized health plans, the various health plan options, plans available to Individuals and sign-up procedures without requiring login.	S	The HIX Solution Suite's web portal allows consumers to view and compare plans while using the website in an anonymous mode. Of course, anonymous mode does not provide the consumer with any features to store and retrieve their personal information or coverage facts previously entered nor store and retrieve any plans they may have selected.	906, 1054, 1202

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
1	Business	Auditing	System Access	Shop and Compare, Eligibility and Enrollment, Policy Management	The solution shall allow Employer access through a tab on the web portal and add or manage health plan options for their employees.	S	The HIX Solution Suite Web portal provides employers with access to features and reports necessary to manage their employee lists, selected QHPs, employer contribution levels, as well as specific information related to historical and current policies. Access to the portal is provided to specific users with the employer user role. Please refer to Proposal Tab VI Section 4, System Requirements, specifically Proposal Section VI.2.2, Business Overview for a detailed discussion of our approach to business functionality for the SHOP requirements.	365, 1359
2	Business	Communications	Notifications	Exchange Infrastructure	The solution shall provide the ability to send SHOP notifications to Employers, Employees, Case Workers, Navigators, Brokers and federal agencies according to Exchange-specified formats, media, and frequencies.	S	Based on the Exchange's directives, the HIX Solution Suite will be designed to send notifications to various SHOP Exchange consumers, partners, and agencies, as may be required.	906, 1054, 1202
3	Business	Communications	General	Exchange Infrastructure	The solution shall mirror Individual Communications requirements for the SHOP as appropriate.	S	The SHOP Exchange will deliver similar communication capabilities, as described in the Individual Exchange.	906, 1054, 1202
4	Business	Communications	Notifications	Exchange Infrastructure	The solution shall notify an employer in writing that an employee has been determined eligible for advance payments of premium tax credit or cost-sharing reductions upon such determination.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted using a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS is configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
5	Business	Communications	Notifications	Policy Management	Provide the ability to generate on-screen notifications to employers who select a Small Business Tax Credit of the possibility of tax penalties / liabilities at time of tax filing should their business size or income change.	M	The Web portal will notify employers of the possibilities of tax penalties or liabilities when they calculate the small Business Tax Credit based upon current employer/employee facts. Parties agree in order to meet this requirement the system will include a notification to the user upon changes made to mutually agreed upon data elements to direct the user to use the online tax calculator already provided in base product. As such, no additional charge. ~~The Web does not currently calculate the actual penalties or liabilities that may actually occur in the future. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~	906, 1054, 1202

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
6	Business	Communications	Notifications	Web portal, Shop and Compare, Policy Management	Upon submittal of initial Employer Application, provide email and written notification to employees (as identified on the employee roster) to elect for or opt-out of employer sponsored coverage. Notification should also provide instructions and information to the employee about the open enrollment period and SHOP website access.	S	Employees can be notified electronically or via US mail when the Exchange is ready for them to shop for benefits. Employees then log into the Exchange with information provided to them. Immediately, employees are prompted to change an initial temporary password and select a permanent password. The employee's demographics can be pre-populated in the online application when the employee begins to shop for insurance. Employees are also subject to configurable eligibility rules, such as enrollment period restrictions and so forth.	906, 1054, 1202
7	Business	Communications	Notifications		The solution shall provide capability to prepare and send information-only communication to the employer regarding potential changes to their Tax Credit Eligibility due to a change in the employee roster. Provide a link to IRS website for additional information regarding the Small Business Tax Credit.	M	The employer portal will send notifications when changes in employee incomes or employee participation causes a likely change in the small business tax credit. While our HIX Solution Suite has the business rules and workflow engine necessary to support notification and application of subsidy and tax credits, we will work with the Exchange to finalize the specific rules based on the Exchange's requirements and final guidance from HHS. No additional cost for this requirement. ~~would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~	906, 1054, 1202
8	Business	Communications	Notifications	Policy Management, Financial Services	The solution shall manage, track and make appropriate notifications regarding voluntary disenrollments by employees, or involuntary disenrollments initiated by Carriers, employers or the solution.	S	The Web portal will notify employers when employees terminate their coverage. The employer portal will notify employees of coverage loss after their employment is terminated. The financial services module will notify the employer and employees when small group coverage is terminated for a reason of excessively past due balances.	906, 1054, 1202
9	Business	Communications	Notifications	Policy Management, Eligibility and Enrollment	The solutions shall produce written notification / request for an employee to verify key eligibility factors for the purposes of annual eligibility / enrollment renewal and report changes if necessary.	S	The Web portal requires explicit election during open enrollment for every renewal period. The HIX Solution Suite sets, sends, and displays notifications concerning required actions to establish eligibility and complete enrollment.	906, 1054, 1202
10	Business	Communications	Notifications	Eligibility and Enrollment	The solution shall generate written and on-screen notifications of the results of SHOP eligibility determinations.	S	Using business rules, the Web portal determines a small group's eligibility or ineligibility and notifies them accordingly.	906, 1054, 1202
11	Business	Communications	Notifications	Exchange Infrastructure	The solution shall generate notifications to CMS of the result of SHOP eligibility determinations.	S	The HIX Solution Suite will provide summary and detailed eligibility determinations in a format to be described by CMS.	906, 1054, 1202
12	Business	Communications	Notifications	Financial Services	The solution shall send notifications to the SHOP Employers informing them of the due dates for premium payments.	S	Notification to one or more designated employer users occurs via the Web portal and by postal/electronic mail concerning recurring monthly invoices and due dates, as well as past due balances and pending assessments of late fees.	906, 1054, 1202

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
13	Business	Communications	Notifications	Exchange Infrastructure	The solution shall send notification to Employers when their employees qualify for a subsidy.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted using a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS is configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
14	Business	Communications	Notifications	Policy Management	The solution shall display history of all written and online notifications for Employees and Employers.	S	The Web portal allows the display of written and online notifications for the employer and their employees. The portal only shows those notifications associated with the specific employee's account.	906, 1054, 1202
15	Business	Communications	Notifications	Financial Services	The solution shall send notifications of all payment discrepancies and unpaid premiums to SHOP Employers, Case Workers, Navigators, Brokers and solution Eligibility and Enrollment staff.	S	The Web portal sends notifications to the employer for payment discrepancies. If elected by case workers, brokers, and navigators, they also receive these notifications. These notifications will be viewable within the Web portal by any authorized user designated by the employer and who is assigned to the employer role. Case workers, brokers, and navigators assigned to the small group may also view these notifications via the portal.	906, 1054, 1202
16	Business	Communications	Notifications	Eligibility and Enrollment Policy Management	The solution shall generate notifications to SHOP employers regarding employee eligibility, enrollment, disenrollments, participation, tax credits, and changes.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted using a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS is configured and available. Modifications during that period would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing. The Web portal contains comprehensive features supporting oversight of employees' coverage and coverage events.	906, 1054, 1202
17	Business	Communications	Notifications	Exchange Infrastructure	The solution shall provide notifications to employers as required by the Exchange to support SHOP certification, enrollment and payment activities.	M	The HIX Solution Suite offers extensive notification capabilities. Notifications can be conducted using a variety of methods and are built into workflows. We will work with the Exchange during implementation to ensure required notifications for the BOS are configured and available within the workflow. This modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	906, 1054, 1202
18	Business	Consumer Assistance	General	Exchange Infrastructure	The solution shall mirror the Individual Consumer Assistance requirements for the SHOP as appropriate.	S	The Web portal closely mirrors the assistance offered to individuals, including screen field help using free-form text descriptions and data format requirements.	877, 1025, 1173
19	Business	Consumer Assistance	Complaints	Exchange Infrastructure	The solution shall provide the capability to capture and track Employer and Employee complaints.	S	The Web portal will contain features necessary to enter, update, and delete complaints related to the SHOP Exchange, issuers/carriers, and the QHPs.	877, 1025, 1173

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
20	Business	Consumer Assistance	Notifications	Customer Relations	The Service Center shall, if applicable, display an adjusted plan final cost based on small business tax credit eligibility, enumerating the costs prior to the small business tax credit, the projected savings for the employer from the small business tax credit and the final costs to the employer expected with the small business tax credit.	S	The SHOP Exchange will subtract the small business tax credit from the total, annual employer's contribution amounts.	877, 1025, 1173
21	Business	Consumer Assistance	**~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)**	Customer Relations	The Service Center shall mirror Individual Service Center requirements for the SHOP as appropriate.	S	Our Service Center is designed to provide shared services, quality support, and a high first call resolution for all callers, regardless of whether handling individual or SHOP inquiries.	877, 1025, 1173
22	Business	Consumer Assistance	**~~Service Center~~ Call Center (Revision based on Amendment No. 1, dated April 13, 2012)**	Customer Relations	The Service Center shall accept, manage and track calls shop Employers and Employees regarding the solution.	S	Our Service Center incorporates effective call management, monitoring, and customer relationship management systems and services to accept, manage, and track calls from employers and employees.	877, 1025, 1173
23	Business	Consumer Assistance	Web Content	Shop and Compare, Eligibility and Enrollment, Policy Management	The solution will provide online help capabilities for SHOP employers and employees that shall mirror those for Individual Enrollment.	S	The Web portal provides similar online help and educational media as described for the individual, including definitions and educational content to describe ACA concepts and to provide definitions to all healthcare-related concepts.	877, 1025, 1173
24	Business	Consumer Assistance	Web Content	Policy Management	Provide the capability for the employer to generate a packet of critical information to distribute to the employee.	S	The employer portal contains features to inform employees about their QHP coverage, employer contributions, and employee/dependent coverage, as well as direct them to the employee portal during the open enrollment period of the upcoming policy year.	877, 1025, 1173
25	Business	Financial Management	General	Financial Services	The solution shall mirror the Individual Financial Management functions for the SHOP Financial Management functions as appropriate.	S	The financial services module's capabilities for SHOP closely mirror those of the individual, where appropriate.	848, 996, 1144
26	Business	Financial Management	Premium Payment	Financial Services	The solution shall display an itemized breakdown per employee of QHP costs for the employee pool.	S	Included in the invoice are employer and employee contribution amounts by employer and QHP.	848, 996, 1144
27	Business	Financial Management	Premium Payment	Financial Services	The solution shall provide small businesses with an aggregated monthly invoice for the employer cost of coverage and any applicable fees.	S	The HIX Solution Suite's financial services module aggregates the premiums onto the monthly invoice associated with their employees. Included in the monthly invoice are any fees charged to the employer.	848, 996, 1144
28	Business	Financial Management	Premium Payment	Financial Services	The solution shall provide the functionality to make payments to QHPs on behalf of SHOP employers.	S	The HIX Solution Suite's financial services module automatically invoices employers for monthly premiums and fees due, accepts their direct payments via the Web portal, the call center or by mail, and disburses premiums to carriers and commissions to agents and brokers.	848, 996, 1144
29	Business	Financial Management	Premium Payment	Financial Services	The solution shall allow SHOP owners to view and track premium payments.	S	The Web portal allows employers to view previous and outstanding invoices with detailed information concerning premiums by employee/QHP, employer and employee contribution amounts, payment history, unpaid balances, etc.	848, 996, 1144

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
30	Business	Financial Management	Premium Payment	Financial Services	The solution shall provide electronic payment capabilities to SHOP employers for payment of premiums.	S	The Web portal provides online payment capability to establish electronic payments using ACH or credit cards.	848, 996, 1144
31	Business	Financial Management	Premium Payment	Financial Services	The solution shall calculate year-to-date actuals for premiums paid and display to the employer at time of renewal.	S	The Web portal provides historical summary reports spanning user-specified date ranges for a broad collection of financial facts for premiums, contribution amounts, administration fees, employee only premiums, dependent only premiums, etc.	848, 996, 1144
32	Business	Financial Management	Premium Payment	Financial Services	The solution shall provide the capability to recalculate the employer's total cost based on reported changes to the employee roster.	S	The Web portal provides monthly totals reflecting the premiums and employer/employee contribution amounts associated with the monthly employee coverage facts.	848, 996, 1144
33	Business	Financial Management	Reporting	Financial Services	The solutions shall generate financial management reports for the SHOP.	S	The Web portal provides historical summary reports spanning user-specified date ranges for a broad collection of financial facts for premiums, contribution amounts, administration fees, employee only premiums, dependent only premiums, etc.	848, 996, 1144
34	Business	Financial Management	Risk Management	Exchange Infrastructure	The solution shall support risk management functions on behalf of the SHOP.	M	Through our suite of enrollment and membership reports we can support the Exchange with its risk management efforts. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work. The parties agree to discuss price for this item once the requirement is clearly defined.	848, 996, 1144
35	Business	Financial Management	User Fees	Financial Services	The solution shall provide the functionality to calculate and process user fees.	S	The financial services module provides capabilities to calculate and apply fees to an employer's monthly invoices for monthly administration fees, NSF fees, late payment fees, reinstatement fees, etc.	848, 996, 1144
36	Business	Financial Management	User Fees	Financial Services	The solution shall provide electronic payment capabilities to SHOP employers for payment of user fees.	S	The Web portal provides online payment capability to establish electronic payments using ACH or credit cards.	848, 996, 1144
37	Business	Plan Management	General	Policy Management	The solution shall mirror the Individual plan management functions for the SHOP Plan Management functions as appropriate.	S	The policy management capabilities closely resemble the individual policy management for the SHOP Exchange, where appropriate.	819, 967, 1115
38	Business	Eligibility and Enrollment	General	Eligibility and Enrollment	The solution shall mirror Individual Intake and Enrollment Requirements for the SHOP as appropriate.	S	The employer and employee portals contain comprehensive features for enrollment and renewal activities related to SHOP QHPs.	790, 938, 1086
39	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide a single, online employer application for SHOP.	S	The Web portal contains an online employer application for the SHOP Exchange which is the preferred method of enrollment. There are also downloadable employer applications that can be submitted for manual processing.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
40	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide the functionality to create a new/find an existing employer online account.	S	The Web portal contains features to establish a small group account. These features include controls to avoid duplicate accounts for the same small group, as well as additional features to determine the group's eligibility within the SHOP Exchange.	790, 938, 1086
41	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall determine eligibility of small businesses for SHOP according to federal and State policy, including verification of employer size, address and offer of coverage information through automated and manual verifications.	S	Employer eligibility rules are configurable via the our rules engine. Rules operate on factors such as date, location, and group-size restrictions. Employer eligibility is evaluated against State-determined criteria and verified against relevant state and federal databases. The majority of employers will receive instant eligibility results.	790, 938, 1086
42	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	Requirement Eliminated during negotiations.			
43	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall assign a single employer identifier to prevent duplication of employer accounts.	S	The Web portal contains features to establish a small group account. These features include controls to avoid duplicate accounts for the same small group, as well as additional features to determine the group's eligibility within the SHOP Exchange.	790, 938, 1086
44	Business	Eligibility and Enrollment	Employer Application	Shop and Compare	The solution shall provide the functionality for an online calculator for an employer to estimate potential eligibility as well as potential tax credit under the 4 tiers of qualified health plan benefits.	S	A small business tax calculator is be available contextually within the application.	790, 938, 1086
45	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide the functionality to process employer application exceptions.	S	The BOS service team processes all employer application exceptions per the rules agreed to by the Exchange and HHS.	790, 938, 1086
46	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide the functionality to notify an employer in writing if there are reasons to doubt information submitted on the application.	S	The Web portal uses an internal business rules engine to solicit and validate information needed to establish the small group's eligibility within the SHOP Exchange.	790, 938, 1086
47	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide capability to accept paper documents for SHOP, such as employer / employee applications and verifications.	S	The employer and employee portals provide downloadable PDF documents that can be manually filled and submitted via electronic or postal mail, facsimile machines, or upload into the portals.	790, 938, 1086
48	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall allow verified Individuals to complete employer applications on behalf of the employer (i.e. an Administration or Finance Department / Personnel, etc.)	S	The employer Web portal includes features to create users assigned to the employer user role. This enables key features within the employer portal not available within the employee portal.	790, 938, 1086
49	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide the functionality to link the employer to a list of appropriate SHOP Navigators and Brokers based on geographic data.	S	The employer Web portal allows a user with the employer role to assign a single agent, broker, or navigator to his or her small group case.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
50	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall provide the capability to identify Navigators and Brokers if they are completing applications on someone's behalf.	S	The agent, broker, and navigator portals provide features to create and update small group accounts for use by employer clients. This associates them to the small group case.	790, 938, 1086
51		Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall allow employers to select the plan options to be made available to their employees and only reflect those options to those employees on the web.	S	The employer portal contains features that allow the selection of specific QHPs to be offered to employees, as well as setting the employer contribution amount for employee and dependent premiums.	790, 938, 1086
52	Business	Eligibility and Enrollment	Employer Application	Eligibility and Enrollment	The solution shall seamlessly process employer disenrollment in SHOP participation.	S	The HIX Solution Suite contains features to manage the employers/' small groups' eligibility, participation, enrollment and disenrollment in the SHOP Exchange	790, 938, 1086
53	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall maintain updates to SHOP employer information and re-determine eligibility when necessary.	S	The employer portal uses an internal business rules engine to monitor a small group's eligibility for participation in the SHOP Exchange.	790, 938, 1086
54	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall allow SHOP employers to enter employee data manually or by uploading electronically (e.g., Excel file).	S	Employers can upload and maintain a roster of employees that includes detailed employee demographic information such as name, address, phone number, and/or employee ID.	790, 938, 1086
55	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall provide the functionality to verify that an employee account has been created by the employer.	S	The employer portal contains features that create and maintain an employee's account. This controls an employee's access to the features of the employee portal and the specific coverage benefits provided by the employer.	790, 938, 1086
56	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall provide the capability to use the model single employee application provided by the Exchange.	S	The employee portal within the SHOP Exchange supports the solicitation and validation of employee data in compliance with the internal business rules engine that drives employee applications. The business rules engine can be configured to adopt the model single employee application described by HHS.	790, 938, 1086
57	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall allow employees to enter information on dependents, if employers provide dependent coverage.	S	Both the employer and employee portals provide features enabling the creation, maintenance, and deletion of employee dependents, as required to control an employee's family coverage facts.	790, 938, 1086
58	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall determine eligibility of employees for the SHOP, according to federal and State policy, including verification of employee information through automated and manual verifications.	S	As part of the initial eligibility we qualify and employee for enrollment into their employers plan. If there is an error in the automated flow, we process a pending item request to manual determine eligibility of the employee.	790, 938, 1086
59	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall display the net cost to employees (after employer contribution) for various plans and household compositions.	S	Both the employer and employee portals display the QHP's monthly premium for each employee's selected coverage, with separate amounts for the employer and employee contribution for the employee premium and dependent premiums portions.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
60	Business	Eligibility and Enrollment	Employee Application	Eligibility and Enrollment	The solution shall provide information and provide capability to allow employees determine if their premium costs are such that the costs make the employee eligible for purchasing insurance through the Individual market or allow the employee to be exempt from the Individual mandate, due to federal law. If either is scenario is likely, invite employee to explore these options further.	M	This requires the HCR rules engine to return to the BOS the maximum premium amount an employee can pay based on their FPL. Once this amount has been determined we have the ability to compare this maximum amount to the net premiums offered through their employers plan. If the SHOP net premium amounts exceed the individuals maximum premium amount a notification will be sent to the employee to make them aware of their options outside of the SHOP program. As described above, this modification would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	790, 938, 1086
61	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall allow SHOP Navigators and Brokers the ability to enter information on behalf of employers using a unique logon ID.	S	The broker portal provides features to maintain an employer's account, selected QHP and contributions, as well as employee accounts. These activities are tracked using the broker's/navigator's logon ID in the same manner as users with the "employer role".	790, 938, 1086
62	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall allow employees to enroll in QHPs in initial, annual and special enrollment periods. It shall allow retroactive enrollments.	S	Using an internal business rules engine, the employee portal provides comprehensive features related to enrollments, life events, and other activities required for accurate, real-time maintenance of employees' coverage within the SHOP Exchange.	790, 938, 1086
63	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall provide the functionality to mirror the Individual application, verification, certification and enrollment processes for SHOP employees where applicable.	S	Using an internal business rules engine, the employee portal provides comprehensive features related to enrollments, life events, and other activities required for accurate, real-time maintenance of employees' coverage within the SHOP Exchange. These mirror those for the individual.	790, 938, 1086
64	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall be the system of record for SHOP employer and employee data regarding the Exchange transactions.	S	The HIX Solution Suite is the system of record for SHOP Exchange transactions.	790, 938, 1086
65	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall maintain updates to SHOP employee and dependent information, and support reporting of Qualifying Events.	S	Using an internal business rules engine, the employee portal provides comprehensive features related to enrollments, life events, and other activities required for accurate, real-time maintenance of employees' coverage within the SHOP Exchange.	790, 938, 1086
66	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall include changes to employee enrollment on the employer monthly invoice.	S	The employer portal provides features to update employees' monthly coverage for previously billed months which create increases or decreases in the current account balance due from employers.	790, 938, 1086
67	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall notify SHOP employers and employees of election periods.	S	The SHOP Exchange sends notifications to employers and employees for open enrollment periods.	790, 938, 1086
68	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall receive and maintain records of enrollment in QHPs from employers and Carriers.	S	The HIX Solution Suite maintains employee enrollments against SHOP Exchange QHPs for eligible employers and transmits these coverage facts to carriers using standard EDI feeds.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
69	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall perform monthly reconciliation of QHP enrollment information and employer participation information.	S	The HIX Solution Suite maintains accurate SHOP Exchange coverage facts between employees and QHPs, and continuously enforces employer and employee eligibility requirements by using an internal business rules engine.	790, 938, 1086
70	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solutions shall provide capability to validate employee SSNs submitted through the employer application (employee roster).	S	The HIX Solution Suite can validate employee SSNs using the proposed federal data hub integraiton with the HCR platform.	790, 938, 1086
71	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall provide multiple methods to allow Employers or Brokers to build an employee roster by creating user accounts, login IDs, and password and account for each employee on the roster.	S	The employer and broker portals allow maintenance of the employees' login accounts via the employee roster.	790, 938, 1086
72	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall provide participation information to Carriers.	S	The carriers are provided daily EDI feeds concerning a small group's employee coverage within the SHOP Exchange.	790, 938, 1086
73	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall provide employers with the ability to review employee choices with alternative plans.	S	The employer portal provides a listing to review monthly premiums and contribution amounts for employee and dependent premiums for each employee's coverage among the employer-selected QHPs.	790, 938, 1086
74	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall provide the ability to administer COBRA enrollments and disenrollments.	S	The membership system tracks a terminated employee's eligibility for COBRA coverage from within the SHOP Exchange and transfers administration of the individual's COBRA coverage to an authorized, accredited COBRA Administrator.	790, 938, 1086
75	Business	Eligibility and Enrollment	Employee Enrollment	Policy Management	The solution shall produce a notice of annual open enrollment as applicable for each employer.	S	The employer portal provides notifications for new or renewing open enrollment periods.	790, 938, 1086
76	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall maintain Employer contact information and provide updates to Carriers.	S	The employer account includes miscellaneous contact information that can be provided to carriers.	790, 938, 1086
77	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall allow Employers, on behalf of their employees, to enroll employees in the employers insurance plan.	S	The employer portal allows the enrollment of employees to specific QHPs with full control over the family coverage selected. The system tracks these maintenance activities with the logon ID of the user who performs these activities.	790, 938, 1086
78	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	As a default, only display QHPs that have been selected by the employer, are open to additional enrollment, and are available in the employee's geographic area.	S	Within the employee portal, only the employer-selected plans are viewable. Within the employer portal, both eligible and selected QHPs are viewable as controlled by the employer user.	790, 938, 1086
79	Business	Eligibility and Enrollment	Employee Enrollment	Eligibility and Enrollment	The solution shall provide the capability to verify and acknowledge the receipt of the plan selection.	S	The employer portal is fully aware of the eligible QHP selected by the employer for the current and renewal periods.	790, 938, 1086
80	Business	Eligibility and Enrollment	Account Management	Eligibility and Enrollment	The solution shall manage changes to employee contact information including making appropriate notifications and updates.	S	Both the employer and employee portals allow maintenance of employee contact information that can be viewed on demand.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
81	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall initiate changes in enrollment for employees or dependents, depending on the nature of the Qualifying Event.	S	The employer and employee portals manage changes in employee QHP enrollments based upon employer-based new hire and termination events, as well as employee life events.	790, 938, 1086
82	Business	Eligibility and Enrollment	Account Management	Eligibility and Enrollment	The solution shall ensure completeness of enrollment data and transmit it to QHP Carriers.	S	Our online application uses field level validation to help ensure the completeness of and enrollment application prior to transmitting to the QHP. For items that are not complete, a pending item is opened and triaged by our CSRs.	790, 938, 1086
83	Business	Eligibility and Enrollment	Account Management	Shop and Compare, Policy Management	The solution shall provide plan management capabilities to SHOP employers to assist them in comparing and selecting QHPs available to their employees.	S	The employer portal provides extensive viewing, comparing, and selecting capabilities of eligible SHOP QHPs. In particular, employers can view premium amounts and estimated employer and employee contribution amounts based upon the contribution options elected by the employer.	790, 938, 1086
84	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall provide the functionality for employers to select an employer premium contribution level based on rules such as dollar amount and / or percentages.	S	The SHOP solution allows configurations for setting up different types of employer contributions, such as percentage of the cost and a fixed dollar value.	790, 938, 1086
85	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall allow SHOP employers to view and modify employee data in the solution.	S	The employer portal provides features to modify employee personal facts, selected QHP, and family coverage facts.	790, 938, 1086
86	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall notify QHPs when an employer terminates coverage, and ensure coverage is discontinued.	S	Carriers receive daily updates on any changes to employee QHP enrollment facts via standard EDI feeds.	790, 938, 1086
87	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall allow employers to terminate coverage and notify employees of terminations.	S	The employer portal notifies all covered employees and transitions them to the AHBE Exchange when employers terminate their coverage within an active policy period.	790, 938, 1086
88	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall provide capability for employers to submit changes to employee roster (add / remove employees) in between redeterminations / renewals.	S	The employer portal provides updates to the employee roster as a result of new hires and terminations, and updates carriers accordingly. The employee portal allows employees to voluntarily terminate coverage.	790, 938, 1086
89	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall support voluntary and involuntary terminations by employers and employees and make appropriate notifications.	S	Voluntary and involuntary terminations are handled via the membership system. The Employer also has the ability to self-service a termination through their portal account. Terminations are communicated to all appropriate parties including the QHP, Employer, broker and COBRA administrator.	790, 938, 1086
90	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall seamlessly transition employee participation between plans and programs.	S	The HIX Solution Suite seamlessly transitions employees from employer-based SHOP Exchange coverage to AHBE Exchange coverage and vice versa based upon appropriate business rules for either exchange.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
91	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall provide capability for employers to submit changes to key eligibility factors for annual renewals.	S	The employer portal maintains employer coverage facts separately for each annual coverage period and the business rules engine determines a small group's eligibility accordingly.	790, 938, 1086
92	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall manage and track the renewal process and any impact on employees.	S	The HIX Solution Suite manages and tracks the renewal process, including changes to coverage and eligible QHP selection critieria, if applicable. As renewal approaches for individuals and small groups, the eligibility and enrollment module includes tools to make them aware of the choices they have and how to evaluate and adjust their plan choices to best fit their current needs. These tools help to educate them on the renewal process and what they can do to continue their coverage. Loss of a small group's eligibility for SHOP coverage via renewal period facts disables the employee's enrollment during the open enrollment period.	790, 938, 1086
93	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall initiate the termination process if the employer is to be found no longer eligible for the Exchange.	S	The employer portal notifies all covered employees and assists them in transitioning to the AHBE Exchange, if applicable, whenever an employer's coverage is terminated due to loss of eligibility during an active policy period.	790, 938, 1086
94	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall provide SHOP functionality that supports seamless transition enrollment and disenrollment between plans as plan selection changes.	S	During open enrollment, employees may change their QHP easily among the employer-selected QHPs without loss of family coverage facts, such as dependents seeking coverage through an employee's small group. Carriers are notified of appropriate enrollments/disenrollments as plan selection changes.	790, 938, 1086
95	Business	Eligibility and Enrollment	Account Management	Policy Management	The solution shall support and track the annual Employer renewal process.	S	The employer and employee portals provide comprehensive features for activities related to renewals, including supporting and tracking the renewal process. As renewal approaches for small groups, the eligibility and enrollment module includes tools to make them aware of the choices they have and how to evaluate and adjust their plan choices to best fit their current needs. Online tools help educate employers on the renewal process and what they can do to continue their coverage.	790, 938, 1086
96	Business	Eligibility and Enrollment	Account Management	Eligibility and Enrollment	The solution shall save eligibility / household changes to apply during the next available open enrollment period if an employee no longer qualifies for special enrollment.	S	Members can change their household census via their portal account or through the call center. If such changes do not qualify them for a special enrollment period, then the changes are saved and applied to the next eligible enrollment period.	790, 938, 1086

	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
97	Business	Eligibility and Enrollment	Appeals	Eligibility and Enrollment	The solution shall notify employers of their r and responsibilities (including a right to appeal eligibility decisions).	S	The Web portal provides features to appeal eligibility decisions and provide guidance on their rights and responsibilities within the SHOP Exchange. Submission of an appeal, tracking, status, notes, and outcomes are automatically administered via workflows. Regardless of the action taken, the individual is notified, via electronic or postal mail, of the current status or determination of the appeal.	790, 938, 1086
98	Business	Eligibility and Enrollment	Appeals	Eligibility and Enrollment	The solution shall provide the capability to capture, track, and generate notifications on the filing and disposition of appeals in accordance with existing regulations.	S	Required Appeals may be submitted for issues such as eligibility determinations. Submission of an appeal, tracking, status, notes, and outcomes are automatically administered via workflows. Additional documentation may be submitted in either electronic or hard copy formats that will be associated with an appeal. Regardless of the action taken, the party is notified, via electronic or postal mail, of the current status or determination of the appeal.	790, 938, 1086
99	Business	General	System Access	Shop and Compare, Eligibility and Enrollment, Policy Management	The solution shall allow SHOP employee access through a tab on the web portal where they can view plan options, enroll their dependents, and manage changes in circumstances.	S	The Web portal provides employees of small groups with all of the features necessary to view, compare, and select among QHPs provided by their employers, view their employers' contribution amounts, view their contribution amounts, select their family coverage, maintain coverage facts for their dependents, enter coverage Life Event and other miscellaneous features.	747

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
1	Technical	Auditing	Solution	Exchange Infrastructure	~~The solution shall provide the ability to audit and log the network system/application and detailed user activity including data available to the user, data viewed by user, data downloaded by user, data uploaded by the solution, and all actions taken by user while in the system).~~ The solution shall provide the ability to audit and log the network system/application and detailed user activity. **(Revision based on Amendment No. 1, dated April 13, 2012)**	S	The HIX Solution Suite maintains historical information for all field-level changes in the system, creating a robust audit trail. We apply auditing at a field level to investigate and resolve both member and internal issues. The audit detail includes when the change was made, what was changed, and who made the change. Historical data is available through a simplified user interface that includes old information, new information, transaction description, user, and transaction date. Our auditing capabilities span the entire process, from data elements to document management. Audit trails are accessible to authorized users through a simplified user interface and through reports. Please refer to Proposal Tab VI Section 4, System Requirements, for a detailed discussion of our approach to technical requirements for the BOS.	365, 1359
2	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide transaction logs in accordance with the National Institute of Standards and Technology (NIST) requirements.	S	Our solution complies with NIST WP 800-92, Guide to Computer Security Log Management. Transaction logs are accessible to authorized users through a simplified user interface and through reports.	365, 1359
3	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide transaction logs in accordance with the Health Insurance Portability and Accountability Act (HIPAA).	S	In accordance with HIPAA guidelines, the history of every transaction processed by the system is included in system audit logs. Transaction logs containing protected data are encrypted in addition to the database tables. Transaction logs are accessible to authorized users through a simplified user interface and through reports.	365, 1359
4	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide transaction logs in accordance with the Harmonized Security and Privacy Framework and other federal requirements.	S	Our solution complies with the data capture and logging requirements related to audit log capabilities specified by the Harmonized Security and Privacy Framework. Transaction logs are accessible to authorized users through a simplified user interface and through reports.	365, 1359
5	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide designated time frame reporting for security audits and compliance activities.	S	Our reporting solution enables users to designate time frames to constrain the content provided in the security audit reports, and other ad hoc reporting capabilities to support security audits and compliance activities.	365, 1359
6	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide ability to set security controls for audit logs via role based access controls.	S	User access to the systems and data is restricted through the use of role-based security, which limits access to the systems, databases, directories, or files to authorized users or groups. Access to audit logs are controlled in the same manner as all data, whereby access permissions are assigned using roles.	365, 1359
7	Technical	Auditing	Solution	Exchange Infrastructure	The solution shall provide flexible audit report function (including on demand feature) and audit logging ability.	S	Our solution's audit log capabilities create the necessary content to satisfy audit reporting required for compliance. Our reporting solution enables users to review standard reports as well as to create ad hoc reporting to support security audits and compliance activities.	365, 1359
8	Technical	Auditing	Solution	Exchange Infrastructure	The solution must provide ability to perform the database capabilities to facilitate auditing.	S	Our solution's database logging features provide comprehensive auditing abilities via a comprehensive, ad-hoc report generation facility with data and date range filters.	365, 1359
9	Technical	Auditing	Contractor	Exchange Infrastructure	The contractor shall support an audit of data center operations by 3rd party vendor.	S	The Xerox Team supports third-party audits conducted on our data center operations. Upon request, we will work with the Exchange to schedule and facilitiate auditing activities.	365, 1359
10	Technical	Auditing	Contractor	Exchange Infrastructure	The contractor shall track system and system administrator activities as captured in system logs using an appropriate log management system or toolset that routinely removes the log messages to a separate, protected collection server.	S	Our system administrator logging capabilities properly log administrator activities into separate, protected files inaccessible and unmodifiable by system administrators.	365, 1359
11	Technical	Disaster Recovery	Solution	Exchange Infrastructure	The solution shall provide the ability to utilize alternative remote back-up sites that is geographically separate and distinct from primary hosting facility with a ramp up period not to exceed ~~12 hours~~ **72 hours** in the event of need for activation. **(Revision based on Amendment No. 1, dated April 13, 2012)**	S	Our backup site is located in a geographically separate and distinct site from the production site and supports a ramp up period not to exceed 72 hours once the need for activation has been determined in accordance with our approved disaster recovery plan.	1472
12	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall provide the ability to recover lost or deleted data from backup.	S	Our data backup tools and procedures enable data recovery when needed. The HIX Solution Suite uses a highly redundant architecture with multiple physical and virtual servers. Data is protected using recurring interim backups, while our database clusters provide near immediate failure recovery.	1472
13	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall provide planned and unplanned outage notification.	S	Our system administration procedures require notifications of both planned and unplanned outages to our clients. Notifications are provided in accordance with our approved communications management plan.	1472
14	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall provide the ability to rollover to an alternate / backup site during planned and unplanned maintenance.	S	Our system administration procedures include production system rollover to alternate, backup sites as may be required during planned and unplanned maintenance activities. The need for system rollover is determined in accordance with the defined procedures.	1472
15	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall provide a remote backup site that is geographically separate and distinct from primary hosting facility with a ramp up period not to exceed ~~12 hours~~ **72 hours** in the event of need for activation. **(Revision based on Amendment No. 1, dated April 13, 2012)**	S	Our system administration and data center operations provide remote, backup hosting sites in separate physical locations, with ramp up periods under 72 hours once the need for activation has been determined in accordance with our approved disaster recovery plan.	1472

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
16	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall store backed-up data apart from the production data center at a sufficient distance to prevent simultaneous loss of production and backup data stores.	S	Data backups are hosted in physically separated sites to support timely and effective system rehosting during disaster events. Data is protected using recurring interim backups, while our database clusters provide near immediate failure recovery. Periodic point in time tape backups are stored offsite at a secure facility and available in case of extreme disaster.	1472
17	Technical	Disaster Recovery	Contractor	Exchange Infrastructure	The contractor shall establish an alternative recovery location in the event of a significant interruption to the production system environment.	S	We have identified alternative sites for each of our primary operations and data center facilities, should there be a significant interruption to one or more of our production environments. Geographically diverse locations throughout the US help support the quick recovery of applications and operations, supported by our established back-up processes and disaster recovery and business continuity planning.	1472
18	Technical	General	Solution	Exchange Infrastructure	The solution shall provide the ability to ensure seamless coordination and integration with state databases to allow interoperability as appropriate with health information exchanges and agencies.	C	In consultation with SSHIX management and technical staff, interfaces will be designed, implemented, and tested to enable seamless data movement between the health exchange and agencies. Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.	1335, 1547
19	Technical	General	Solution	Exchange Infrastructure	The solution shall comply with Centers for Medicaid and Medicare Services (CMS') requirements to establish a framework of enabling technologies and processes that support improved administration of the Medicaid program.	S	Our solution aligns with applicable CMS requirements for exchanges, including Exchange/Medicaid IT Guidance 2.0, MITA 2.0, and others as required. We are actively reviewing the recently released MITA 3.0, which includes new guidance.	747
20	Technical	General	Solution	Exchange Infrastructure	The solution shall offer a modular, flexible approach to systems development using MITA guidelines and SOA component-oriented design principles.	S	The Xerox HIX Solution Suite is built to the principles and methodologies of a service-oriented architecture (SOA) and offers flexibility and modularity system characteristics that adhere to MITA guidelines.	747
21	Technical	General	Solution	Exchange Infrastructure	The solution shall allow for the alignment with and increasing advancement of Medicaid Information Technology Architecture (MITA) maturity for business, architecture, and data in all systems development efforts.	S	Our solution complies with the CMS requirements described in MITA 2.0 and we are actively reviewing the recently released final for the new MITA 3.0 guidelines. Our HIX Solution Suite uses technology already available in other healthcare business sectors and is designed to promote collaboration, data sharing, and consolidation of business processes, while offering improved flexibility and extensibility.	747
22	Technical	General	Solution	Exchange Infrastructure	The solution shall support and enable effective and efficient business processes by producing and communicating the intended operational results with a high degree of reliability and accuracy.	S	Our solution provides the operational results reliably and accurately in the manner described by our responses to the requested requirements, both general and detail.	747
23	Technical	General	Solution	Exchange Infrastructure	The solution shall produce automated transaction data, reports, and performance information that would contribute to program evaluation, continuous improvement in business operations, transparency, and accountability and in accordance with federal requirements.	S	Our solutions captures transactional data that can be analyzed to assist with program evaluation, continue improvement efforts, and accountability in accordance with federal requirements. Our reporting component provides standard and ad hoc reporting to support performance monitoring, program evaluations, transparency, accountibility, and federal and state reporting requirements.	747
24	Technical	General	Solution	Exchange Infrastructure	The solution shall provide the ability to receive, store, display, and print documents sent to the Exchange.	S	Our solution includes comprehensive document management capabilities and our procedures correctly capture hard-copy and faxed documents into our document management module. Authorized users, including consumers, brokers/navigators, State and Exchange staff, and our operations staff can securely view and print documents via the Web portal.	747
25	Technical	General	Contractor	Exchange Infrastructure	The contractor shall provide a Software as a Service (SaaS) solution.	S	Our solution is designed to be provided as a Software as a Service solution. The systems are hosted on an existing infrastructure, minimizing the implementation timeframe and maximizing cost efficiencies from shared services.	747
26	Technical	General	Contractor	Exchange Infrastructure	The contractor shall update all the solution's configurable items to ensure the solution is fully functional/operational by the system go-live date. Configurable items may be items such as business rules, system defaults, or other modifiable components.	W	When working with the Exchange, our implementation teams will correctly establish and implement all system settings for the go-live date. Our solution is designed to provide configurable business rules, system defaults, or other modifiable components to minimize the implementation timeframe, while providing Nevada-specific exchange functionality.	747
27	Technical	General	Contractor	Exchange Infrastructure	The contractor shall ensure that the solution and Service Center complies with all applicable State Information Security Policy and Standard Procedures (PSPs)	M	In consultation with the Exchange, the Xerox Team's solution and Service Center will review and comply with information security PSPs. Any modifications would be part of our standard integration effort and would not incur additional costs outside our proposed implementation pricing.	747
28	Technical	General	Contractor	Exchange Infrastructure	The contractor shall ensure that the solution and Service Center complies meet State security standards for transmission of personal information as outlined in NRS 597.970, 205.4742 and 603A.040.	S	In consultation with the Exchange's representatives, agreement will be reached to select the Exchange's security standard for personal information transmissions. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified during negotiations.	747
29	Technical	General	Contractor	Exchange Infrastructure	The contractor shall provide a method to test the solution compliance against Section 508(c) of the Rehabilitation Act for all types of user interface screens (static, dynamic, Web, client-server, mobile, etc.).	S	We provide a system and processes that adhere to applicable requirements of Section 508(c) of the Rehabilitation Act. When implementing our Web interface we followed the relevant guidelines contained in the W3C Web Content Accessibility Guidelines 2.0 (WCAG 2.0). As a standard implementation of all software, all quality and user acceptance testing will validate compliance with Section 508.	747

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
30	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution shall provide the ability to support commonly used Internet browsers and as they change through time by user popularity.	S	The services provided by our solution are maintained to be portable across current versions of multiple Web-browser platforms. At this time, supported browser include Internet Explorer, Mozilla Firefox, Google Chrome, and Safari.	68
31	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution shall utilize a service management framework such as ITIL v3 or equivalent framework to manage IT services and infrastructure.	S	The Xerox Team's quality focus impels the use of an established IT framework to help promote standardization and consistency throughout our internal IT operations and service delivery organization. We use the ITIL v3 framework to accomplish this goal. Refer to Section VI.2.3 for complete information.	68
32	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution must include hosting services for the development, testing/verification, training, certification and production environments that will be used to develop, maintain, and operate the solution.	S	As required, our development methodology employs multiple environments used during the Software Development Life Cycle and are delivered as part of the comprehensive, hosted solution.	68
33	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution must provide the ability to assure consistency between processes when authorized systems attempt to access services through different entry points.	S	Our SOA design patterns ensure consistent results are achieved when different systems solicit a response from the same services.	68
34	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution shall be hosted in an environment that ensures that servers are housed in a climate-controlled environment that meets industry standards including climate control, fire and security hazard detection, electrical needs, and physical security.	S	Our solution components are hosted in a hardened, secure, Tier 4 facility or ISO20000 compliant facility, with SSAE16 certification. The facilities housing our systems provide a climate controlled environment with physical security, redundant power, and fire and security hazard detection, and other industry standards for the safety and security of our people, processes, and systems.	68
35	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall provide the ability for the state to examine system and error logs daily to minimize and predict system problems and initiate appropriate action.	S	Our solution allows authorized State staff to examine system and error logs, as scheduled. We employ service support processes in support of the IT infrastructure as well as the service delivery processes required to help ensure that service is delivered as promised, thereby minimizing and predicting system problems and initiating appropriate action when needed.	68
36	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall completely test and apply patches for all third-party software products before release.	S	In a manner similar to our custom development life cycle, we test third party tools in our system test environment before their rollout to the production environment to identify and minimize any potential issues.	68
37	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall establish separate system testing (unit and integration), user acceptance testing, training and production environments.	S	Our solution includes separate development, QA testing, user acceptance testing, system test, and production environments, which support our mature SDLC as well as the environment requirements for initial and ongoing BOS development and implementation.	68
38	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall monitor servers for the following performance utilization measures: response, memory, disk space, bandwidth, uptime.	S	In compliance with our ITIL practices, detailed server performance statistics are monitored to enable real-time detection of system health, bottleneck, and problems. Our solution is designed for reliability, with safeguards in place to ensure normal usage of the features and functions in the system will not cause system-level side effects such as slow performance or system inoperability. The architecture of the application incorporates many design and operational safeguards to help ensure a stable and functional system.	68
39	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall monitor network connections, devices and activity.	S	In compliance with our ITIL practices, system monitoring includes network connections, devices and activity. The Xerox Team uses numerous physical and technical measures to safeguard the data and systems entrusted to us. The systems are deployed in secure Xerox Team data centers protected by network monitoring software, intrusion detection sensors with multiple Internet firewalls, and anti-virus software to protect our telecommunications network.	68
40	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall ensure that non-critical system management, virtualization, and administrative operational and system administration controls are on a separate network from the production network that would contain protected health information (PHI) to prevent unnecessary administrative access to PHI.	S	To avoid potential access to PHI, we will segregate, on separate network devices and services, the operational, non-critical systems from those systems containing PHI and other protected data.	68
41	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution shall utilize Transmission Control Protocols (TCP) / Internet Protocols (IP).	S	TCP/IP protocols are used, as required by system needs and their capabilities.	68
42	Technical	Hosting Services	Solution	Exchange Infrastructure	The solution shall utilize the current TCP/IP network, SilverNet, and comply with all State and federal laws, mandates, and methodologies.	M	Our solution inherently supports TCP/IP and may require modifications to integrate with Nevada's SilverNet and other systems. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ All current methodologies, as of the contract date, are included in the agreed upon price of this contract.	68
43	Technical	Hosting Services	Solution	Exchange Infrastructure	The contractor shall implement network protection capabilities to detect and eliminate malicious software and/or unauthorized external connection attempts on network monitoring devices, servers, peripheral devices, and desktop workstations.	S	Our solution meets these requirements as part of our standard implementation. The Xerox Team uses numerous physical and technical measures to safeguard the data and systems entrusted to us. The systems are deployed in secure Xerox Team data centers protected by network monitoring software, intrusion detection sensors with multiple Internet firewalls, and anti-virus software to protect our network, servers, peripheral devices, and desktop work stations.	68

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
44	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor shall provide all hosting services at data center(s), including back-up and recovery, at sites located within the continental United States. There are no exceptions to these requirements.	S	All of our data center operations are located in the continental United States as part of our standard implementation.	68
45	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor shall ensure that all data center operations and technical staff shall be located within the continental United States. There are no exceptions to these requirements.	S	All of our data center operations and technical staff responsible for the Nevada BOS are located in the continental United States.	68
46	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor is required to host, maintain, and operate the solution in production for a minimum of three (3) years.	S	We will contract for a minimum of three years.	68
47	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor will be responsible for providing, installing, and maintaining all hardware, software, network components, and other infrastructure elements for the solution.	S	As part of our Software as a Service offering, we provide, install, and maintain all hardware, software, network components, and other infrastructure elements of the contracted solution.	68
48	Technical	Hosting Services	Contractor	Exchange Infrastructure	The solution shall store Individual, SHOP, Agent / Broker / Navigator, and Insurance Carrier Information for viewing, reporting, and analysis.	S	Our solution captures all relevant transactions and their associated business entities which can be viewed, reported and analyzed. Our reporting component provides standard and ad hoc reporting capabilities to meet state and federal reporting requirements.	68
49	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor shall maintain reliable business operations without interruption or delay – 24 x 7.	S	Our solution provides reliable, uninterrupted business operations 24 hours per day, seven days per week except for scheduled downtimes approved by the Exchange.	68
50	Technical	Hosting Services	Contractor	Exchange Infrastructure	The contractor shall provide a system with a 5 – 10 seconds response time and is able to handle 6,000 transactions / hour with the exception of scheduled maintenance downtime.	S	Our solution responds with a maximum delay of 10 seconds and is capable of 6,000 transactions per hour except for scheduled downtimes.	68
51	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall provide the ability to identify “brute force” attacks and automatic disabling of accounts.	S	Our ITIL compliance includes practices to track, identify, and respond to “brute force” attacks. Our account login practices detect attempts to programmatically guess usernames and passwords, and deactivates such accounts for periods that automatically reset. Additionally, we contract with White Hat Security to provide penetration testing services. The testing simulates an attack that is intended to expose the strengths and weaknesses of an application's security controls by highlighting risks posed by actual exploitable vulnerabilities.	365, 1359
52	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall provide Certificate Authority for secure server side transactions.	S	Our Software as a Service offering includes validation of digital certificates used in secure transactions between different entities.	365, 1359
53	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall provide a complete user provisioning and de-provisioning solution to support achievement of the privacy and security requirements.	S	Our Software as a Service offering includes user provisioning features to simplify user identity life cycle maintenance.	365, 1359
54	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support re-certification and re-identification renewal procedures with configurable parameters (time, cipher strength, logon attempts, etc.).	S	Our user account features related to deactivation time-out period, password strength, and failed logon attempts to trigger account deactivation are configurable.	365, 1359
55	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support account retirement and deactivation requirements as determined by identity management policies and procedures.	S	To simplify administration activities, our identity management solutions can be configured to retire and deactivate user accounts by user roles.	365, 1359
56	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support issuing and maintaining unique identifiers for organizations and tracking the organizational context and/or utilize external provider directories as referenced by the organization.	S	Our solution assigns its own unique IDs for all entities, including organizations, and is capable of associating different IDs to the same organizations that may have been issued by external systems.	365, 1359
57	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support issue and manage public key certificates for secure transactions.	S	Our use of encryption using private/public key methods includes the necessary administrative activities for public key certificates.	365, 1359
58	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support the ability to verify and validate system identity via public key certificates for secure transactions.	S	Our use of encryption using private/public key methods includes the necessary capabilities to verify and validate system identities via public keys.	365, 1359
59	Technical	Identity Management and Authentication	Solution	Exchange Infrastructure	The solution shall support the ability to delegate or utilize 3rd party authentication services for specific transactions via an external trust and authentication framework.	M	No additional charge assuming the use of a "commercially available" 3rd party service or system.	365, 1359
60	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide live Tier-1 and Tier-1 technical support 7x24.	S	Our Software as a Service offering includes live Tier-1 and Tier-2 technical support 24/7.	48, 1565
61	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide staff that able to prioritize issues based on criticality of need with defined SLA's for defined levels of service and a execute a clear escalation path.	S	Our staff applies rigorous ITIL practices and defined processes to handle and prioritize issues accoring to the defined SLAs and escalates issues accordingly.	48, 1565
62	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide a help ticket system that offers open and closed ticket reporting services.	S	In adherence with ITIL practices, our COTS help desk system monitors open and closed tickets with associated reporting services for analysis.	48, 1565

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
63	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide a help ticket system that tracks call volume by issue to help pinpoint trouble areas.	S	In adherence with ITIL practices, our COTS help desk system tracks call volume by issue to provide problem analysis capabilities.	48, 1565
64	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide a help ticket system to track help desk statistics by engineer for ticket open time vs. time closed, knowledge, and resolution.	S	In adherence with ITIL practices, our COTS help desk system tracks statistics by engineer to conduct engineer performance tracking.	48, 1565
65	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide a help ticket system that offers management dashboard access and reporting to track availability and key performance indicators.	S	In adherence with ITIL practices, our COTS help desk system provides management dashboard access and reporting to track availability and key performance monitoring at a glance based on reported and tracked issues and performance.	48, 1565
66	Technical	Information Technology Help Desk	Contractor	Exchange Infrastructure	The contractor shall provide a help ticket system that allows for automatic scheduled progress reports.	S	Our COTS help desk system generates scheduled, recurring reports.	48, 1565
67	Technical	Interfaces	Solution	Exchange Infrastructure	The solution shall provide real-time interfaces to transfer data between The solution and existing state databases (such as the Business Rules Engine, NOMADS, Nevada Check Up~~,~~ ~~and financial systems~~.	S	Our HIX Solution Suite contains the core functionality and services to support the integration of existing state databases as envisioned by the Exchange. For interfaces with a message- and/or service-based infrastructure, the Xerox Team uses an enterprise service bus (ESB) framework. This architecture pushes the messaging and data transformation tasks to the perimeter of the architecture, assuring code changes to the core application are not required to accommodate data integration with third-party systems. ~~Pending the final configuration of the HCR Eligibility Engine and other systems, additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified during negotiations. As long as this is "real time" there is no increase in cost.	761
68	Technical	Interfaces	Solution	Exchange Infrastructure	The solution shall provide new and or update existing two-way, real-time interfaces to transfer data between the BOS and 3rd party vendors (i.e. Division of Insurance (DOI), insurance carriers, federal databases, etc.).	S	For external systems, our primary method of integration is with standard WSDL Web services. These services are implemented using standard SOAP-based messaging and XML data. For exchanges with a file-based interface infrastructure, the application suite integrates with back-office systems via file-based data exchange. Data exchange is secured by way of VPN connections or transferred via SFTP or FTPS connection requiring SSL v3; TLS, PGP over FTP can also be supported. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Subject to agreed upon interface list and real time as states in 7.1.7. Change to S. Included in cost.	761
69	Technical	Interfaces	Solution	Exchange Infrastructure	The solution shall provide interfaces to existing State systems that leverage existing interface designs to incorporate extensible markup language (XML) to support the requirements of The solution and associated applications.	S	Following consultation with the Exchange's technical representatives regarding the technical specifications, the solution will use XML-based interfaces, as appropriate, to provide interfaces to existing State systems.	761
70	Technical	Interfaces	Solution	Exchange Infrastructure	The solution shall provide functionality that knows how, and when, to communicate with interfacing systems.	S	The HIX Solution Suite will correctly implement real-time and batch communications, as may be required, with interfacing systems, including the HCR Eligibility Engine, AMPS/NOMADS, and Carriers.	761
71	Technical	Maintenance and Operations	Contractor	Exchange Infrastructure	The contractor shall provide routine scheduled weekly maintenance period including, but is not limited to, server upgrades/patching, software upgrades/patching and hardware maintenance.	S	Routine system and application maintenance is conducted on a schedule and during time agreeable with designated representatives of the Exchange.	1311, 1509
72	Technical	Maintenance and Operations	Contractor	Exchange Infrastructure	The contractor shall conduct non-routine maintenance during a mutually agreeable time with two (2) weeks advance notice to the state.	S	Non-routine system and application maintenance will be coordinated with designated state representatives. We provide a minimum two (2) weeks advance notice.	1311, 1509
73	Technical	Maintenance and Operations	Contractor	Exchange Infrastructure	The contractor shall ensure that operator logs are checked on regular basis against the Operating procedures.	S	Our Software as a Service offering meets these requirements as part of our standard implementation.Our implementation includes compliance auditing activities that measure actual performance against operating procedures.	1311, 1509
74	Technical	Regulations & Statutory Compliances	Solution	Exchange Infrastructure	The solution shall ensure The solution meets hosting and handling standards Payment Card Industry (PCI) data.	S	The HIX Solution Suite adheres to PCI-DSS guidance for software developers and manufacturers of applications and devices used in those transactions.	365, 1359
75	Technical	Regulations & Statutory Compliances	Solution	Exchange Infrastructure	The solution shall ensure The solution meets hosting and handling standards for Federal Tax Information (FTI) data federal tax information safeguarding requirements defined by the IRS in the Title 26 of the United States Code (U.S.C) section 6103.	S	The HIX Solution Suite complies with Title 26, Section 6103 as described via IRS Publication 1075 implementing controls over use and disclosure of Federal Tax Information.	365, 1359
76	Technical	Security	Solution	Exchange Infrastructure	The solution shall comply with industry standards and regulations to include, but not limited to the following: Privacy and transaction standards, Federal civil rights laws, Standards adopted by the Secretary under Section 1104 of the Affordable Care Act (ACA), Standards and protocols adopted by the Secretary under Section 1561 of the ACA including NIST SP 800-52, 800-53i, 800-77, or 800-113 or others as specified in the federal Information Processing Standards (FIPS) Publication 140–2, AND IEEE standards and PMI guidelines.	S	As discussed throughout our response to Proposal Tab VI, Section 4, Technical Requirements, our solution meets these requirements as part of our standard implementation.	365, 1359

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
77	Technical	Security	Solution	Exchange Infrastructure	The solution shall to support penetration testing from external vendors.	S	Our ITIL practices include conducting penetration tests from external vendors on recurring basis. We engage third party, security contractors to validate existing security specifications as well as to detect new, evolving vulnerabilities recently discovered by the security contractor or the computer security industry. Testing simulates an attack that is intended to expose the strengths and weaknesses of an application's security controls by highlighting risks posed by actual exploitable vulnerabilities.	365, 1359
78	Technical	Security	Solution	Exchange Infrastructure	The solution shall maintain strict access controls to safeguard all areas where state could be accessed.	S	Our access controls are configured to apply rigorous controls over access to external state systems and/or state data.	365, 1359
79	Technical	Security	Solution	Exchange Infrastructure	The solution shall implement corrective plans from external risk assessment and vulnerability testing and/or external (3rd Party) HIPAA audit/review that discusses threats, vulnerabilities and impacts.	S	Our ITIL practices include conducting and applying corrective actions and recommendations from external assessments. We use testing to expose the strengths and any new or potential weaknesses and risks of our security controls and offers the opportunity to implement corrective plans and enhance the security of our solutions.	365, 1359
80	Technical	Security	Solution	Exchange Infrastructure	The solution shall implement a provisioning scheme for user identification, authentication and authorization, including activation and de-activation.	S	Our Software as a Service offering includes all necessary user provisioning features to simplify user identity life cycle maintenance. The HIX Solution Suite provides the capabilities for users to self-register on the Web portal. This provides a method for users to autonomously create their own user accounts and access the applications without intervention from the Xerox Team or stakeholder representatives. Each user must provide authentication information and select a strong password so the system can verify the user each time they attempt access to the system. Password rules for the Web portal can be modified or extended through custom rules.	365, 1359
81	Technical	Security	Solution	Exchange Infrastructure	The solution shall manage user profiles including defining access to data types and security credentials.	S	Permission rights assigned to user roles define access to features and data which, when combined, are also used to control maintenance of security credentials. Data segregation rules can be applied to individual profiles to control what data can be viewed and what, if any, actions can be taken against that data. (e.g., individual/member profiles can be configured so that information related to their application, eligibility determination and enrollment status coverage is available in a read-only mode. A small employer HR administrator can be provided access to certain data, but restricted to only the location(s) for which the HR administrator has direct responsibility.)	365, 1359
82	Technical	Security	Solution	Exchange Infrastructure	The solution shall allow users to reset passwords and unlock locked accounts from a web portal interface.	S	The solution allow users to self-administer their accounts or profiles. To minimize the need for service center support, authorizing user access and resolving login problems using "forgot user name, password" and other features are used.	365, 1359
83	Technical	Security	Solution	Exchange Infrastructure	The solution shall pass credentials for authentication and authorization from The solution to authenticate system access to web service transactions.	S	Securing Web services calls will involve secure communication channels and authenticated credentials, among other techniques.	365, 1359
84	Technical	Security	Solution	Exchange Infrastructure	The solution shall restrict access to user, provider, or organizational data to authorized users.	S	Security features and data are enabled using permission rights assigned to user roles. Each user has access to only the necessary system functions, Web pages, data records, data elements, and data element values appropriate to his or her authorized role.	365, 1359
85	Technical	Security	Solution	Exchange Infrastructure	The solution shall ensure non-repudiation* as part of digital signature verification to prevents data from being altered, deleted or damaged during exchange. *Non-repudiation refers to a state of affairs where the purported maker of a statement will not be able to successfully challenge the validity of the statement or contract.	S	Our solution ensures non-repudiation for key user elections and actions by requesting the user to reenter their password as a way to validate their active, purposeful intent. This acts as a "digital signature" that provides "non-repudiation".	365, 1359
86	Technical	Security	Solution	Exchange Infrastructure	The solution shall have the ability to set automatic alerts to system administrators when a breach pattern or unauthorized use activity is detected.	S	Our solution monitors for intrusions from unauthorized sources and will log and notify appropriate personnel.	365, 1359
87	Technical	Security	Solution	Exchange Infrastructure	The solution shall support "user exits" or a "pluggable authentication module" (PAM) to enable user transition between the solution and local systems that are authorized as third party connections to the solution.	S	Following consultation with the Exchange staff to achieve a more complete understanding of the requested features, we will propose potential solutions. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified during negotiations.	365, 1359
88	Technical	Security	Solution	Exchange Infrastructure	Deleted during negotiations.			
89	Technical	Security	Solution	Exchange Infrastructure	The solution shall provide the ability for web service providers and service consumers to interact via the solution.	S	For external systems, our primary method of integration is with standard WSDL Web services. Our implementation of Web service technologies allows our solution to interface with a myriad of marketplace partners required to deliver the complete SSHIX solution.	365, 1359

ID	Type	Category	Sub-Category	Application or Module	Requirement	Condition (S, W, M, F, C)	How Request is Met	Work Plan Task #
90	Technical	Security	Solution	Exchange Infrastructure	The solution shall provide the ability to implement security for transport and messaging via web services.	S	Our implementation of Web services technologies will employ necessary data security features that are compliant with applicable federal and state guidelines.	365, 1359
91	Technical	Security	Solution	Exchange Infrastructure	The solution shall track all access so that an accounting of disclosures report can be provided to the individual if requested.	S	Our solution meets these requirements as part of our standard implementation. The HIX Solution Suite maintains historical information for all field-level changes in the system, creating a robust audit trail.	365, 1359
92	Technical	Security	Solution	Exchange Infrastructure	The solution shall provide ability to cleanly disable accounts with short notice.	S	Our identity management solutions enable us to activate and deactivate user accounts with appropriate login information. Accounts can be quickly and cleanly disabled, in accordance with our procedures for account termination.	365, 1359
93	Technical	Security	Solution	Exchange Infrastructure	The solution shall provide security administration functionality to apply role based user permissions based on role-based access control (RBAC) scheme based on the federal (ANSI) standard for RBAC.	S	Our identity management solutions rely heavily on user roles as a means to administer user permissions for a high-volume user community. ~~Additional cost for this requirement would need to first be scoped and our proposed hourly rate would apply to the mutually agreeable scope of work.~~ Change to S. Clarified during negotiations.	365, 1359
94	Technical	Security	Solution	Exchange Infrastructure	The solution shall ensure that all health information in transit and at rest is unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology or methodology specified by the Secretary of the Federal Department of Health and Human Services in the guidance issued under section 13402(h)(2) of the American Recovery and Reinvestment Act of 2009 (P.L. 111-5) , or any update to that guidance.	S	Our solution encrypts data tables and transaction logs at rest and transmits information using data encryption techniques to comply with all applicable guidelines.	365, 1359
95	Technical	Security	Solution	Exchange Infrastructure	The solution shall provide the same security provisions for the development, system test, acceptance test and training environment as those used in the production environment.	S	Our solution uses the same security techniques on all SDLC environments found on the production environment; we do not use actual, personal information on non-production environments.	365, 1359
96	Technical	Security	Contractor	Exchange Infrastructure	The contractor shall ensure that The solution system documentation is protected from unauthorized access.	S	Access to solution documentation will be restricted to authorized users only in the same manner that all data access is restricted by permission rights.	365, 1359
97	Technical	Security	Contractor	Exchange Infrastructure	The contractor shall define all initial user security roles and access permissions as defined by the State to ensure users are able to access the system at system go-live.	S	Rigorous tests before system go-live help ensure that all required user roles, both internal and external, have been defined with the necessary security roles and access rights.	365, 1359
98	Technical	Training	Contractor	Exchange Infrastructure	The contractor shall provide initial and ongoing maintenance and operations training for State and Exchange staff.	S	We develop a detailed training plan for the Exchange's review to make certain we have thoroughly documented our approach for initial and ongoing training for the appropriate technical, Exchange, and business staff, including EITS help desk, within the boundaries of the Exchange's responsibilities. System documentation, online help, and training modules are already available for many components of our HIX Solution Suite, and we continue to improve them so that these tools are effective in assisting Exchange user groups.	1588
99	Technical	Training	Contractor	Exchange Infrastructure	The contractor shall assist the Exchange during the federal certification process for Exchanges, which will occur in November/December 2012 for certification by January 2013.	S	While the Exchange has ultimate responsibility for federal certification, the ACS Team provides full support for certification activities throughout the life of the project. We work with the Exchange to ensure that certification criteria are addressed in the Exchange requirements, documentation, system functionality, and operational planning. We help the Exchange project team prepare for CMS meetings, providing all of the necessary documentation and information needed to conduct the meeting.	1588

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

Will Saunders, President, Xerox State Healthcare, LLC Date

Jon M. Hager, Executive Director, Silver State Health Insurance Exchange Date

EXHIBIT D

EXHIBIT D

Nevada Silver State Health Insurance Exchange

Assessment Report

April 25, 2014

Deloitte.

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Executive Summary

Background

Deloitte Consulting LLP (Deloitte) was engaged to conduct an assessment of the current state of the Silver State Health Insurance Exchange (SSHIX) functionality, supporting processes, and technologies. The purpose of the assessment was to identify key strengths, gaps, issues, and remediation options. The cooperation of the many stakeholders engaged was integral to the successful completion of the assessment. The comments and suggestions refer to all parties unless otherwise identified.

Key Observations

Over the course of the assessment, six key improvement opportunities emerged:

I. **Project Management and Governance**: A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution

II. **Solution Functionality**: A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services

III. **Call Center**: Targeted improvements in Call Center processes would positively impact consumer and public perception

IV. **Technology – Systems Development Life Cycle (SDLC):** Adherence to common software development practices is necessary to deliver a reliable portal for end-users

V. **Technology – Infrastructure**: IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users

VI. **Technology – Security**: Governance over security and visibility into information security controls is necessary to secure citizens' data

Options

While there are many options, given the observations gathered during the time of the assessment, Deloitte identified three principal options for the Exchange to consider in order to remediate current state challenges and meet the deadline for a successful 2015 open enrollment:

- **Option 1 – Remediate the Current System:** The SSHIX would continue to use the current technology but undertake significant remediation and enhancements
- **Option 2 – Transfer a State Based Marketplace (SBM):** The SSHIX would import a functioning State Based Marketplace from one of the states that was granted approval by CMS to build and operate an SBM
- **Option 3 – Transition to the Federally Facilitated Marketplace (FFM):** The SSHIX would transition to the FFM for both Individual and Small Business Health Option (SHOP) Exchanges

Approach

The assessment addressed six key categories

1 Discovery

- Conducted 109 interviews
- Received and reviewed over 100 documents
- Completed sample end-to-end system testing
- Reviewed coding practices
- Reviewed operations for data center and Call Center

2 Analysis

- Documented observations and analyses
- Tested, analyzed, and validated preliminary observations
- Summarized current state observations
- Developed remediation options

To efficiently divide project aspects for the assessment and provide an overview of the operational status of the SSHIX, Deloitte organized the assessment into these six main categories:

I. Project Management & Governance

II. Solution Functionality

III. Call Center

IV. Technology – Systems Development Life Cycle (SDLC)

V. Technology – Infrastructure

VI. Technology – Security

The assessment included a detailed analysis across the following 41 focus areas

I. Project Management & Governance

- Organizational Management
- Scope Management
- Communication Management
- Quality Management
- Risk/Issue Management
- Resource Management
- Change Management
- Schedule Management
- Stakeholder Management

II. Solution Functionality

- Enrollment
- Brokers
- Small Business Health Option (SHOP)
- Administrative
- Electronic Data Interchange (EDI)
- Eligibility
- Plan Management
- Financial Management
- Testing

III. Call Center

- Call Center Operating Model
- Employee Engagement
- Facilities
- Interactive Voice Response (IVR)
- Learning & Development
- Operating Infrastructure
- Workforce Management

IV. Technology - SDLC

- Requirements
- Release Management
- Design
- Development
- Testing
- Operations

V. Technology - Infrastructure

- Configuration Management
- Capacity Management
- Virtualization
- Performance
- Backup/Disaster Recovery
- Infrastructure-as-a-Service (IaaS)
- Network

VI. Technology - Security

- Security Documentation
- Security Architecture
- Security Governance

Current State Observations

A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution

I. Project Management & Governance

Current State Observation

- Despite being understaffed in roles that support business and IT operations, the Exchange continues to be dedicated and works tirelessly for the success of the program
- Project governance lacks structure and a clear definition of relationships, roles, and responsibilities for contractor, subcontractors, and the Exchange
- External stakeholders perceive:
  - issues and concerns are not addressed in a timely manner
  - there is infrequent communication throughout the duration of the project
- A lack of pairing of key staff (contractor and the Exchange) results in incomplete or delays in dissemination of time-sensitive information critical to supporting Exchange consumers

Remediation Effect

- Despite many challenges and open issues with the program, the Exchange has been able to enroll more than 100K Medicaid and 32K Qualified Health Plan (QHP) enrollees
- Implementing a sound governance framework that is interdependent with project management would more clearly define the relationships, roles, and responsibilities of all internal project team members and promote more efficient and timely decision-making
- Creating communication pathways to address the issues and concerns of key stakeholders would result in greater transparency of information and more timely issue resolution
- Creating one-to-one counterpart pairing in key staff between the Exchange's and contractor's key staff would facilitate clearer communications and more informed and expedient decision making

**Please see appendix for additional current state observations*

A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution

I. Project Management & Governance (continued)

Current State Observation	Remediation Effect
▪ There appears to be many organizational silos and gaps in the contractor's team structure, which when coupled with a geographically dispersed and highly complex environment, contribute to misalignment among workstreams and fragmentation of responsibilities	▪ Putting cross-functional decision-making processes in place would facilitate better alignment of objectives and outcomes among workstreams
▪ Formal risk/issue escalation processes and a Change Control Board (CCB) are in place for the project but are not consistently followed	▪ Enforcing the formal process to mitigate risks and issues would facilitate a more effective and consistent approach to problem resolution
▪ Project documentation is outdated or incomplete. As of this report, 31 of 53 required Xerox deliverables were approved (58%). Undocumented changes of priorities, resources, and other contingencies have created an uncertainty around the current state of the project and its priorities	▪ Keeping documentation up-to-date is critical to enabling the Exchange to exert proper oversight of the Business Operations Solution (BOS)
▪ All significant project management activities (e.g., risk and issue management, deliverable management) in the contractor Project Management Office (PMO) are constrained by a limited number of resources	▪ Assigning appropriate project management resources in the contractor PMO to match the level of responsibility and effort would help facilitate greater process adherence and enforcement

**Please see appendix for additional current state observations*

A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services

II. Solution Functionality

Current State Observation

- Enhancements to check routing and disbursement from the P.O. Box have been implemented
- Key basic functionality is missing in the BOS. As of April 1, 2014, there are 143 “fast-follow” items that are planned (“fast-follow” items refer to functionality gaps and in-scope functionality that were deferred until after October 2013). In addition, there are 1,500+ outstanding defects, of which 500+ are considered higher severity. The release plan is not complete
- Carriers receive incorrect, missing, and inconsistent enrollment and payment information
- The Call Center does not have the capacity to accept phone calls on a consistent basis during high volumes, and when the BOS is inaccessible, the Call Center cannot service callers
- The testing (Staging) environment is unreliable and does not replicate the full end-to-end production environment

Remediation Effect

- Improving the business processes of check routing, disbursement, and issue resolution have resulted in a significant drop in unallocated payments
- Addressing the critical functionality gaps and fixing outstanding defects in the BOS solution are necessary to stabilize the solution and improve the ability for end users to use the system effectively. Improving the functionality will likely decrease the volume of Call Center inquiries and increase Call Center representatives’ ability to resolve consumer calls
- Improving the EDI processes may reduce the delays in consumers’ health coverage as well as carriers’ submission of payments to brokers
- Reducing BOS issues and outages would enable the Call Center to deliver a higher level of customer service and improve the public’s perception of the Exchange
- A stable end-to-end Staging environment would enable impacted parties (e.g., Exchange, carriers, DWSS) to thoroughly test the integration between their systems and mitigate issues prior to production release

**Please see appendix for additional current state observations*

A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services (continued)

II. Solution Functionality (continued)

Current State Observation	Remediation Effect
▪ The BOS solution provides inconsistent results: – Advanced Premium Tax Credit (APTC) calculations have been inconsistent and APTC is displayed incorrectly for adult dental/catastrophic plans – The eligibility results screen displays incorrectly and provides inconsistent potential eligibility results – Carriers have received incorrect cost sharing reduction tiers	▪ Correcting the missing or inconsistent functionality would automate the reconciliation of premiums, enrollments, and coverage dates for stakeholders, including brokers and carriers, while reducing errors and improving the user experience
▪ Brokers and other in-person assisters are often unable to use their dedicated portal. Many were never given access	▪ Resolving the data integrity challenges would enable brokers and other in-person assisters would be able to view their lists of clients through the portal, cutting down on the need for manual tracking and improving their ability to assist in client applications and inquiries
▪ The user interface (UI) presents challenges in screen navigation. The UI lacks directional guides and useful help functionality	▪ Adding directional guides and simplifying language and screen flow may improve the overall navigation of the BOS solution, reducing consumer errors and misunderstanding of rates, premiums, and benefits

**Please see appendix for additional current state observations*

Targeted improvements in Call Center processes would positively impact consumer and public perception

III. Call Center

Current State Observation	Remediation Effect
▪ Call Center staff exhibits strong customer facing skills, providing information and support in spite of process and system issues	▪ Reducing system issues and outages would enable the Call Center to deliver an even higher level of customer service and develop consistent and sustainable processes to better support customers over time. This will improve customers' experience and the public's perception
▪ A large number of choices in the interactive voice response system (IVR) design is confusing to callers and prevents many consumers from having a positive experience	▪ Redesigning the IVR to identify each caller's intent and route the call to the appropriately skilled agent would reduce the need for transfers that negatively impact the customer experience
▪ A manual and ineffective workforce management process, which includes forecasting, scheduling, and adherence, contributes to long call wait times and high rates of abandonment	▪ Automating the workforce process to respond to changes in staffing, call volume, and schedule adherence would result in appropriate staffing levels, shorter hold times, and improved customer service
▪ The Call Center's learning and development program lacks a dedicated call center training environment, and the training curriculum has key gaps, including soft skills, leadership, and continuous learning	▪ Developing additional training that addresses learning gaps will enable agents to more consistently deliver a high level of customer service and reduce instances of incorrect information being disseminated

**Please see appendix for additional current state observations*

Adherence to common software development practices is necessary to deliver a reliable portal for end-users

IV. Technology – SDLC

Current State Observation	Remediation Effect
▪ The Requirements Traceability Matrix (RTM) and the Requirements Specification Document (RSD) are not kept up to date with the "fast-follow" user stories that are developed	▪ Comprehensive traceability is necessary to ensure that all applicable requirements are addressed in the "fast-follow" user stories, system design, and test cases. Not having such traceability creates risks of requirements not being met and such issues not being identified until after implementation
▪ The Software Design Document (SDD) outline is approved by the Exchange. However, the detailed content of the SDD is being tracked for completion for a future date. The contractor is currently working on updating the design document in two phases – Phase One: Update the design document to reflect the system as on production release (Oct 2013). Phase Two: Update the design document to include all "fast-follow" changes	▪ An updated and approved SDD is necessary to clearly define the system architecture expectations and facilitate the resolution and validation of defect fixes in the BOS solution. Relying on individual team members' understanding of the system and requirements increases the risk that requirements may be misinterpreted and dependent application components may be negatively impacted when changes are made to the application
▪ Based on the American with Disabilities Act (ADA) test execution report dated October 14, 2013, 24% of ADA compliance test cases failed. As of this report, there is no supporting documentation to validate whether these issues have been fixed	▪ Addressing the ADA defects in the BOS solution would improve the user experience for individuals with physical and visual disabilities. CMS requires solutions developed with federal funding to meet ADA accessibility standards

**Please see appendix for additional current state observations*

Adherence to common software development practices is necessary to deliver a reliable portal for end-users (continued)

IV. Technology – SDLC (continued)

Current State Observation	Remediation Effect
▪ A robust Configuration Management process in alignment with common software development practices is in place	▪ Continuing this robust process will help effectively manage multiple versions of code in parallel streams, will help testing an integrated code base, and will result in successful implementation of the BOS solution
▪ The BOS solution is not routinely or rigorously tested. There is no integrated test environment containing all solution components in which to perform end-to-end testing. New defects are introduced with new releases due to inadequate regression testing. System performance tests are not routinely conducted prior to releases to production. In addition, User Acceptance Testing (UAT) is performed by the vendor instead of by Exchange testers, and there are no formal test cases executed as part of UAT	▪ Enhanced regression testing with adequate test case coverage is necessary to reduce the number of new defects introduced into the Production environment. Routine performance testing is needed to improve the system's stability and reduce operational issues under peak load. A robust UAT should be performed by testers independent from the vendor as a critical Quality Assurance (QA) step before releasing software into production
▪ The following key Service Level Agreements (SLAs) are not met consistently: – Up-time – Exchange response time – Resolution time	▪ Service Level Agreement (SLA) monitoring and measurement processes need to be clearly documented. This process should account for Service Level alerting necessary when SLAs are close to the defined SLAs metrics. Alerting features help proactive measures be taken so that issues can be addressed before SLAs drop below the defined SLA metrics

**Please see appendix for additional current state observations*

IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users

V. Technology – Infrastructure

Current State Observation

- The virtual machine (VM) provisioning process is highly manual. An automated process for immediate provisioning is required. A VM is a software implementation of a machine (e.g., a computer) that executes programs like a physical machine
- No disaster recovery (DR) test has been conducted (successful or otherwise). No confirmed ability to successfully restore to production exists; any DR synchronization issues could cause a ripple effect on other solution components, affecting the 72-hour Recovery Time Objective (RTO) key performance indicator (KPI)
- Many incidents (including those with high priority) are being closed without conducting proper root cause analysis. The IT Help Desk Service Reports indicate that logged incidents are closed without proper resolution or reference to a technical solution

Remediation Effect

- Automating the VM provisioning process would reduce the VM provisioning time, improve overall system integrity, and lower IT infrastructure and operating costs
- Developing, testing, and implementing a sound disaster recovery solution would provide for the availability of operational data in the event of a disaster
- Conducting proper root cause analysis of all incidents would provide insight to core infrastructure issues impacting availability/performance and allow for a proactive approach to identify and resolve problems and issues before other users contact the Call Center or the Exchange or abandon their applications

**Please see appendix for additional current state observations*

Governance over security and visibility into information security controls is necessary to secure citizens' data

VI. Technology – Security

Content has been removed for security purposes

**Please see appendix for additional current state observations*

Governance over security and visibility into information security controls is necessary to secure citizens' data (continued)

VI. Technology – Security (continued)

Content has been removed for security purposes

**Please see appendix for additional current state observations*

Option Analysis

Three options emerge to help remediate the current state challenges facing the SSHIX and prepare for a successful 2015 open enrollment

Moving from Observations…

- A robust project governance framework is necessary for successful monitoring, control, stakeholder input, and execution
- A basic level of functionality must be operational so that the system is accessible and usable for consumers and provides insurers with necessary services
- Targeted improvements in Call Center processes would positively impact consumer and public perception
- Adherence to common software development practices is necessary to deliver a reliable portal for end-users
- IT infrastructure and operations must be robust so that the Exchange can provide consistent support to its end users
- Governance over security and visibility into information security controls is necessary to secure citizens' data

….To Actions

Option 1:

"Remediate the Current System"

Apply business process and technical improvements to the current SSHIX system

Option 2:

"Transfer a State Based Marketplace (SBM)"

Leverage a proven technological solution

Option 3:

"Transition to the Federally Funded Marketplace (FFM)"

Employ the Federal Marketplace

Option 1: Remediate the Current System

Description

Continue to use the current technology but undertake significant remediation and enhancements

Activities

Project Management & Governance

- Hold all development and application remediation until a functional project management and governance structure is established to avoid the creation of further issues and/or defects
- Establish a cohesive governance structure across all project workstreams to improve communications and provide project oversight
- Establish a formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues
- Close gaps in the current project management process to effectively manage the project deadlines, accountability, and activities
- Identify additional funding for both state staff and contract services for both the Exchange and the contractor for remediation activities and ongoing operations activities
- Establish sound communication and stakeholder management

Call Center

- Decouple the IVR system from the solution and bring menu, prompting, and routing structure into a more stable design of the IVR
- Develop a workforce management playbook with proactive scheduling, forecasting, and adherence that accounts for staffing and call volume fluctuations
- Update learning and development program to include additional training

Solution Functionality

- Reprioritize scoping and implementation of “fast-follow” items and all outstanding defects to address the critical gaps in functionality
- Design, develop, and implement key functions such as Qualified Life Event (QLE), Renewal, and EDI reconciliation
- Develop user interface navigation tools to assist the user in filling out the application and understanding the solution
- Address the 500+ high priority defects and user interface defects that aid in better user experience
- Identify data integrity and corruption caused by previously fixed issues or outstanding issues in application data and resolve it so future updates to those applications avoid further issues
- Conduct thorough reconciliation of 834, 820, and ACH data between BOS and carrier systems to confirm correct enrollment and disenrollment
- Conduct thorough financial data reconciliation to account for all consumer payments and refund overpaid money
- Review existing design and implementation with DWSS to reduce duplicate application submission for same individual
- Review design of PDF submission to DWSS and simplify the implementation to speed up application process at DWSS
- Enforce a process to have Department of Insurance (DOI) and carriers validate data for accuracy prior to consumers viewing carrier plan data in production
- Resolve broker and navigator portal issues
- Once the defects pertaining to data integrity issues have been addressed, a plan should be developed to scrub erroneous data from the BOS solution

Option 1: Remediate the Current System (continued)

Description

Continue to use the current technology but undertake significant remediation and enhancements

Activities (continued)

Technology – SDLC

- Maintain comprehensive requirements traceability to ensure all requirements are developed, tested, and implemented
- Update, approve, and maintain currency of a system design document to build against a consistent design including all pending "fast-follow" items
- Implement a consistent approach and framework for all batch modules to facilitate greater maintainability and scalability
- Develop a single set of coding standards across the different teams, developing each functional module to reduce readability and code maintainability issues during operations and maintenance
- Address ADA defects to allow individuals with physical and visual disabilities to use the BOS solution
- Enhance regression test with adequate test case coverage to reduce the number of new defects introduced in the production environment as part of 'defect fix' releases
- Complete performance testing and application tuning to ensure that the application can operate at peak loads
- Conduct a robust UAT, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment
- Document SLA monitoring and measurement processes. Implement Service Level Alerting to alert when service levels are close to the defined SLA metrics. Such features help take proactive measures to address issues before service levels drop below the defined SLA metrics

Technology – Infrastructure

- Update and approve logical, physical, and network infrastructure documents for all hosted environments to support operations, maintenance, and backup and recovery
- Implement proactive system management to identify and resolve operational issues impacting production
- Implement virtual environment management processes to support hosted operations
- Revise business continuity/disaster recovery plan and execute solution backup and restore test to ensure production continuity

Technology – Security

- Conduct a thorough current state security assessment of the BOS solution for the 288 security controls identified by CMS across the 18 security domains
- Document how the SSHIX addresses the security control requirement at the application, platform, and network layer, as applicable
- Identify the status of each security control per CMS guidelines and document any security weaknesses based on the assessment
- Develop a Plan of Action and Milestones (POA&M) using the CMS template that describes a corrective action plan for each gap identified, including points of contacts, timelines, and milestones for the respective gaps

Option 1: Remediate the Current System (continued)

Benefits

- The contract with the current vendor has already been approved
- CMS funding is in place
- Functioning components of the existing solution can be leveraged for the future release
- The state retains control of the Exchange

Risks

- Remediating the current system requires an aggressive timeline and at present, there is no comprehensive work plan to remediate issues in time for the 2015 open enrollment
- The current project team has not proven they can successfully deliver the required management, processes, or solution to successfully deliver an operational Exchange
- Successfully achieving desired results requires adherence to an aggressive timeline and project milestones
- Maintaining a high quality of service to existing clients in addition to addressing all remediation within the aggressive timeline may overburden resources and the current BOS solution, jeopardizing the successful completion of the next open enrollment period
- The information available for analysis, along with project management and solution development issues evident at the time of the analysis, indicate that the full extent of the architectural and technical issues may emerge as remediation efforts progress
- All key stakeholders have to be reengaged. Not being able to address their issues have caused relationship and trust issues and without resolution, the success of project is not feasible
- Additional Exchange resources are needed to support remediation activities and ongoing operations
- Additional CMS funding may be required

Option 2: Transfer a State Based Marketplace (SBM)

Description

Transfer a proven, functioning State Based Marketplace (SBM) from one of the states that were granted approval by CMS to build and operate an SBM

Activities

Project Management & Governance

- Obtain necessary federal, state, and board approvals
- Establish a cohesive governance structure across all project work-streams to improve communications and provide project oversight
- Establish a formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues leveraging the industry standard project management tools
- Identify additional funding for both state staff and contract services for transition activities and ongoing operations activities
- Establish sound communication and stakeholder management
- Develop an application development project plan, including detailed tasks, work breakdown structures, milestones, and deliverables

Solution Functionality

- Analyze all pending development and application remediation items to minimize the development that is required to continue operations until the new system is operational
- Conduct a “conference room pilot” approach and identify design gaps between the functioning SBM and the Nevada-specific needs
- Configure and deploy SBM based on design gap analysis
- Develop robust training approach and conduct training for key stakeholders
- Finalize and execute approach for pre-implementation, cut-over, and post production release support

Call Center

- Decouple the IVR system from the solution and bring menu, prompting and routing structure into a more stable design of the IVR
- Develop workforce management playbook with proactive scheduling, forecasting, and adherence that accounts for staffing and call volume fluctuations
- Update learning and development program to include training for new system

Technology – SDLC

- Verify SBM based system architecture documents and technical design documents for each functional module
- Update, design, configure, customize, and test the SBM solution functionality including system interfaces to communicate with the Carriers, the Federal Hub, and Nevada State Systems (ACCESS NV, Eligibility Engine)
- Conduct a robust UAT, with user testing, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment

Option 2: Transfer a State Based Marketplace (SBM) (continued)

Description	Transfer a proven, functioning State Based Marketplace (SBM) from one of the states that were granted approval by CMS to build and operate an SBM

Activities

Technology – Infrastructure

- Leverage environment infrastructure and network connectivity
- Configure and validate IT operations
- Implement a proactive system management to identify and resolve operational issues impacting production

Technology – Security

- Hire IT / Security Officer(s) who have oversight of stabilizing the current system and transitioning to the SBM
- Conduct a security assessment of the identified future SBM environment
- Identify status of each security control per CMS guidelines and document any security weaknesses based on the assessment
- Develop a Plan of Action and Milestones (POA&M) using the CMS template that describes a corrective action plan for each gap identified, including Points of Contacts, timelines, and milestones for the respective gaps

Option 2: Transfer a State Based Marketplace (SBM) (continued)

Benefits

- The solution is a good strategic fit, satisfying business and functional requirements for the Exchange
- The solution is already built and successfully deployed by another state; as such, initial ease of use and functionality has been achieved
- Solution includes necessary operational procedures, training, change management, and documentation
- The solution includes complete design documentation, Requirements Traceability, and test scripts, allowing the Exchange to reduce the work required before the 2015 open enrollment period
- Major solution components such as the user interface have already been developed by another state
- The state retains control of the Exchange
- This allows the Exchange to reengage key stakeholders under new project governance

Risks

- The implementation timeline for this option requires an immediate "go" decision to meet aggressive timelines
- The project timeline is on a critical path and therefore no schedule slippage is allowed
- A broad communication and education program will be required to assist the public and current enrollees during the system transition
- The transferred system will need additional validation to ensure interoperability with State of Nevada systems
- There may be additional stress on Call Center capabilities due to increased call volume and workforce attrition
- Additional CMS funding may be required
- Additional Exchange resources are needed immediately to support transfer activities and ongoing operations until the 2015 enrollment period

Option 3:Transition to the Federally Facilitated Marketplace (FFM)

Description

Currently 27 states utilize the Federally Facilitated Marketplace (FFM). Nevada could transition to this marketplace for both the Individual and SHOP Exchanges using one of two models: 1. Assessment Model – The FFM makes an initial assessment of Medicaid eligibility and the State Medicaid agency makes final Medicaid determination; 2. Determination Model – The FFM makes the final Medicaid eligibility determination and transmits this determination to the State

The required statutory and regulatory changes are a key driver in determining the timeline as well as the level of effort and cost for designing, developing, and testing the file transfer process with CMS in order to transition to the FFM

Activities

Project Management and Governance

- Nevada to make decision regarding Assessment versus Determination Model
- Identify existing FFM States using the chosen FFM Model and conduct lessons learned for the Nevada FFM Transition
- Obtain necessary federal, state, and board approvals
- Maintain sufficient operations structure, including training, over the next six months to ensure seamless transition to FFM
- Establish a cohesive governance structure and project plan across all project work streams to improve communications and provide project oversight
- Establish formal escalation process to ensure a proactive and consistent approach to mitigating risks and issues leveraging industry standard project management tools
- Develop an application development project plan, including detailed tasks, work breakdown structures, milestones, and deliverables

Solution Functionality

- Analyze all pending development and application remediation items to minimize the development that is required to continue operations until the new system is operational
- Identify design gaps between the functioning SBM and the Nevada-specific needs
- Setup file transfers and required interfaces with CMS for Medicaid
- Create front-end CMS / FFM interface for Nevada residents
- Remove APTC / QHP rules from the current eligibility engine

Technology – Security

- Hire IT / Security Officer(s) who have oversight of stabilizing and decommissioning the BOS

Call Center

- Maintain operations until the 2015 open enrollment
- Update staffing model and workforce playbook as required and develop ramp down plan
- Create personnel retention strategy to ensure service levels
- Train staff on FFM and how to communicate changes with constituents including current enrollees
- Create transition plan for all Call Center activities

Technology – SDLC

- Conduct elaboration sessions to validate and finalize requirements for current system stabilization and FFM transition
- Configure, customize, and develop solution functionality for current system stabilization and FFM transition including carriers and the eligibility solution [Access NV, Eligibility Engine]
- Develop test scenarios and test cases that map to system requirements. Conduct integration testing to validate that the solution modifications operate effectively together and basic functional objectives are being achieved for current system stabilization and FFM transition
- Conduct a robust UAT, executing test cases with adequate coverage to reduce the number of defects being promoted into the production environment

Technology – Infrastructure

- Ensure sufficient capacity exists to accept additional volume to redirect traffic from the state to the FFM through the ACCESS NV system. ACCESS Nevada is the online application system for residents of Nevada to apply for social services

Option 3:Transition to the Federally Facilitated Marketplace (FFM) (continued)

Benefits

- There is low technical risk to the State of Nevada as file transfer requirements and specifications are already defined by the CMS
- This relieves the State of Nevada of the responsibility for supporting brokers, SHOP, and other future changes and enhancements to the Exchanges or the underlying federal legislation
- Transferring responsibilities may reduce long run state costs as state personnel, infrastructure, and facilities are replaced with CMS resources
- The solution is already built and successfully deployed for other states as such, initial ease of use and functionality has been achieved

Risks

- The state does not retain control of the health insurance market place
- Transitioning from the SBM to an FFM model for the 2015 open enrollment requires that a transition Blueprint be submitted to CMS by June 1, 2014 (according to federal guidelines)
- Additional CMS funding may be required
- The project timeline is on a critical path and therefore no schedule slippage is allowed
- A broad communication and education program will be required to assist the public and current enrollees during the system transition
- CMS may not have the capability to enable transition of the State of Nevada to the FFM
- Delays in legislative and regulatory approval could impact the ability to meet the 2015 open enrollment
- The transition to the FFM may require significant changes to the existing eligibility solution
- Successfully achieving desired results requires adherence to an aggressive timeline and project milestones
- There may be additional stress on Call Center capabilities due to increased call volume and workforce attrition
- Additional Exchange resources, in areas such as PMO, technology, operations, and security, are needed to support remediation activities and ongoing operations until the 2015 enrollment period

Appendix A: Glossary

Glossary (1 of 2)

Acronym Dictionary

ACH – Automated Clearing House

ADA – Americans with Disabilities Act

APTC – Advanced Premium Tax Credit

BI/DW – Business Intelligence/Data Warehouse

BOS – Business Operations Solution

CCB – Change Control Board

CHIP – Children's Health Insurance Program

CMS – Centers for Medicare & Medicaid

CPU – Central Processing Unit

CRM – Customer Relationship Management

CSR – Cost Sharing Reductions

DB – Database

DD&I – Design, Development, & Implementation

DOI – Division of Insurance

DR – Disaster Recovery

DWSS – Division of Welfare and Supportive Services

EDI – Electronic Data Interchange

FFM – Federal Funded Marketplace

HIPAA – Health Insurance Portability & Accountability Act

HIX – Health Insurance Exchange

HTTP – Hypertext Transfer Protocol

HW – Hardware

IaaS – Infrastructure-as-a-Service

IRS – Internal Revenue Service

IS – Information Systems

IT – Information Technology

IVR – Interactive Voice Response

KPI – Key Performance Indicator

LOE – Level of Effort

M&O – Maintenance & Operations

NOMADS – Nevada Operations of Multi-Automated Data Systems

NSF – Non-Sufficient Funds

PCP – Primary Care Physician

PII – Personally Identifiable Information

PMC – Project Management Center

PMO – Project Management Office

Glossary (2 of 2)

Acronym Dictionary

POA&M – Plan of Action and Milestones

PR – Public Relations

QA – Quality Assurance

QC – Quality Control

QHP – Quality Health Plans

QLE – Qualifying Life Events

RAC – Real Application Clusters

RFP – Request for Proposal

RPO – Recovery Point Objective

RSD – Requirements Specification Document

RTO – Recovery Time Objective

RTM – Requirements Traceability Matrix

SaaS – Software-as-a-Service

SBM – State Based Marketplace

SDD – System Design Document

SDLC – Systems Development Life Cycle

SHOP – Small Business Health Options

SLA – Service Level Agreement

SME – Subject Matter Expert

SPR – Safeguard Protection Report

SSP – System Security Plan

SQL – Standard Query Language

SI – Systems Integrations

SIT – System Integration Testing

SSHIX – Silver State Health Insurance Exchange

SSP – System Security Plan

SW – Software

UAT – User Acceptance Testing

UCS – Unified Computing Systems

UI – User Interface

VM – Virtual Machine

XTCM – Xerox Transactional Content Manager

Appendix B:
Resource Enhancement

Resource Enhancement

Description	The Exchange should consider adding additional resources in order to support the scope and timeline for a successful open enrollment in 2015

Team	Responsibilities	Anticipated FTE(s)	Estimated Duration
Project Manager	Responsible for coordinating activities of all individuals and organizations involved with the project; provides overall direction, decisions, and oversight for the Exchange and vendor staff	1	May 2014 – December 2015
PMO	Responsible for overseeing project governance, project scope, project planning, and administration (including managing the project schedule), the CCB, issues, risks, deliverable management and approvals, CMS gate reviews, and overall project coordination	2	May 2014 – December 2015
Technical	Responsible for overseeing the overall technical design and architecture, system security, infrastructure and performance, and the review and approval of technical deliverables; participates in elaboration sessions; supports troubleshooting technical issues in UAT and production	2	May 2014 – December 2015
Operations	Responsible for overseeing ongoing decisions on policy and solution requirements for the State of Nevada; participates in elaboration sessions; involved with the prioritization of system defects, ad-hoc report coordination, the Call Center, UAT management, including test script development; oversees training materials development and execution, coordinates progress reports and production readiness; grants approval of data fixes to production	4	May 2014 – December 2015
UAT Testers	Responsible for developing solution acceptance scenarios and performing testing on all system components; logs and retests defects	15	July 2014 – November 2014

**Anticipated FTE numbers estimated based upon Deloitte analysis for comparable organizations*

Appendix C:
Detailed Current State Observations

I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Change Management	▪ The contractor transitioned in different teams and subcontractors throughout the project without developing and maintaining transition plans	▪ Continuity in points of contact would reduce stakeholder frustration and perception of continually having to explain the same issues
Change Management	▪ There is an absence of a Change Control Board (CCB)	▪ A CCB allows for escalation and visibility if a change request is determined to be high risk ▪ A CCB prioritizes changes, identifies dependencies between changes and determines whether complete analysis has been conducted before changes are made
Change Management	▪ There is no documented turnaround time for each step in the Change Management approval process	▪ Conspicuous approval times reduce delays in getting change requests approved and reduce impact on operations
Change Management	▪ There is no categorization of change requests (e.g., Normal, Standard, Emergency)	▪ Having a streamlined process for changes recognized as urgent or low-risk would help transition the change through the approval process, and result in higher priority items being address earlier
Communication Management	▪ The process of granting permissions to the SharePoint project repository is frequently delayed for select staff, including Call Center leads	▪ Critical documents, such as the Operations Playbook, training manuals, knowledgebase articles, and related artifacts should be made accessible to those who require them to perform their role ▪ Providing the official version of documentation to stakeholders avoids mistakes made from relying on previous versions or the knowledge of another project resource

I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Organizational Management	▪ There appears to be many organizational silos and gaps in the governance structure	▪ Organizational siloes can cause communication barriers and create a lack of uniformity across sections; this can lead to inconsistent status reporting between the various “towers” and an inability to provide a concise, project-wide status view
Quality Management	▪ There is a lack in formal training documentation ▪ Training material is not housed in a centralized location for stakeholder access	▪ Having formal and accessible training documentations would help prevent inconsistency in training resources and improve the quality of services to consumers
Quality Management	▪ Defect reports show tickets are frequently re-opened	▪ Having a structured process for troubleshooting tickets, establishing root causes and testing resolutions may prevent them from being re-opened multiple times

I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Quality Management	▪ Roles and responsibilities for User Acceptance Testing (UAT) are unclear	▪ Having clearer roles and responsibilities for UAT participants could reduce inconsistency in the testing process and prevent testing from being bypassed and changes going directly to production
Quality Management	▪ There is no process or regular meetings to review outstanding Help Desk tickets	▪ Holding regular meetings to review outstanding Help Desk tickets would reduce the length of time tickets are left open
Resource Management	▪ There is a resource management constraint within the contractor's PMO with all significant project management activities (e.g., risk and issue management, deliverable management) constrained to few resources	▪ The resource management constraint could result in a lack of process adherence and enforcement
Resource Management	▪ Responsibilities of the Call Center manager appear to be unclear and overlapping to those of an operations manager	▪ Clearly outlining the responsibilities of the Call Center manager and operations manager will help prevent overlapping of responsibilities
Resource Management	▪ Help Desk tickets get reassigned to multiple groups before they are addressed	▪ Taking measures to decrease reassignments of the Help Tickets will improve response and closure time
Resource Management	▪ There is a high turn-over rate of subcontractors supporting the SSHIX	▪ A formal knowledge transfer process would facilitate knowledge retention when subcontractors leave the project

I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Risk/Issue Management	▪ There is an absence of a formal risk/issue escalation process	▪ The existence of a formal risk/issue escalation process would help prevent a reactionary and inconsistent approach to mitigating risks and issues
Risk/Issue Management	▪ Call Center workarounds are not formally documented and stored; they are distributed primarily through word-of-mouth and on an ad hoc basis	▪ Disseminating accurate information to all Call Center staff and employees would prevent conflicting messages and a variety of workarounds for a particular issue
Risk/Issue Management	▪ Risks and issues are not stored in the SharePoint database and team members have not been assigned ownership and responsibilities as described in the Quality Management Plan	▪ Having a method for tracking risks and issues and documenting ownership would facilitate timely issue resolution
Schedule Management	▪ The master project work plan provided for analysis has not been updated since August 2013 to reflect accurate status, priority, interdependency, and ownership of tasks and phases	▪ The work plan is the primary document governing the activity of the project team; without the work plan it is difficult to identify critical issues and timeframes necessary to make the project successful
Schedule Management	▪ Maintenance & Operations (M&O) should have begun 01/01/2014, but the project is delayed and is still in the Design, Development & Implementation (DD&I) phase	▪ Open enrollment beginning November 2014 is at risk

I. Project Management & Governance

Sub-Dimension	Current State Observations	Impact
Scope Management	▪ Project scope is not being managed using the project schedule to track the overall schedule of the project, detailed tasks, responsible parties, percentage complete, and dependencies as described in the Scope Management Plan	▪ Managing rigorously to the project schedule would reduce delays in tasks and milestones and reduce scope creep
Scope Management	▪ There is a lack in prioritization of in-scope requirements; the higher priority requirements were not implemented by production release	▪ Implementing the high priority and critical in-scope requirements will decrease the likelihood of an unsatisfactory user experience
Stakeholder Management	▪ There is minimal evidence of the Exchange's involvement in the Call Center operations	▪ Increasing the Exchange's involvement in the Call Center operations would increase oversight and visibility

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Eligibility	▪ By design, applications sent from BOS to Nevada Operations of Multi-Automated Data Systems (NOMADS) who are known to DWSS require a PDF submission, rather than pre-populating application data directly into the DWSS system ▪ As an example, 22,000 applications are awaiting DWSS registration (i.e. entry of application data into NOMADS, not eligibility determination)	▪ Auto pre-populating applications for known individuals in DWSS would decrease the number of hours needed to resolve such applications
Eligibility	▪ ID proofing is turned off in the solution	▪ Turning on ID proofing would help fix the following: – Individuals cannot type in wrong data so no worker intervention would be required – Duplicate applications would be prevented and no duplicate benefits could be allowed – Multiple accounts could be linked to the same user – Call Center could easily identify duplicate applications ▪ Turning on ID proofing could also have a negative impact on people applying for health insurance. The Exchange should evaluate the impact of turning on ID proofing

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Eligibility	▪ The solution user interface can be confusing to end consumers ▪ Examples: – When asking for monthly income, there is also a drop down to indicate frequency of income (weekly, monthly, bi-weekly, etc.). The individual's period calculates income based on the drop down, not monthly as shown on the screen – On the individual's dashboard, the top right flag icon hyperlink to tasks is not working – When there is a 3-year-old baby girl, the system asks if she is pregnant – There is 1+ seconds of load time when moving to next pages, loading radio button selections, etc. – At the start of the application when the first applicant is entered, it overwrites income to 0 when there is a missing required field – If a person is applying as an individual, it asks if he or she wants a group or individual qualified health plan selection – Asking for date of birth multiple times for the same person – Inability to go back to edit information during application intake – The solution does not save employer contributions after clicking "save and continue". Instead, the "recalculate" button must be selected first – The solution does not clearly explain how cost sharing reduction benefits can only be applied to Silver level plans. – The solution does not allow for electronic upload (e.g. via Excel) of employer rosters	▪ Improvements in the user interface would allow consumers to complete the application seamlessly without creating duplicate accounts or applications ▪ Consumers would not need to call the Call Center as often, reducing Call Center volumes ▪ Brokers or in-person assisters can help consumers enroll in a timely manner ▪ Providing a clear explanation of cost sharing reduction benefits would allow consumers to make a better choice when selecting plans ▪ If electronic employee roster upload is implemented, the time and effort to enroll employees would be reduced

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Financial Management	▪ Check routing and disbursement from the P.O. Box has improved because of business process improvements	▪ Sending benefit checks to the proper processing location would prevent delinquency and potential disenrollment
Financial Management	▪ After consumers make a payment online, the activity does not appear in the Pending Payment section of the consumer's dashboard	▪ Acknowledging processing payments will inform users and reassure them that the process is moving forward
Financial Management	▪ There is no financial management reporting – No monthly report of individuals enrolled in qualified health plans showing amounts of advanced premium tax credit and cost-sharing reduction – No payment exception reports and notifications to individuals are produced – No annual financial report is produced – No detailed reports to support and reconcile the annual financial report – No data and reports on trends in premiums – No reports on individual premium payments	▪ Once proper financial reports can be produced, stakeholders, CMS, and IRS will be updated on the progress of the Exchange ▪ Analysis on financial management data can be performed once accurate reports are produced
Financial Management	▪ Grace periods functionality is currently in development	▪ Once the functionality is fully implemented, the system will automatically track delinquent members and prevent members from receiving benefits without paying
Financial Management	▪ Individual) are not informed if their checks do not clear because of non-sufficient funds (NSF)	▪ If consumers were promptly notified of any NSF payments, they could correct the issue and prevent becoming delinquent
Financial Management	▪ Invoices/statements are only available via U.S. mail each month	▪ Individuals are unable to view their invoices via the portal

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Testing	▪ The Staging environment is unreliable and builds are deployed without contacting impacted parties	▪ With a stable test environment and proactive build deployment communication, the amount of test coverage could increase for each production build
EDI	▪ For certain carriers, reconciliation issues between 834's, 820's, and automated clearing house (ACH) payments are proactively being identified and spreadsheets of the issues are being sent to the carriers with the corresponding EDI files	▪ Proactive identification of EDI reconciliation issues results in decreased amounts of issue triage required by the carriers, decreased amount of time to resolve issues, and quicker member enrollment with carriers
EDI	▪ If there are delays in receiving EDI files, carriers are notified proactively	▪ Carriers are able to adjust their plans accordingly if EDI files are not going to be sent by the Exchange
EDI	▪ Health Link does not have the ability to accept 999 response files from carriers to confirm that the EDI files were successfully received by the carriers	▪ By incorporating the ability to receive 999 response files, there will be a decreased chance for EDI files to be missed by the carriers without the Exchange knowing
EDI	▪ Carrier defect resolution process is inconsistent and untimely	▪ Improving the carrier defect resolution process would reduce the amount of effort required for carriers to report and view the current status of their issues, decrease the turnaround time for issue resolution, reduce the amount of redundant issues reported, and decrease the chance for issues to become lost and remain unresolved

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
EDI	▪ The EDI files are formatted correctly to be processed electronically by carriers once the reconciliation and invalid data issues have been resolved	▪ Once the EDI data reconciliation and invalid data issues have been resolved, the amount of time required for consumers to enroll with carriers will be decreased as the EDI files could be processed electronically
EDI	▪ There are consistent data reconciliation issues between the 834's, 820's, and the automated clearing house (ACH) payments; 834 and 820 files contain invalid and missing data ▪ 834/820 reconciliation issues include: – Members that were part of an ACH payment but had no corresponding record in the 820 file – Members that did not have matching records in 834/820 files – Different advanced premium tax credit (APTC) amounts present on the 834 and 820 files ▪ 834/820 invalid and missing data include: – Missing broker licenses – Missing Primary Care Physician (PCP) information for products that require PCPs – Invalid coverage effective dates – Duplicate member records – Medicaid enrollments that have been sent to qualifying health plans – Enrollments for the wrong carrier – Incorrect APTC amounts – Incorrect cost-sharing reduction amounts	▪ Resolution of the EDI data reconciliation and invalid data issues would result in: – Reduced amount of time for members to receive health insurance coverage – Decreased potential for members to make a payment through the Exchange without receiving an enrollment record or ID card with the carriers – Increased accuracy of enrollment status in the Business Operations Solution (BOS) – Decreased Exchange Call Center call volume – Decreased carrier Call Center call volume – Increased levels of customer satisfaction – Reduced amount of effort required to manually correct EDI issues downstream

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
EDI	▪ Enrollments are being processed through various EDI workarounds by carriers as opposed to being processed automatically through the standardized EDI process ▪ Examples of EDI manual workarounds by carriers include: – Manually keying the enrollment data based on contingency spreadsheets that contain the data from the 834/820 files – Developing a routine to load the contingency spreadsheet data into their enrollment system instead of using the 834/820 files – Developing a 834/820 cleanup routine to remove records with invalid data prior to processing the 834/820 files electronically	▪ Processing the EDI files through the standardized electronic process would result in: – Reduced member demographic errors due to reduced amounts of manual data entry – Ability to generate automated EDI error reports of member records that failed to process – Decreased potential for members to make a payment through the Exchange without receiving an enrollment record or ID card with the carriers – Reduced amount of time for members to receive health insurance coverage – Decreased opportunity for member records to become lost during the enrollment process due to reduced manual intervention – Decreased Exchange Call Center volume – Increased levels of customer satisfaction
EDI	▪ Broker license information is inconsistent in the 834 and the contingency 834 files	▪ Resolution of broker license issues on EDI files will result in more timely broker commission payments and increased overall enrollment numbers due to improved broker satisfaction

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Design - Interfaces	▪ Premium payment relies on a manual process to update records in the BOS solution after the user makes a payment	▪ Users who have made their payment do not always receive the credit. Their plan enrollment gets delayed until their payment to UMB bank is marked successful
Design - Interfaces	▪ The enrollment process has incomplete code implementation according to the Design Document and quality assurance checks. This results in manual intervention for sending enrollments to the carriers	▪ Automating or revising the current manual process would reduce effort required by the carriers and accelerate the enrollment of users to their plans
Broker	▪ By design, the solution does not save the Broker/other in-person linkage to individual or employer accounts when initially completing an enrollment	▪ If the solution linked Brokers or in-person assisters to individual or employer accounts: – Brokers would be able to address their clients' questions and concerns about their enrollments and expedite responses to clients – Brokers and in-person assisters would receive payments consistently and in a timely manner
Broker/Training	▪ Most broker and in-person assisters indicated that training was very high-level and did not include system specifics or a system walkthrough	▪ The Exchange implemented a hands-on training program in October 2013 to provide a better training experience

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Broker	▪ At the Exchange's direction, brokers and other in-person assisters are directed to use the individual portal instead of their dedicated assister portals	▪ If the brokers and other in-person assisters are directed to the dedicated assister portals, this would have the following benefits: - Brokers and other in-person assisters can keep track of which clients(employers or individuals) are linked to them - They will be better able to address their clients' questions and concerns about their enrollments through the solution, minimizing delayed responses to clients - Brokers and other in-person assisters will be able to view correspondences directed to them and their clients. They will also be able to track their client accounts, which is normally allowed by the portal - Manual processes to maintain the linkage between the broker/in person assisters and their clients would be minimized - Brokers and other in-person assisters would receive full and timely payments for clients

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
SHOP	▪ After an employee is enrolled in a plan, the solution displays aggregate payments, but does not display plan information in either the employee or the employer's accounts	▪ If the solution accurately displays plan information in both the employer and employee accounts, the employee will clearly understand the status of his/her SHOP health coverage, leading to decreased calls to the employer, the Call Center, and the Exchange. In addition, the employer and the Call Center will be able to verify the employee's coverage status or plan information
SHOP	▪ Plan selection defects hamper employers' ability to determine employee plans and contribution amount. - Employer plan selections screen does not always display the correct premium amounts - When choosing plans, employers are unable to sort plans by carrier, carrier/metal levels, or all plans	▪ If the plan selection defects are resolved, employers will consistently be able to more consistently assess how much a plan would cost the employer/employee and set a fixed dollar value for employee contribution ▪ The ability for employers to sort plans by carrier, carrier/metal levels, or all plans would provide more flexibility for employers to when selecting plans
SHOP	▪ SHOP is rarely used due to few plan options, little perceived benefit to employers and employees, and website issues. Even if the website was fixed, there is uncertainty as to whether SHOP will be used	▪ The SHOP module is infrequently utilized by Nevada's employers and their employees
Enrollment	▪ An automated delinquency and disenrollment process is yet to be implemented	▪ If an automated delinquency/disenrollment process is implemented, clients with delinquent accounts will not continue to receive services and carriers will not have to pend claims for those clients, resulting in fewer unpaid or delayed payments to providers

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Enrollment	▪ Portal user interface can be confusing to end consumers. As an example, the client home page in the portal displays a "resume" button or a "pending" status for the policy even when a client has confirmed Medicaid eligibility and has chosen a plan. If a client clicks the resume button the solution takes the client to a blank application. Clients may conclude that they are to complete another application. For SHOP, the solution displays that an employee is part of a pending employer enrollment but does not display plan information and the employer's account displays aggregated payments but does not display the plans in which the employees have enrolled	▪ If the solution provides individuals a confirmation regarding the true status of their enrollment, consumers would have visibility into the true status of their enrollment and Call Center, DWSS and employer call volumes would be reduced
Enrollment	▪ Clients cannot easily understand the cost-sharing tier for which they are eligible. A drop down list with six cost-sharing options is displayed, but there are no explanations/frequently asked questions provided	▪ If the solution provides an intuitive interface for the user to understand the cost-sharing tier, the consumer would be able understand what cost-sharing tier they qualify for and how the CSRs apply to a given plan, reducing Call Center volume and the workload of brokers/Exchange enrollment facilitators
Enrollment	▪ Throughout the application intake, plan selection, and payment initiation screens, the system experiences unresolvable errors that occur in an unpredictable manner	▪ If the errors are identified and resolved, users will be able to complete their applications in a timely manner, reducing the workload for contact center workers
Enrollment	▪ During the open enrollment period, some carriers reported frequently receiving enrollments with retroactive coverage effective dates	▪ If the Exchange transmits enrollment information correctly (via an automated EDI process rather than contingency files), there will be less manual effort required from the carrier and Exchange to reconcile incorrect coverage effective dates

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Enrollment	▪ Cost-sharing reduction tiers and corresponding calculations are inconsistent. Carriers have reported receiving weekly correction reports from the Exchange	▪ If CSR premium subsidy calculation are calculated correctly, this will result in the following: - Users would receive ID cards with the correct cost-sharing tier - Provider claims would not need to be re-adjudicated and refunds and copays would not need to be collected - Carriers would not have to collect or refund from HHS - Provider and member would not be confused regarding the correct CSR premium subsidy
Enrollment	▪ The solution does not allow users to make changes to their application (e.g. Qualifying Life Events) via the self-service portal. The consumers can only report changes through the Call Center	▪ If the solution offers users a way to report Qualifying Life Events through the portal, a manual workaround through the Call Center will not be required, decreasing effort required by both consumers as well as Call Center representatives
Enrollment	▪ There appear to be several advanced premium tax credit (APTC) related issues, including: - Plan selection screens often display APTC amounts inaccurately - APTC amounts are sometimes incorrectly applied to catastrophic and adult dental plans - Invoices display APTC amounts inaccurately and inconsistently	▪ If APTC issues are resolved, consumers will pay – and carriers will receive – correct premiums. In addition, the manual effort involved in reconciling APTC and premiums will be reduced, minimizing impact on consumers' end of year IRS reconciliation

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Administrative	▪ When an individual has previously been denied Medicaid during DWSS final determination, Call Center representatives have created a workaround of adjusting the individual's income to result in an automatic denial of Medicaid in order to force eligibility for qualified health plans (QHP)/advanced premium tax credit (APTC)	▪ If the solution automatically redetermines eligibility for QHP/APTC after an individual is found ineligible for Medicaid, the individual would not have to start a new application with different income data
Administrative	▪ QHP/APTC consumers have 90 days to send documentation, but some customer service representatives (CSR) are unaware of processes to follow up and verify what was sent is valid	▪ Having formal processes for verifying individuals' documentation would prevent ineligible clients from receiving benefits
Administrative	▪ Dis-enrollments are not happening when consumers do not send in verification documentation	▪ Automatically dis-enrolling consumers who do not submit verification documentation would prevent ineligible clients from receiving benefits
Administrative	▪ The Call Center in Tallahassee handles call overflows from the Henderson Call Center during heavy call volume periods	▪ The Tallahassee Call Center handling overflow results in fewer calls being abandoned during periods of heavy call volumes
Administrative	▪ Manual workarounds are not incorporated into the core operating processes at the Call Center. Ad hoc troubleshooting is common practice	▪ Consumers and brokers would receive consistent and accurate information from the Call Center if best practices for issue resolution were shared or documented uniformly

II. Solution Functionality

Sub-Dimension	Current State Observations	Impact
Administrative	▪ New customer service representative training programs do not include interactive training. Customer service representatives sometimes rely on word of mouth to compensate for training program deficiencies, inaccessible frequently asked questions, standard operating procedures, and a lack of comprehensive knowledge management system	▪ Interactive training at the Call Center would increase new agent efficiency and accuracy and would decrease customer and broker frustration and average handle times ▪ A comprehensive knowledge management system would ensure that Information provided to clients and brokers is consistent across customer service representatives
Administrative	▪ Knowledge of processes for triaging, escalating, tracking, and resolving errors is not uniformly employed or understood. Sometimes customer service representatives follow up with/notify consumers, and sometimes the customer service representatives tell the customer to come back in a few days to initiate a new application	▪ Formal processes for error resolution would ensure consistent customer service and user experience for individuals and brokers
Administrative	▪ Customer service representatives are unable to view payments made by an individual. To determine if a payment has been made, customer service representatives must escalate to Finance Team ▪ Customer service representatives have created a manual workaround to determine receipt of payment in which they view the image of the scanned payment envelope in the XTCM (document management system), as Call Center does not scan checks into XTCM. CSRs are potentially giving out incorrect payment information	▪ If the solution displayed payment information, consumers, carriers, and customer service representatives would be able to verify payment status without escalation

III. Call Center

Sub-Dimension	Current State Observations	Impact
Call Center Operating Model	▪ Performance metrics are not representative of generally observed levels for Call Centers (e.g., 90/30 – 90% of calls must be answered within 30 seconds while industry norm is 80/20) ▪ Call center operations and performance is hampered by multiple changes to the organization model, roles, and responsibilities ▪ The Call Center governance model and immature change management processes hinder the Call Center's ability to rapidly adapt to the changing landscape	▪ Stronger programs and processes would enable the Call Center to better respond to changes / fluctuations in a timely manner ▪ A negative customer experience contributes to a negative public perception ▪ Confidence in reporting impairs the Call Center and Exchange's ability to understand current operations
Employee Engagement	▪ Call Center staff (agents) are very professional and helpful in their efforts to address the various customer concerns, escalating issues as appropriate	▪ This results in a positive impact to Nevada consumers, helping to improve the public's perception of the Exchange
Facilities	▪ Facilities are not representative of mature call centers; the physical layout, desk setup, and ergonomics all require improvements (e.g., desk ergonomics, construction materials, and equipment)	▪ An improved physical environment can increase employee's productivity, morale, and retention, and contribute to a better customer experience ▪ There is a limited ability to scale in the current location
Inbound Technology (IVR)	▪ The interactive voice response system (IVR) does not adhere to industry best practices and the Call Center lacks a continuous improvement process for IVR review ▪ There is an ineffective capacity strategy, specifically for scaling to large call volume	▪ An improved IVR design would be less cumbersome and more considerate of consumers' needs and time, provide optimized self service to reduce call volume, and streamline access to the right CSR

III. Call Center

Sub-Dimension	Current State Observations	Impact
Learning & Development	▪ A dedicated training environment for the Call Center training team is needed to develop and maintain consistency ▪ The training curriculum is underdeveloped and has gaps in training including soft skills, leadership, and continuous learning	▪ Additional training would improve customer service, agent effectiveness, retention and reduce, the instances of incorrect information being disseminated
Operating Infrastructure	▪ A key business critical system supporting and enabling the Call Center (Interactive Intelligence), does not have a maintenance contract in place ▪ Call Center technology could be enhanced to include functionality such as barge-in, scheduled callbacks, and metric wall boards and screens	▪ Additional Interactive Intelligence functionality would enable more consumers to reach a CSR and have their issues resolved in a timely manner ▪ Support and maintenance contracts would enable rapid response and the addition of new enhancements and technologies during a system outage ▪ Expanded technology functionality would enable management and agents to better respond in real time to fluctuations in call volume
Workforce Management	▪ The workforce planning organization has several highly manual processes (e.g., reporting) ▪ Forecast models have been unable to keep pace with actual call volume ▪ The workforce planning organization lacks a workforce management playbook	▪ A more robust workforce planning organization will allow the Call Center to respond to changes and fluctuations in a timely manner to meet contracted SLAs and enable a positive customer experience and an improved public perception

IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Development - Processes	▪ A robust Configuration Management process is in line with leading practices in the industry	▪ Continuing this process would help control multiple versions of code in parallel streams
Release Management – "Fast-Follow"	▪ There are 143 "fast-follow" items that are still outstanding A release plan for the outstanding "fast-follow" items has not been finalized	▪ Addressing critical functionality gaps in the BOS solution would improve the ability for end users to use the system effectively
Release Management - Defect Fixes	▪ There are currently more than 500+ sev1/sev2 defects and 1,000+ sev3/sev4 defects, and a release plan for the defect fixes has not been put in place	▪ A release plan for defect fixes would provide the Exchange with visibility into when these defects would be resolved
Design - Documentation	▪ The Software Design Document (SDD) outline is approved by the Exchange. However, the detailed content of the SDD is being tracked for completion for a future date. The contractor is currently working on updating the design document in two phases – Phase One: Update the design document to reflect the system as on production release (Oct 2013). Phase Two: Update the design document to include all "fast-follow" changes ▪ Currently, defect resolution is highly dependent on the institutional knowledge of the team who designed and architected the system	▪ An updated and approved SDD is necessary to clearly define the system architecture expectations and facilitate the resolution and validation of defect fixes in the BOS solution. Relying on individual team members' understanding of the system and requirements increases the risk that requirements may be misinterpreted and dependent application components may be negatively impacted when changes are made to the application

IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Requirements - Traceability	▪ The Requirements Traceability Matrix (RTM) and the Requirements Specification Document (RSD) are not kept up to date with the “fast-follow” user stories that are developed	▪ Comprehensive traceability would help ensure that all applicable requirements are addressed in the “fast-follow” user stories and test cases. Not having such traceability creates risks of requirements not being met and not identifying such issues until after implementation
Release Management - Documentation	▪ Rapid changes are made to the application without updating associated documentation such as the System Design, Test Cases, or Training Manuals	▪ Keeping design, testing, and training documentation consistent with the application would stabilize code and facilitate more accurate training for brokers, navigators, Call Center, and production operations staff
Design - Interfaces	▪ The enrollment process has incomplete code implementation according to the Design Document and quality assurance checks. This results in manual intervention for sending enrollments to the carriers	▪ Automating or revising the current manual process would reduce the effort required by the carriers and accelerate the enrollment of users to their plans
Design - Interfaces	▪ Premium payment relies on a manual process to update records in the BOS solution after the user makes a payment	▪ Users who have made their payment do not always receive the credit. Their plan enrollment gets delayed until their payment to UMB bank is marked successful

IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Design - Security	▪ Identity proofing is currently turned off; therefore, Deloitte was unable to validate this functionality	▪ BOS solution is currently unable to validate Personally Identifiable Information (PII) of the user resulting in user application inconsistencies and duplication of applications
Development - Exception Handling	▪ BOS solution code is inconsistently handling exception scenarios	▪ Consistent handling of all error scenarios in the code would increase the likelihood of the application giving a correct error message to the user. In addition, customer service representatives would be able to more effectively resolve user issues
Operations - SLA Compliance	▪ The Service Level Agreement is not met for the following key performance indicators: - Up-Time (October 2013 - March 2014) - Down Time (October 2013 - March 2014) - Exchange Resolution Time (January 2014 - February 2014) - Resolution Time (October 2013 - March 2014) - Image Availability (December 2013 - February 2014)	▪ Consistent performance meeting the defined Service Level Agreements would improve the end user experience
Testing- ADA Compliance	▪ Based on the ADA Test execution report dated 10/14/2013, 24% of ADA compliance test cases failed. There is no supporting documentation to validate whether these issues have been fixed	▪ Addressing these defects would enable individuals with physical and visual disabilities to use the BOS solution more effectively and accurately
Testing- Defect Management	▪ 23% of the 1,200+ pending defects logged in the defect management tool lack key information needed to perform root cause analysis	▪ The SSHIX is unable to draw meaningful analysis and properly plan defect fixes due to gaps in recorded data

IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Testing- Performance Testing	▪ System performance tests are not routinely conducted prior to releases to production	▪ Routine performance testing would improve the system's stability and reduce operational issues under peak load
Testing- Regression	▪ New defects are introduced with 'Defect Fix' releases due to inadequate regression testing	▪ Enhanced regression testing would reduce the number of new defects introduced in the production environment to be observed by users of the BOS solution
Testing- UAT	▪ User Acceptance Testing (UAT) is performed by Xerox instead of by users. There is no dedicated UAT test environment and there are no test cases executed as part of UAT	▪ A robust UAT performed by users is missing critical Quality Assurance step in the Systems Development Lifecycle (SDLC), reducing the number of fixes being promoted to the production environment
Testing- Environments	▪ There is no integrated test environment with all solution components to perform end-to-end testing	▪ Integrated testing in the lower environments will help to uncover application issues and reduce the likelihood of defects in the production environment
Design - Batches	▪ System batches have not been developed using a consistent approach or framework. Batch error notification is inconsistent	▪ A consistent approach for all batches would facilitate greater maintainability and scalability

IV. Technology - SDLC

Sub-Dimension	Current State Observations	Impact
Development - Coding Standards	▪ Coding standards are inconsistently implemented. Development teams do not have a coding standards document for reference during coding	▪ A single set of coding standards across the different teams that develop each functional module would reduce readability issues and code maintainability issues during operations and maintenance ▪ Proper code governance would reduce memory leakages and improve system performance issues
Operations - SLA Monitoring	▪ The process to measure the 'Exchange Response Time' SLA only captures the time it takes for the BOS solution homepage to load. It does not measure the response time for any transactions within the BOS solution	▪ A redefined SLA measurement would provide a more accurate indication of the transaction response time experienced by the end users

V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Incident Management	▪ Many incidents (including high priority) were closed without proper root cause analysis done or logged in the IT Help Desk Service Reports. This suggests there is low adoption of standard incident management processes ▪ There is no traceability between the incidents and defects raised. As a result there is no validation that deployed fixes address known incidents	▪ Conducting proper root cause analysis of all incidents would provide insight to core infrastructure issues impacting availability/performance ▪ Having the traceability and visibility of right resolution analysis would show the current situation and help detect recurring incidents, which could not be unearthed without proper root cause analysis
Document Management	▪ Information populated in approved documents such as the “Hosting Environment Document” is invalid when compared to the current solution deployment state. This was caused by a last minute move of the BOS solution hosting from Choice Data center to Xerox data centers ▪ Published documents are severely out dated and the availability of the current in-production BOS solution operational plan is unknown	▪ Developing a complete standardized and documented BOS solution operational plan would lead to adoption of standard operational processes ▪ Currently, all of the operational knowledge is undocumented so the contractor has had to rely heavily on personnel who implemented the solution for ongoing support ▪ The operational group responsible for BOS solution from both Nevada Exchange and Leadership perspective will not have the necessary documentation on the solution’s expectations
Configuration Management	▪ The majority of the memory utilization issues identified in the IT monthly service desk reports have been hypothesized as a problem by Microsoft, whose fix was deployed on 02/22/14 ▪ The March 2014 IT monthly service desk report was needed to confirm the hypothesis, which was not provided	▪ Overall response of the solution will be slower during the SQL synchronization ▪ If the web portal memory leak issue is not fixed, then users may still experience significant latency and HTTP 500/501 errors

V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Virtualization Cloud Operations	▪ Provisioning of workloads and virtual machines (VMs) for the BOS solution from VM templates is done manually instead of by using an automated process indicating a low level of cloud adoption maturity and capabilities ▪ Migration of the hosting of the BOS solution from the Choice data center to the Xerox data center was done as equal clone of VMs. All the capacity planning and sizing configurations were taken from the Choice-hosted solution. There was no independent capacity planning and sizing that was done taking variables specific to Xerox into account	▪ Any change in configuration of workload or VM template currently would require substantial manual exercise in both data centers on every VM ▪ Automating the VM provisioning process would reduce the VM provisioning time, improve overall system integrity, and dramatically lower IT infrastructure and operating costs ▪ Automation would also significantly reduce the IT service desk incidences showing unavailability of servers/services, storage constraints, and high CPU utilization, which are currently affecting the solution availability
IaaS-Storage	▪ There is no formal data archival and retention process in place	▪ Having a formal data retention policy defined would eliminate the current problem of continuous data growth in the primary data store and DR facility. It would also reduce current problems in performance and storage capacity/availability, and would reduce the financial burden to procure and maintain increasing capacity demands of the primary data store and DR facility
Disaster Recovery	▪ According to the contractor, there has never been a disaster recovery test (successful or otherwise), Therefore they have never confirmed the ability to successfully restore to production. Additionally, there are no defined Recovery Point Objectives (RPO) and RTO remains loosely defined as 72 hours	▪ Any DR synchronization issues could cause a ripple effect on other solution components affecting the 72 hour Recovery Time Objective (RTO) key performance indicator (KPI) ▪ Developing, testing, and implementing a sound disaster recovery solution would provide for the availability of operational data in the event of a disaster

V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
SLA	▪ The KPI requirement on the Xerox SLA to provide 99.9% uptime of the BOS solution (which equals 43.2 minutes of maximum downtime) has not been met consistently	▪ Due to ongoing performance issues and the unavailability of significant components, the BOS Solution will continue to see unplanned outages and consumers will continue to have trouble accessing the solution
Capacity Management	▪ Some of the BOS solution servers are consistently running out of storage space due to logs filling up the space. This is due to the granularity and details at which logs are stored. There is no automated cleanup processes in place, suggesting a reactive, rather than proactive, solution ▪ When the data centers moved from Choice Administrators to Xerox, no independent capacity planning was done taking Xerox's data center operational environment variables into account. This suggests that workload configurations may not have been calculated correctly, taking all variables into consideration, causing regular out of space issues	▪ This might cause service availability issues for various components of the BOS solution
Network	▪ BOS solution services availability has been lower than expected	▪ The BOS solution has been unable to meet the State's expectations for up-time

V. Technology - Infrastructure

Sub-Dimension	Current State Observations	Impact
Performance - Virtualization	▪ CPU Utilization has exceeded 90% on some of the BOS solution servers, which can result in performance issues for the whole BOS solution	▪ This might cause service availability issues for various components of the BOS solution
Performance-DB	▪ BI/DW database server in production environment is Oracle RAC, however the non-production environments (Dev & Test) use Oracle Enterprise server	▪ Long running queries developed in future could impact performance of BI/DW component ▪ Major platform shifts between Dev/test and Prod often resulting performance issues and limited ability to trace and resolve issues
Cloud Configuration	▪ Xerox maintains two separate private clouds based on Cisco UCS and VMware vSphere, one in Pittsburgh and one in Dallas. BOS SaaS solution (Single Tenant) is deployed in primary data center (Pittsburgh) and the DR solution for BOS is located in Dallas. Primary data center for BOS Call Center is in Dallas with DR solution located in Pittsburg	▪ Separation of two clouds have limited the capacity of resource pools which could impact temporary requirements for cloud burst between Xerox data centers. This also limits provisioning between data centers and is making interoperability between data centers impossible
IaaS-DB	▪ Oracle RAC and Oracle Enterprise Servers are running on physical machines and are not virtualized	▪ Any additional requirements related to performance increase of Oracle database would require provisioning and procurement of new hardware and reconfiguration and testing of the Oracle DB as well as significant downtime of production BI/DW component

VI. Technology - Security

Sub-Dimension	Current State Observations	Impact

Content has been removed for security purposes

VI. Technology - Security

Sub-Dimension	Current State Observations	Impact

Content has been removed for security purposes

Appendix D:
Code Review Meetings Conducted

Code Review Meetings (1 of 2)

Item	Agenda	Presenter
1	Continue with overview of framework components ▪ Core Framework – Batch/Interface ▪ Data persistence Framework – Data persistence mechanism (ORM tool) – Transaction – Concurrency – Change data capture	Xerox
2	Code walkthrough of 2 to 3 defects fixes included in the last Release to Production	Xerox
3	EDI Interface (EDI file creation, XML-X12 Translation, Communication with Carriers) ▪ Functional overview ▪ Code walkthrough	Xerox
4	Single Streamlined application - Account Management and Application Registration ▪ Functional overview ▪ Code walkthrough	Xerox
5	Single Streamlined application – Plan Management (Rating Engine, SHOP, and Shopping) ▪ Functional overview ▪ Code walkthrough	Xerox
6	Billing and Payment (Interface with Great Plains, Reconciliation of Financial Transactions) ▪ Functional overview ▪ Code walkthrough	Xerox

Code Review Meetings (2 of 2)

Item	Agenda	Presenter
7	Interfaces (DWSS, Federal Hub – Remote Identify Proofing) ▪ Functional overview ▪ Code walkthrough	Xerox
8	Batches, notices, and correspondence ▪ Functional overview ▪ Code walkthrough	Xerox

Appendix E:
Interviews Conducted

Interviews Conducted (1 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
1	Exchange	Pre-Interviews	3/19
2	Exchange	Pre-Interviews	3/19
3	Exchange	Pre-Interviews	3/19
4	Exchange	Project Management	3/19
5	Exchange	Pre-Interviews	3/20
6	Natoma	Testing Environment	3/20
7	State of Nevada, Natoma, Cognizant, Xerox	Testing Environment	3/20
8	Exchange	Pre-Interviews	3/21
9	Exchange	Pre-Interviews	3/21
10	DWSS	General	3/24
11	Carriers - UnitedHealthCare	Other Stakeholders	3/25
12	PCG	General	3/25
13	State of Nevada	Technical	3/25
14	Exchange	Technical	3/25
15	Patrick Casele & Asso.	Other Stakeholders	3/26
16	Xerox	Security	3/26
17	Brokers - Carothers Ins.	Other Stakeholders	3/26
18	Xerox	Initial Conversation	3/26
19	Natoma	Other Stakeholders	3/26
20	Xerox	General	3/26
21	Xerox	Security	3/26
22	Xerox	Executive	3/26
23	Xerox	General	3/26
24	Xerox	Individual Enrollment (including interface with DWSS)	3/26
25	Xerox	Individual Eligibility	3/26
26	Exchange	General	3/26
27	DWSS	Post-Interviews	3/26
28	Xerox	Technical	3/27
29	DWSS	Project Management	3/27
30	Xerox	Technical	3/27

Interviews Conducted (2 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
31	Xerox	General	3/27
32	DWSS	Technical	3/27
33	Cognizant	“Fast-Follow”	3/28
34	Board	Executive	3/28
35	Board	Executive	3/31
36	Xerox	Infra/Arch	3/31
37	Xerox	Infra/Arch	3/31
38	Xerox	Contact Center	4/1
39	Clark & Associates	Other Stakeholders	4/1
40	Board	Executive	4/1
41	Exchange	General	4/1
42	Exchange	General	4/1
43	Xerox	Technical	4/1
44	Xerox	EDI reconciliation process with carriers	4/1
45	Xerox	PMO & Governance	4/1
46	Exchange	General	4/1
47	Xerox	Contact Center	4/1
48	Xerox	General	4/1
49	Cognizant	General	4/2
50	Xerox	Technical	4/2
51	DWSS	Other Stakeholders	4/2
52	Xerox	Defect Reporting in UAT	4/2
53	Cognizant	Release Management	4/2
54	Xerox	Release Management	4/2
55	Xerox	Compliance, Carrier, Reporting	4/2
56	Xerox	Technical	4/2
57	DWSS	Technical	4/2
58	Broker	General	4/2
59	Cognizant	Testing	4/2
60	Xerox	General	4/2

Interviews Conducted (3 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
61	Board	Executive	4/2
62	DWSS	General	4/2
63	Xerox	Contact Center	4/2
64	Xerox	Contact Center	4/2
65	Xerox	Contact Center	4/2
66	Xerox	General	4/2
67	Xerox	General	4/2
68	Exchange	Security	4/2
69	Xerox	Contact Center	4/2
70	Xerox	General	4/3
71	DWSS	Data Analytics & Reporting	4/3
72	Cognizant/Natoma	General	4/3
73	Cognizant/Natoma	General	4/3
74	Cognizant	General	4/3
75	Xerox	Contact Center	4/3
76	Xerox, Cognizant, Natoma	Code Review	4/3
77	Xerox	Contact Center	4/3
78	DWSS	Call Center	4/4
79	Cognizant	General	4/4
80	Navigators	Other Stakeholders	4/4
81	Xerox	Contact Center	4/4
82	Xerox, Cognizant, Natoma	Code Review	4/4
83	Xerox	Follow-up	4/4
84	Xerox	Follow-up	4/4
85	DWSS	Executive	4/7
86	Division of Insurance	General	4/7
87	Cognizant	Testing	4/7
88	Broker	General	4/7
89	Xerox	Defect prioritization of items from the Exchange and the Governor's office	4/8
90	DWSS	Appeals	4/8

Interviews Conducted (4 of 4)

Mtg. No.	Organization	Interview Subject	Interview Date
91	DWSS	Other Stakeholders	4/8
92	Advocate/Navigator	Other Stakeholders	4/8
93	Xerox	General	4/8
94	Xerox	Check Payments Processing	4/8
95	Cognizant	Follow-up	4/8
96	Xerox	Call Center Technology Review	4/8
97	Xerox, Cognizant	Release management process for the “Fast-Follow” user stories	4/8
98		Call Center Technology Review	4/8
99	St. Mary’s	Other Stakeholders	4/8
100	Delta Dental	Other Stakeholders	4/9
101	Xerox	M&O process	4/9
102	Xerox	Defect prioritization	4/9
103	Xerox	Plan Management	4/9
104	Exchange	“Fast-Follow”	4/9
105	Navigators	Other Stakeholders	4/9
106	Carriers - Anthem BCS	Other Stakeholders	4/10
107	Xerox	Check and payment processing	4/11
108	DWSS	Executive	4/11
109	Carriers - Nevada COOP	Other Stakeholders	4/14

Appendix F:
Documents Requested

Document Request Status (1 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
1	Detailed Project Plan	Project Management	3/19/2014	3/25/2014
2	-Project Management Plan - Change Management Plan - Schedule Management Plan - Cost Management Plan - Quality Management Plan - Staffing Plan - Communication Management Plan - Risk Management Plan - Training Plan - Implementation Plan	Project Management	3/19/2014	3/25/2014
3	Project Risks and Issues Log	Project Management	3/19/2014	3/26/2014
4	Semi-Monthly Project Status Reports	Project Management	3/19/2014	3/25/2014
5	Governance Review (s) Results	Project Management	3/19/2014	4/1/2014
6	Project Review (s) Results	Project Management	3/19/2014	4/1/2014
7	Gate Review: CMS Blueprint Support	Project Management	3/19/2014	4/2/2014
8	Gate Review: March 2013 CMS Review	Project Management	3/19/2014	4/2/2014
9	Gate Review: May 2013 CMS Review	Project Management	3/19/2014	3/31/2014
10	Gate Review: July 2013 CMS Review	Project Management	3/19/2014	4/2/2014
11	Gate Review: September 2013 CMS Review	Project Management	3/19/2014	3/31/2014
12	Gate Review: Final Certification CMS Review	Project Management	3/19/2014	Unavailable
13	Transition Plan	Project Management	3/19/2014	3/25/2014
14	Staffing Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
15	Vendor Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
16	Contract Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
17	Deliverable Review and Approval document (from the Exchange)	Project Management	3/19/2014	3/27/2014
18	Sustainability Report (from the Exchange)	Project Management	3/19/2014	3/31/2014
19	Carrier Management Plan and Companion Guide (from the Exchange)	Project Management	3/19/2014	3/31/2014
20	Navigator/Broker Management Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
21	Stakeholder Management Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
22	Risk Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
23	Issue Management Plan with details on the escalation process (from the Exchange)	Project Management	3/19/2014	4/2/2014
24	Cost Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
25	Resource Plan (from the Exchange)	Project Management	3/19/2014	3/31/2014
26	Program Management Plan (from the Exchange)	Project Management	3/19/2014	3/27/2014
27	Communication Plan with details on communications to the board, governor and other stakeholders (from the Exchange)	Project Management	3/19/2014	Unavailable
28	Requirements Specification Document	Requirements	3/19/2014	3/25/2014
29	Requirements Traceability Matrix	Requirements	3/19/2014	4/2/2014
30	Requirements Validation Review	Requirements	3/19/2014	3/25/2014
31	Change Order Documentation	Requirements	3/19/2014	3/31/2014
32	System Design including the following:	Design	3/19/2014	3/27/2014
33	a) Business Rule Specification Document:	Design	3/19/2014	3/27/2014
34	b) EDI 834, file layouts, requirements, corresponding error logs, and response files: for every month since these have been transmitted, 5 daily files	Design	3/19/2014	3/27/2014

**Documents that are listed as "unavailable" may include documents that were not created or may not be complete*

Document Request Status (2 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
35	c) EDI 820, file layouts, requirements, corresponding error logs, and response files: for every month since these have been transmitted, 5 daily files	Design	3/19/2014	3/27/2014
36	d) Eligibility decision tree	Design	3/19/2014	3/27/2014
37	e) Enrollment decision tree	Design	3/19/2014	3/27/2014
38	f) Auto renewal rules	Design	3/19/2014	3/27/2014
39	g) Business Logic Diagram	Design	3/19/2014	3/27/2014
40	h) All Functional Reports - a list and brief overview, a sample, their design docs	Design	3/19/2014	3/27/2014
41	Technical Architecture and Interface Architecture	Design	3/19/2014	3/27/2014
42	Hosting Environment Details including: - Equipment make, model, and primary configuration that will be used to host the proposed solution - SaaS/BOS solution Document explaining the XaaS layers of the solution in detail	Design	3/19/2014	Unavailable
43	The Network Design Document explicitly describing through pictographic view the different components of network design and explaining their properties	Design	3/19/2014	3/25/2014
44	Interface Specifications Document	Design	3/19/2014	3/28/2014
45	Low Level Technical Design Document (per Functional Module)	Design	3/19/2014	Unavailable
46	Logical Data Model	Design	3/19/2014	3/27/2014
47	Physical Data Model	Design	3/19/2014	Unavailable
48	Data Dictionary	Design	3/19/2014	Unavailable
49	Plan Management Spreadsheet (this should have been pulled from either the DOI or sent from the health plan to the DOI)	Design	3/19/2014	4/3/2014
50	Application Code with instructions to deploy code base	Development	3/19/2014	4/3/2014
51	Unit Test Check List and Unit Test Results	Development	3/19/2014	4/7/2014
52	Integration Test Cases and Test Results	Development	3/19/2014	4/7/2014
53	Test management Plan	Testing	3/19/2014	3/25/2014
54	a) System Test Plan and Test Results	Testing	3/19/2014	3/25/2014
55	b) UAT Plan and Test Results	Testing	3/19/2014	3/25/2014
56	c) Regression Test Plan and Test Results	Testing	3/19/2014	3/25/2014
57	d) Stress/Load Test Plan and Test Results	Testing	3/19/2014	3/25/2014
58	e) Operations Readiness Test Plan and Test Results	Testing	3/19/2014	3/26/2014
59	f) ADA compliance test results	Testing	3/19/2014	4/8/2014
60	Defect Status Report (metrics per release)	Testing	3/19/2014	3/27/2014
61	Provide access to Testing Environment for the Deloitte Team	Testing	3/19/2014	3/21/2014
62	a) URL	Testing	3/19/2014	3/21/2014
63	b) provide accounts for the following roles - navigator, broker, CSE/CSR, admin	Testing	3/19/2014	4/1/2014
64	c) ability and instruction to advance time	Testing	3/19/2014	3/26/2014
65	d) ability to run batch jobs and view results	Testing	3/19/2014	3/26/2014
66	e) ability to run interface jobs and view results	Testing	3/19/2014	3/26/2014
67	f) Provide test data	Testing	3/19/2014	3/26/2014
68	Configuration Management Plan	Deployment	3/19/2014	3/25/2014
69	Release Management Plan	Deployment	3/19/2014	3/18/2014
70	Support and Problem Escalation Plan	Deployment	3/19/2014	3/25/2014
71	Implementation Plan Site Readiness Report	Deployment	3/19/2014	3/25/2014
72	Information Technology Help Desk Service Monthly Report	Deployment	3/19/2014	3/25/2014
73	Capacity Plan	Deployment	3/19/2014	3/25/2014
74	Data Growth Plan document describing the current data growth and future projections	Deployment	3/19/2014	3/25/2014
75	Production Operations Procedures	Deployment	3/19/2014	3/26/2014

Document Request Status (3 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
76	User Manuals	Deployment	3/19/2014	3/28/2014
77	Training Plan and Training materials	Deployment	3/19/2014	3/25/2014
78	Daily Production Operations Report	Production Operations	3/19/2014	3/18/2014
79	Defects reported by criticality and severity in a sortable format with date created, date resolved for production	Production Operations	3/19/2014	3/27/2014
80	Defects reported by criticality and severity in a sortable format with date created, date resolved for non-production	Production Operations	3/19/2014	3/27/2014
81	Service Management Process Automated SLA Monitoring Monthly Service Level Agreement Report Corrective Action Report	Production Operations	3/19/2014	3/27/2014
82	Statistics on SHOP: how many employers, insurers, plans per county as well as which insurers plans were chosen by the employers	Production Operations	3/19/2014	3/28/2014
83	Enrollment reports - broken down by APTC, ESI, QHP, MA eligibility; with carrier plan product, by enrollment, by paid plans	Production Operations	3/17/2014	3/18/2014
84	List of appeals and hearings and consumer complaints and health plan complaints	Production Operations	3/19/2014	3/28/2014
85	List of manual workarounds currently in place	Production Operations	3/19/2014	3/26/2014
86	Data Retention, Recovery Services, Protection, and Data Management Plan	Security	3/19/2014	3/25/2014
87	Copy of the IRS SAFEGUARD PROCEDURES REPORT (SPR)	Security	3/19/2014	3/28/2014
88	Copy of completed applicable IRS Safeguard Computer Security Evaluation Matrix (SCSEM)	Security	3/19/2014	3/28/2014
89	Copy of the Plan of Action & Milestones (POA&M) document	Security	3/19/2014	3/18/2014
90	Evidence of periodic review and updates to the access control policy by appropriate personnel. (May be part of the policy document itself)	Security	3/19/2014	4/1/2014
91	Sample list of active system accounts along with the name of the individual associated with each account	Security	3/19/2014	4/1/2014
92	Copy of information system audit records.	Security	3/19/2014	4/1/2014
93	Evidence of periodic review evidence of the information system accounts.	Security	3/19/2014	4/1/2014
94	LDAP structure of group accounts and membership for application and infrastructure accounts	Security	3/19/2014	4/1/2014
95	For a sample of accounts created/disabled/changed, provide evidence that authorization is taken	Security	3/19/2014	Unavailable
96	Screenshots of the procedures for creating and removing the temporary and emergency accounts	Security	3/19/2014	Unavailable
97	Evidence that temporary accounts are monitored	Security	3/19/2014	4/1/2014
98	For a sample of temporary and emergency accounts created, provide evidence that authorization is taken (Samples would be selected once total population is received)	Security	3/19/2014	Unavailable
99	Documentation on the tool that provides automated mechanisms to support account management functions	Security	3/19/2014	4/1/2014
100	Evidence that account management tool is configured to disable inactive accounts after 180 days. e.g. screenshot of the configuration from account management tool	Security	3/19/2014	Unavailable
101	Configuration settings of the tool to indicate that account creation, modification, disabling, and termination actions are audited	Security	3/19/2014	Unavailable
102	Evidence of monitoring of rogue accounts being created	Security	3/19/2014	4/1/2014
103	The latest list of authorization(User privileges) defined in the BOS solution. i.e. Role Matrix which will provide role to page / field level to access mapping. Example - Role Office Assistant – Application Home Page – Read Write Access Role Office Assistant – Application Registration Page – Read Write Access	Security	3/19/2014	Unavailable
104	Active Directory global settings on read - write permissions	Security	3/19/2014	4/1/2014
105	Evidence of Separation of Duties and Least Privilege analysis being performed on roles (Evidence of the process to review and update role matrix on regular basis)	Security	3/19/2014	Unavailable
106	Screenshot of the information system configuration settings i.e. account Lockout policy, concurrent session control and unsuccessful login attempts - Application and sample Infrastructure components	Security	3/19/2014	Unavailable
107	Document of the allowed methods of remote access to the information system and s usage restrictions and implementation guidance for each allowed remote access method	Security	3/19/2014	4/1/2014

Document Request Status (4 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
108	Evidence of monitoring of remote access methods to information system (Is remote user access to information system /infrastructure being monitored?)	Security	3/19/2014	Unavailable
109	Listing of all wireless access points used by the organization. For a sample of them; provide evidence that they are approved by management.	Security	3/19/2014	Unavailable
110	Evidence of authentication and encryption method for wireless access.	Security	3/19/2014	Unavailable
111	EXCHANGE Parent System Communication Protection Policy and Procedure	Security	3/19/2014	Unavailable
112	Diagram of Security Architecture	Security	3/19/2014	Unavailable
113	Secure DNS deployment control policies and documentation	Security	3/19/2014	Unavailable
114	DNS architecture diagram	Security	3/19/2014	Unavailable
115	Evidence of periodic review and update of the policy and procedures by appropriate personnel within the organization (May be part of the policy document)	Security	3/19/2014	Unavailable
116	Organization's guidelines and procedures addressing the information eminence.	Security	3/19/2014	Unavailable
117	Organization's procedures addressing the cryptographic key management and establishment.	Security	3/19/2014	Unavailable
118	Organization's guidelines and procedures addressing public key infrastructure certificates	Security	3/19/2014	Unavailable
119	Organization's guidelines and procedures addressing the mobile code.	Security	3/19/2014	Unavailable
120	Organization's guidelines and procedures addressing usage restrictions and implementation guidance for Voice over Internet Protocol technologies.	Security	3/19/2014	4/1/2014
121	Organization's guidelines and procedures addressing secure name/address resolution service (authoritative source).	Security	3/19/2014	Unavailable
122	Organization's guidelines and procedures addressing architecture and provisioning for name/address resolution service. Additionally, a diagram to depict the name/address resolution service architecture (e.g. DNS architecture diagram) and how is the name/address resolution service secured.	Security	3/19/2014	Unavailable
123	A list of recent security flaw remediation actions performed on the information system (e.g., list of installed patches, service packs, hot fixes, and other software updates to correct information system flaws).	Security	3/19/2014	Unavailable
124	List of information system monitoring tools and techniques deployed by the organization.	Security	3/19/2014	Unavailable
125	A list of most recent integrity scans performed.	Security	3/19/2014	Unavailable
126	Call Center Operations Playbook - Including training materials	Call Center	3/19/2014	3/27/2014
127	Call Center Services - Location, hours of operations, headcount, staffing matrix	Call Center	3/19/2014	3/31/2014
128	Call Center Planning - Roadmap, initiatives, annual planning - Staffing profile, models, etc.	Call Center	3/19/2014	3/31/2014
129	Call Center Governance Model	Call Center	3/19/2014	3/27/2014
130	Call Center Operations Metrics - Volumes, service levels, FCR, AHT, ASA, Abandon, occupancy, shrinkage, turnover, etc. by channel and call type	Call Center	3/19/2014	3/27/2014
131	Call Center Self Service - Planning, initiatives, etc. - Self-service completion metrics	Call Center	3/19/2014	Unavailable
132	Voice of the customer metrics (e.g., surveys, results)	Call Center	3/19/2014	Unavailable
133	Call Center Organization Charts - Staffing by level	Call Center	3/19/2014	3/28/2014
134	Call Center Technology Architecture - Roadmaps, performance data, network diagram, voice platform diagram, desktop standards, etc. - Contact center specific technology architecture (e.g., CTI, ACD, PBX, WFM, QM, desktop, record) - The IVR architecture (I believe it's called the FRS…Functional Requirements document)	Call Center	3/19/2014	4/4/2014
135	Workforce Management Playbook - Forecast and scheduling process	Call Center	3/19/2014	Unavailable

Document Request Status (5 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
136	nDepends - need output of statisical analysis tool	Development	3/26/2014	4/2/2014
137	Integrated project work plan with previous submission dates – last three submissions	Project Management	3/26/2014	3/27/2014
138	Go to green report indicates pending stories. Can we get story board exported so we can get details of those story with LOE and ETA for individual stories	Project Management	3/26/2014	3/27/2014
139	Release plan (we have received it). Need process document that lays out how release are planned, developed, tested, approved, deployed	Deployment	3/26/2014	3/27/2014
140	Steering Committee reports – Bill mentioned Kim will have those as meetings were occurring until last few weeks. Need Agenda, Status report, meeting minutes for three last steering committee report as well as report	Project Management	3/26/2014	3/27/2014
141	Ticket resolution process – Process flow that lays out ticket resolution either through response over call or through defect resolution	Production Operations	3/26/2014	3/28/2014
142	EDI spreadsheet that are sent to carriers	Production Operations	3/27/2014	3/31/2014
143	Virtualization Map with Physical/ VM and hypervisor/VM ratios	Design	3/25/2014	Unavailable
144	Monthly Production reports (includes SLA reporting) that Bill or Greg sends to Exchange from Sept '13 to March '14	Production Operations	3/26/2014	3/27/2014
145	List of Test cases, Test scenarios and test execution reports for past releases; test results for Unit, System, Integration, UAT, and Regression tests	Testing	3/26/2014	Unavailable
146	A detailed list of all outstanding user stories (“fast-follow” items along with the target completion dates)	Development	3/27/2014	4/3/2014
147	Invoices, with at least one including multiple applicants (from January, February, and March)	Production Operations	4/1/2014	4/9/2014
148	Sample 834/820 EDI files being sent to carriers	Production Operations	4/1/2014	4/3/2014
149	Contingency 834/820 spreadsheets that contain the data from the 834/820 EDI files that are being sent to carriers	Production Operations	4/1/2014	4/2/2014
150	834/820 EDI Variance Reports (list of records where the data on the 820 and the 834 files do not match) that are being sent to carriers	Production Operations	4/1/2014	4/3/2014
151	Sample ACH payment log (breakdown of the ACH payment sent to carriers – contains a list of members and their payment amount) that are being sent to carriers	Production Operations	4/1/2014	4/3/2014
152	ACH Payment Variance reports (list of records where the data on the 820’s does not match the ACH payment log) that are being sent to carriers	Production Operations	4/1/2014	4/2/2014
153	SSP - updated	Security	4/1/2014	4/4/2014
154	IT Service Desk Monthly Report for the month of March 2014	Production Operations	4/1/2014	Unavailable
155	Presentation shown in the workshop	Production Operations	4/1/2014	4/4/2014
156	Current Release Management Plan	Deployment	4/1/2014	Unavailable
157	Current Performance and Scalability Plan	Production Operations	4/1/2014	4/3/2014
158	SLA Calculation Documents a. How do you calculate the service up time which is mentioned in the RFP of 99.9% (ITO Group) b. How is the click response time measured? Tools used for measuring / reporting of SLA.	Production Operations	4/1/2014	4/3/2014
159	6. Backup Operational Documents from Xerox a. Backup Map and retention period b. Backup encryption c. Backup Locations	Design	4/1/2014	Unavailable
160	Hardware Layout of Cloud Infrastructure	Design	4/1/2014	4/8/2014
161	Physical and Virtual Network layout design	Design	4/1/2014	4/8/2014
162	Cloud Architecture , provisioning process and maintenance process of VM images	Design	4/1/2014	4/8/2014
163	Network diagram with router and zoning information	Design	4/1/2014	4/8/2014
164	List of Platforms a. Versions, DBs b. Assigned/Installed Software c. Datacenter to Platform mapping	Design	4/1/2014	4/4/2014
165	Monitoring & Administration Document a. List of different tools and mapping to the monitoring aspects	Design	4/1/2014	4/8/2014

Document Request Status (6 of 6)

#	Document Name	Document Group	Date Document Requested	Date Document Received
166	Solution Component Integration Map	Design	4/1/2014	4/4/2014
167	Capability map a. All capabilities that are being provided by the datacenters/infrastructure team and tools that are being used to support the capabilities b. Tools to capabilities mapping	Design	4/1/2014	4/8/2014
168	Workload Map a. Describing the OS system, properties, platform, Software of all workloads	Design	4/1/2014	4/8/2014
169	Information Flow diagrams	Design	4/1/2014	Unavailable
170	Resource usage reports. a. Usage of memory, storage, cpu at the workload and also at the hypervisor level	Design	4/1/2014	4/8/2014
171	DOORS application output for the requirements collected by KPMG	Requirements	4/1/2014	4/2/2014
172	Workflow steps for hitting different environments interfaces for the DWSS, Quoted, GP, IVR, etc. (David Jerkovic)	Requirements	4/1/2014	4/8/2014
173	Test environments configuration (Dev-Int, SIT0, SIT1, SIT2, SIT3, Staging, Training, Production) (Rajeev Siddappa) • Application functionality available in each environment • Infrastructure setup for hardware components • Latest software and patched applied	Requirements	4/1/2014	4/8/2014
174	A list of workarounds being used by the Customer Service Reps at the Call Center to get around bugs in the system/workarounds playbook	Call Center	4/2/2014	Unavailable
175	Call Center Monthly Score Card (may also be called the SLA Performance Report)	Call Center	4/2/2014	4/3/2014
176	Release management calendar (schedule for the past and future releases) -including list of CRs - plan that is sent out to the client and stakeholders as a communications notice before/after a release • CIs • Schedule of activities for development through implementation • Instructions for the RM team • Backout plan for each CR • Backout plan to address the inter-project dependencies	Deployment	4/2/2014	4/3/2014
177	Release metrics (# of planned defects/"fast-follow" items VS. # of the released items)	Deployment	4/2/2014	4/3/2014
178	Release notes from the latest release (builds 24 & 25)	Deployment	4/2/2014	4/2/2014
179	Build Plan that details the standardized Build Propagation process to various environments, teams that perform testing in these environments, any specific checks that might exist prior to prorogating to the next environment etc.	Testing	4/3/2014	Unavailable
180	Regression Test Execution results for Release 23 (03/31 build)	Testing	4/3/2014	Unavailable
181	SIT Test Execution results for Release 23 (03/31 build)	Testing	4/3/2014	Unavailable
182	Export of Regression Test cases from TFS	Testing	4/3/2014	Unavailable
183	Entrance and Exit Criteria Compliance Results for each of the test phases prior to production release, if documented	Testing	4/3/2014	4/9/2014
184	Details on all existing batch jobs	Production Operations	4/4/2014	4/8/2014
185	Production batch jobs execution report (for last 7 days) that show which jobs passed/failed and the number of records processed	Production Operations	4/4/2014	4/8/2014
186	c) Production Run Book – This document is used by the production support team that monitors batch jobs (this is listed as #75 – Production operations procedures)	Production Operations	4/4/2014	4/9/2014
187	Performance Test Plan	Testing	4/4/2014	4/8/2014
188	Automated Regression Test Plan Document	Testing	4/4/2014	4/9/2014

Appendix G:
Test Cases

Test Cases (1 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Test payment functionality	The user should be able to submit payment with checking account	Submitted payment with checking account	Pass
Test payment functionality	The user should be able to submit payment with MasterCard	Submitted payment with MasterCard	Pass
Check if password change is working	The user should be able to go the account/password change section in order to change their password	The password cannot be changed from the Account Management section Instead the user has to initiate a password change through the "Can't access account" screens	Fail
Test if Enrollment (either Medicaid or QHP) is being sent back to the Exchange and if the user can navigate through the dashboard to check on the status of an enrollment	Once the user chooses to enroll in plan, if the user logs back into the account, the user should see the status of the enrollment. (For example - pending, enrolled in a plan with enrollment date, delinquent if premiums are not paid, dis-enrolled if delinquency period has passed)	Even though the Medicaid case was processed through AMPS and the result was sent back to BOS, the status of the Medicaid enrollment does not display on the Exchange site, but continues to show "pending" regardless of the status of the application. Similarly, even though the premium for a QHP is paid, the status continues to show "Pending"	Fail
Check if APTC eligibility is calculated accurately	The user should get an accurately calculated APTC and should be able to apply the APTC to medical plans (not dental plans)	User is able to select QHP with APTC adjusted premium. However, the accuracy of the APTC values could not be validated in staging because plan information was not provided	Pass

Test Cases (2 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Check if APTC is applied to QHP accurately during plan display	The user should get an accurately calculated APTC and should be able to apply the APTC to medical plans (not to dental/catastrophic plans)	In some instances, user is able to select QHP with APTC adjusted premium. In other instances, APTC is incorrectly applied to Catastrophic and Dental Plans	Fail
Confirm customer service Live Chat button/hyperlink working	Ability to access live chat	The live chat button is disabled	Fail
Check whether the user can edit any section of the application	The user should be able to edit any section prior to submitting the application	Assuming the user wants to edit a section on the review page (i.e. household) prior to submitting the application, the user needs to click the back button several times instead of being taken back directly to that page through the side menus. The “Edit” information prior to the final application submit page works inconsistently and throws exceptions	Fail
A split family with two members living in different zip codes is offered accurate options based on the individuals’ different addresses	Plan selection/rating is different for each member due to the different zip codes. Each member is able to enroll in separate plans	Unresolvable error when attempting to start application	Fail

Test Cases (3 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
In a household filing taxes separately where members are eligible for QHP, Nevada Check Up, and QHP/APTC; only the appropriate plans should be shown to each user in the household during plan selection	Plan displays should only be relevant to the appropriate users within a family (i.e. adults should not be shown a CHIP plan).	Members are only shown appropriate plans during plan selection	Pass
Check whether the APTC slider works and the premium amount that is added to the cart reflects the adjustment made to the slider	The user should be able to vary the amount of APTC that can be applied to premiums for a given plan.	APTC amount can be varied after plans have been added to cart	Pass
Check if all filters on the plan selection page work	The user should be able to narrow down the plans by using the available filters	Filters on the page work, but they are very slow	Pass
The user should be able to remove plans from their cart prior to enrolling in a plan	The user should be able to edit their shopping cart prior to enrollment	User is able to remove plans from cart during shopping	Pass
Confirm ability to compare plans on plan selection page	The user should be able to click on a “compare" button	A "compare" button should be added so that the user can compare two sets of selections. Currently, only a link gets enabled when compare is clicked. This should be changed	Pass

Test Cases (4 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
If the user is eligible for cost-sharing reductions, on the plan selection screens the user should be able to easily understand what CSR tier they are eligible for and how that CSR tier applies to a given plan	The user should be shown what cost-sharing reduction tier they are eligible for as well as what cost sharing subsidies are associated with each plan on the plan selection page	The user is shown a list of options of cost-sharing reduction tiers from which to choose. This dropdown appears to have no impact and the language is difficult to understand. In addition, no FAQs are provided for the user's reference	Fail
If the user selects a plan, they should be taken to a page to confirm and pay for their purchase	The user should be able to navigate through the appropriate payment screens and complete the enrollment	The user is taken to a screen to confirm and pay for the purchase	Pass
Upon enrollment, the user receives a notification in their plan when payment is made and can also check the status of payments	The user should be able to get either an on-screen or email notification stating that they are enrolled	The user does not receive any notifications that the payment has gone through or whether the payment is still pending. Different sections of the website show different payment statuses	Fail
Check if there are exceptions at any stage/screen from eligibility to enrollment	All screens should be displayed without an error/exception occurring	Functionality works inconsistently. Exceptions are encountered due to staging environment instability	Fail

Test Cases (5 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
If the user makes changes to enrollment information for qualifying life events, the user should be able to enroll in a separate plan	The user should be able to enroll in a new plan and pay its premiums	There is no capability in the system to report a qualifying life event, so the user is unable to enroll in a separate plan	Fail
If a verification document is required, the user should be able to use the tasks hyperlink and navigate to a document upload screen	The user should be able to navigate to the document upload screen from the task hyperlink	Upon clicking on the task hyperlink, the user is not navigated to another screen	Fail
Brokers register and are able to go into their portal	Brokers should be able to enter their license information, navigate into the portal, and start a new application	Broker licenses were provided, but the broker server was not responding in the test environment. The user was not able to navigate into and use the broker portal	Fail
Individual associates to the broker and enrolls in a plan. The link of broker to individual should be saved and transmitted through EDI	The user should be able to confirm that the user's account is linked to the broker. Furthermore, EDI files should confirm the linkage between the two	After enrolling in a plan, the user's dashboard shows no sign of the link to a broker. EDI files were unable to be generated	Fail

Test Cases (6 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Outside of open enrollment, a user who is eligible for APTC (has a yearly income of $40,000) starts a new application and does not have a qualifying life event	User should not be able to enroll in a plan	After clicking save and continuing on the eligibility results, the user is presented with a pop-up about open enrollment being complete and to contact the Call Center for QLEs. They are not directed to plan selection	Pass
Outside of open enrollment, a user who is eligible for Medicaid (has a yearly income of $5,000) applies and does not have a qualifying life event. User applies for SNAP/TANF	The user should be able to be determined eligible for Medicaid and select a Medicaid plan	The user is determined eligible for Medicaid but is not able to select a Medicaid plan. A special enrollment pop-up is displayed stating that the application would be directly sent to DWSS, but has no area to select a Medicaid plan	Fail
Outside of open enrollment, a user who is eligible for Medicaid (has a yearly income of $5,000) applies and does not have a qualifying life event. User does not apply for SNAP/TANF	The user should be able to be determined eligible for Medicaid and DWSS should be able to view that application	User is determined potentially eligible for Medicaid. However, DWSS test environment is not able to view the application	Fail

Test Cases (7 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Check if data in 834 and 820 matches the data entered in Single Streamlined application	All enrollment data entered by the user is correctly transmitted in the 834	Unable to generate EDI files	Fail
Check the APTC amounts are correctly transmitted into 834s and 820	The APTC-adjusted premium amounts should be displayed accurately once the plans have been selected	Unable to generate EDI files	Fail
Check if plans are always displayed	Plans should always be shown to the user (either in anonymous mode or after eligibility has been determined)	Plans sometimes do not display. Likely an issue with synchronization with QUOTIT. Unable to replicate issue	Fail
Check if provider search and prescription search are working. Check if user has ability to select a provider at the time of enrollment	The user should be able to search for plans and providers. The user should be able to select a provider at the time of plan selection	User is able to search what prescriptions and providers are associated with various plans. Additionally, users are able to specify a provider at the time of enrollment	Pass

Test Cases (8 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
A mixed family selects plans; one member is eligible for QHP and one member is eligible for Medicaid	QHP and Medicaid plans are selected	Unresolvable error during plan selection	Fail
A low income individual selects a Medicaid plan and their information is sent to DWSS	Medicaid plan is selected, eligibility results are sent to DWSS	Unresolvable error after selecting a Medicaid plan	Fail
A family (subscriber, spouse who files taxes separately, and one dependent of the spouse). Subscriber and spouse each make $10,000 a year. Subscriber and spouse select different Medicaid plans. Dental plan is selected for the dependent. Payment is submitted for the dental plan and dependent is enrolled in the Dental plan	All three family members are determined eligible for Medicaid, Medicaid enrollment information is sent to DWSS, dental payment status and statement are viewable in BOS, payment is processed, EDIL files are generated, and dependent is enrolled in the dental plan	No pending payment history was visible after making the payment online on the "Billing and Payments" screen. After the payment was processed in GP, the payment amounts were listed as $0 instead of the full premium amounts. Attempting to view the statement resulted in a unresolvable error. Dental enrollment status still showed as "pending" even though the payment was processed. EDI files could not be generated	Fail
A single individual with low income selects a Medicaid plan, Medicaid eligibility is approved in DWSS, and the eligibility approval is sent back to BOS	Confirmation of Medicaid eligibility is displayed in the BOS front after being approved in DWSS	The Medicaid plan status showed "pending" in the BOS front end on the policy management screen after the eligibility results were sent back from DWSS. Application resume button instructed the user to shop for a plan again even though Medicaid eligibility was already approved in DWSS	Fail

Test Cases (9 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
A single individual with low income selects a Medicaid plan, Medicaid eligibility is denied in DWSS, and the eligibility denial is sent back to BOS	Medicaid eligibility denial is displayed in the BOS front after being denied in DWSS. Customer is prompted to apply for an APTC plan	The Medicaid plan status showed "pending" in the BOS front end on the policy management screen after the eligibility results were sent back from DWSS. Application resume button instructed the user to shop for a plan again even though Medicaid eligibility was already denied in DWSS. Customer was not prompted to apply for an APTC plan	Fail
A family (subscriber, spouse who files taxes separately, and one dependent of the spouse) shops for plans. Subscriber makes $80,000 a year and spouse makes $10,000 a year. Eligibility is determined and each member enrolls in different plans. Subscriber enrolls in a QHP plan and spouse/dependent enroll in a Medicaid/CHIP plans	Subscriber is determined eligible for QHP, spouse/dependent are determined eligible for Medicaid/NCU, Medicaid/NCU eligibility is approved by DWSS, and a payment is made for the subscriber's QHP plan	Dependent was determined ineligible for NCU in the potential eligibility results. After the Medicaid eligibility results were returned from DWSS, there was not an option to make a payment for the male's QHP plan. Application resume button took the user back to the "shop for plan" section even though Medicaid eligibility was already approved in DWSS	Fail
A single individual with low income selects a Medicaid plan, the member's address is updated by DWSS, and the eligibility results and the new address is sent back to BOS	Address is updated in BOS based on the updated in DWSS	Address was successfully updated in BOS	Pass

Test Cases (10 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
A single individual with low income ($5,000) selects a Medicaid plan and final eligibility results are returned from DWSS	Medicaid application is sent to DWSS and processed by DWSS successfully	Unresolvable error when attempting to shop for a plan	Fail
A single individual with low income ($10,000) selects a Medicaid plan and final eligibility results are returned from DWSS	Medicaid application is sent to DWSS and processed by DWSS successfully	Unresolvable error when attempting to shop for a plan	Fail
A single individual selects a plan with APTC and makes a payment	Payment is made on the QHP plan with APTC amount deducted, payment is processed and member is enrolled in plan	Unresolvable error when attempting to shop for a plan	Fail
A single individual with $20,000 yearly income is determined eligible for APTC, selects a QHP plan with APTC applied, and submits a full initial payment	APTC credit is deducted from premium, EDI files are generated, payment is processed, and member is enrolled in the QHP plan	There was no record of the pending payment in the "Billing/Payments screen" after the payment was submitted. EDI files were not able to be generated and member was not enrolled	Fail
Single individual making $5000 per year selects a Medicaid plan and a dental plan. Member makes a payment for the dental plan	Medicaid application is submitted to DWSS, EDI files are generated for the dental plan, and member is enrolled in the dental plan	Medicaid application was submitted to DWSS. Unable to process the dental plan payment. Unable to generate the EDI files and enroll in the dental plan	Fail

Test Cases (11 of 11)

High Level Test Case Description	Expected Outcome	Actual Result	Status of Test Case
Single member making $20,000 is determined eligible for APTC, applies $200 of the $250 total eligible APTC amount, and makes a full payment via bank account	Payment is processed, EDI files are generated, and member is enrolled by the carrier	Unable to process the payment, unable to generate the EDI files, and unable to enroll with the carrier	Fail
A family determined eligible for APTC selects a plan for the subscriber only, opts out of coverage for the spouse and dependent, and makes an underpayment via a check	APTC amounts are deducted from the premium, the partial payment is deducted from the account balance, and family is not enrolled	Even though the family was determined eligible for APTC, no APTC amounts were displayed while shopping for a plan. Unable to process the payment	Fail
A family is determined eligible for APTC, each family member selects a silver plan with CSR from different carriers, and premiums are paid in full	The family is determined APTC eligible, CSR is applied to each plan selected, the payment is processed, EDI files are generated for each carrier, and the family becomes enrolled	The dependent was determined ineligible for APTC. Unable to process payments, unable to generate EDI files, and unable to enroll the family	Fail
A single individual that makes $5,000 a year does not enter an SSN in their application and potential eligibility is determined	Member is determined potentially eligible for Medicaid	Member was determined ineligible for Medicaid	Fail

EXHIBIT E

EXHIBIT E

MINUTES OF THE REGULAR MEETING OF
THE FORMATION BOARD OF DIRECTORS OF NEVADA HEALTH CO-OP

February 19, 2014

A regular meeting of the Board of Directors of Nevada Health CO-OP, a Nevada non-profit, non-stock cooperative corporation (the "CO-OP"), was held on February 19, 2014, at 3900 Meadows Lane, Suite 100, Las Vegas, NV 89107 pursuant to notice duly given. The following Directors were present: Jeff Ellis, Bobbette Bond, Christine Carafelli, Kathy Silver, Tom Zumtobel and Danny Thompson. D Taylor was not present.
The following guests were present: Lynn Fulstone Esq. (Lionel Sawyer Collins) Basil Dibsie, Chief Financial Officer (NHC), Dr. Nicole Flora, Chief Medical Officer, (NHC) and Pam Egan, Chief Development Officer (NHC). Cara Elias Esq. (Brownstein Hyatt Farber Schreck) and James Clough Esq. (Seyfarth Shaw, LLP) attended telephonically. Michele Schultz was present as minute's taker.

Mr. Ellis called the meeting to order at 1:10pm.

I **Executive Session:** *Language for this section will be drafted and circulated under separate cover.*

II **Approval of Minutes:** Mr. Ellis asked members if there were any objections or corrections to the January 22, 2014 Board meeting minutes. No objections were heard. Ms. Silver motioned to approve the minutes. Mr. Thompson seconded Ms. Silver's motion. All in favor. Motion carried.

Mr. Zumtobel asked Mr. Ellis to adjust the order of the Board Agenda so that he could present an update on The Silver State Health Insurance Exchange while Mr. Brignone was still present. Mr. Ellis asked Board Members if there was any objection to the request. No objection heard.

V **Operational Report:**

1. Nevada Health Link Update: Mr. Zumtobel explained the on-going issues and challenges the CO-OP has been experiencing with the enrollment process through the State Exchange. Mr. Zumtobel explained that he has been participating in three meetings a week with the Governor's

office, the other carriers and Xerox to communicate the challenges the CO-OP is experiencing with data submission from Xerox to the CO-OP. Currently, there are more than 3,000 members that are on Xerox's pending list that the CO-OP has not received any data on to date. The 834's and 820's remain being delayed getting to the CO-OP and when received, the data is incomplete. Mr. Zumtobel informed the Board that he is speaking regularly with Governor Sandoval's office regarding the CO-OP's challenges with Xerox. He went on the say the contract the State of Nevada has with Xerox has some concerning gaps. One such gap being no performance guarantee written in the contract between the State and Xerox. Mr. Zumtobel reported to the Board that at the last Exchange Board meeting during public comments, a consumer came forward and reported that he had suffered a heart attack December 31, 2013 resulting in his need for immediate heart surgery that left him with a 410k hospital bill. The consumer was reported by Xerox to be a Nevada Health CO-OP member although the CO-OP had no record of this. Xerox had not communicated eligibility to the CO-OP on this consumer's behalf. Mr. Zumtobel went on to say from what has been communicated thus far, this consumer originally looked at the CO-OP but ultimately selected another carrier (Health Plan of Nevada). Mr. Zumtobel stated to the Board that Xerox is negatively impacting the CO-OP's membership. If the CO-OP was aware of this consumer being our member the CO-OP could manage his care. Mr. Ellis voiced his concern as to where the State's responsibility to the consumer and to the CO-OP lied. Mr. Ellis went on to say that the CO-OP had no opportunity to manage the patient. Mr. Zumtobel introduced to the Board the idea of sending a letter to Governor Brian Sandoval outlining the CO-OP's complaint that the CO-OP had no opportunity to manage this patient, the negative impact Xerox is having on the CO-OP's membership and the difficulty of advocating through this broken exchange. The Board Members and CO-OP attorneys spent time strategizing. Mr. Brignone discussed his thoughts to the Board. Board members all agreed to have the CO-OPs' attorneys prepare a letter to Xerox and to Governor Brian Sandoval outlining: 1) the problems the CO-OP is experiencing with Xerox 2) How Xerox has injured the CO-OP's members by not addressing the over 3, 000 members on the pending list 3) How Xerox has and continues to hurt the CO-OP's credibility in the market place.

III **Financial Report: December Financial Statements:** Mr. Dibsie presented to the Board the December 2013 Balance Sheet, Statement of Operations and Cash Flow Statement. The Board members discussed various aspects of these financials reports. Mr. Dibsie informed the Board that the CO-OP had a total of forty-five (45) employees at the end of 2013. In January 2014, there was one (1) additional employee hired. Mr. Dibsie informed the Board he had extended two

(2) employment offers for his department to fill the positions of Accounts Payable Clerk and Underwriter for Large Groups. These two (2) additions to staff will bring the staff total to forty-eight (48) CO-OP employees by the end of March 2014.

CMS Additional Funding Request Update: Mr. Dibsie updated the Board on the status of the CO-OP's request for additional funding from CMS. He explained that two weeks prior he participated in a status call with CMS whereby CMS was seeking CO-OP responses to additional questions around its request for funding. Mr. Dibsie stated the questions CMS were seeking answers to were: 1) CMS wanted the CO-OP's Administrative Budget for 2014. 2) CMS requested the CO-OP's membership forecast for 2015-2033. Mr. Dibsie informed the Board that it appears the process by which CMS has used in the past to determine the outcome of CO-OP's seeking additional funding as changed. Mr. Dibsie added that the CO-OP and CMS are still engaging in conversations around the CO-OP's request and looks forward to the final disposition. Mr. Ellis asked how the remaining solvency funding would be transferred to the CO-OP. Both Mr. Zumtobel and Mr. Dibsie were unsure how the remaining solvency funding would be delivered to the CO-OP, or the exact request process. Mr. Zumtobel stated he felt CMS was trying to work through delivery method particularly with the current political climate in Washington DC. Mr. Ellis asked if the CO-OP had started to pay claims. Ms. Egan reported to Mr. Ellis and the board that there has been a total of 2, 800 claims received, approximately 2,300 of which were submitted in paper form and of that, 42 claims have been paid. Total amount of claims paid out to date is $8k.

2014 Forecast/Draft Budget: Mr. Dibsie presented to the Board spreadsheets related to Nevada Health CO-OP's 2014 Forecast which illustrated the overall assumptions for Membership, Premium Revenue, Benefit Cost, Investment Income, and Operational Administrative Expenses. Additionally, Mr. Dibsie reviewed Nevada Health CO-OP's 2014 Budget-Forecast which outlined the monthly forecast summary with membership at the top and the financials at the bottom. Lastly, the Preliminary Operational Budget was presented to the Board. Mr. Dibsie explained the detailed listing of the CO-OP's Operational Administrative Budget. He explained that the first three columns in the spreadsheet illustrate the operational figures for 2013 while the fourth column represents the Preliminary Budget for 2014. Ms. Carafelli expressed her satisfaction with Mr. Dibsie's presentation.

IV Outreach Plan

This section was not discussed.

Due to the meeting going over the allotted time, Mr. Ellis motioned to adjourn the meeting. Mr. Zumtobel asked that the Board take up the issue of him transitioning from Unite Here Health to Nevada Health CO-OP at the March meeting. Mr. Zumtobel stated he always planned to come over to the CO-OP and would like direction on next steps. Ms. Bond suggested that the Board consider forming a separate committee to focus on the negotiations of Mr. Zumtobel's transition. Secondly, Ms. Bond asked the Board to take up the issue of the CO-OP adopting a policy of not hiring relatives at the March 2014 Board meeting. Mr. Ellis accepted Ms. Bond's request to have these points heard at the next Board meeting.

Mr. Ellis adjourned the meeting at 2:40pm (PST).

EXHIBIT F

EXHIBIT F

MINUTES OF THE REGULAR MEETING OF
THE FORMATION BOARD OF DIRECTORS OF NEVADA HEALTH CO-OP

May 23, 2014

A regular meeting of the Board of Directors of Nevada Health CO-OP, a Nevada non-profit, non-stock cooperative corporation (the "CO-OP"), was held on May 23, 2014, at 3900 Meadows Lane, Suite 100, Las Vegas, NV 89107 pursuant to notice duly given. The following Directors were present: Jeff Ellis, Christine Carafelli, Tom Zumtobel and Danny Thompson. Bobbette Bond and Kathy Silver attended telephonically. D. Taylor was not in attendance.
The following guests were present: Basil Dibsie, Chief Financial Officer (NHC), Dr. Nicole Flora, Chief Medical Officer, (NHC) and Gwendolyn Harris, Compliance Officer (NHC). Cara Elias Esq. (Brownstein Hyatt Farber Schreck) attended telephonically. Michele Schultz was present as minute's taker.

Mr. Ellis called the meeting to order at 1:15pm.

I **Approval of Minutes:** Mr. Ellis asked Board members if they had the opportunity to review the minutes from the May 2014 Board meeting. Mr. Ellis asked if there were any objections to the May 2014 Board meeting. No objections were expressed. Mr. Thompson motioned to approve the minutes. Ms. Carafelli seconded the motion. All in favor. Motion carried.

II **Financial Report:**

Enrollment: Mr. Dibsie presented the enrollment figures as of June 16, 2014. There are 16,200 members enrolled with the CO-OP. In the past month, the CO-OP gained 1,100 new members. Mr. Ellis asked how the 2,000 off-exchange members were added. Ms. Egan reported those members are non-subsidy eligible individuals and members of small groups who were enrolled through InsureMonkey. Mr. Ellis asked how these individuals and small groups were billed. Ms. Egan explained the CO-OP generates the monthly billing directly to the individual and small groups and processes the payment from the members via check or credit card. Mr. Ellis asked if the CO-OP has regained the market share on the Exchange. Mr. Dibsie stated in the last report issued by the Exchanged a few weeks prior, the CO-OP was trailing United Health Care by .10%, a difference of approximately 130 people. Mr. Zumtobel reported that Xerox gave the CO-OP a total of 909 terminations in the past few weeks that dated back to January. Board Members

discussed the financial impact on the CO-OP as a result of the late termination notification from Xerox. Mr. Zumtobel stated if the member paid its premium and is subsidy eligible, the CO-OP is obligated to pay the providers. The CO-OP will be reviewing the termination list to decide if a course of action is warranted for the financial recovery of claims paid on behalf of terminated members as a result of the late notification of the termination list provided by Xerox.

April Financial Statements: Mr. Dibsie reviewed the Statement of Operations report for April 2014. Mr. Dibsie stated the CO-OP's membership is currently 3,334 short of projected members but enrollment should catch up to projections by the end of July. The premium revenue PMPM is higher than projected by 17% due to demographics. Mr. Dibsie pointed out the benefit cost for the month is higher at $32.69 PMPM which is 14% higher than projected.

Mr. Dibsie reviewed the categories over budget for the month on the Statement of Operations report. Broker Commission category: Mr. Dibsie explained that the CO-OP has generated more Broker business than expected which has resulted in larger commissions paid out. Mr. Ellis asked how brokers are accessing the State Exchange. Mr. Zumtobel explained the Brokers log in on behalf of the member and populate the application or the Brokers can use their Broker numbers to enroll members. Ms. Carafelli asked if participants pay a broker fee. Mr. Zumtobel responded that only the carrier pays Broker commission. Mr. Dibsie reported the Brokers have enrolled 2,500 members on behalf of the CO-OP and expects the Brokers to be helpful with small and large group business in the coming year.

The Actuarial expenses for the month are over budget. Mr. Dibsie explained that due to the filing deadline being moved up, the Actuarial services were needed earlier than originally budgeted.

The Customer Service/Enrollment fees for the month are over budget due to a fee reconciliation for InsureMonkey. Cost were reconciled for actuals incurred from January – April 2014. Approximately $32,000 was for months prior to April.

The enrollment system will have an ongoing depreciation value each month of $23,000. This amount was not in the original budget and will re-occur each month. This is a non-cash item.

The CO-OP ended the month with general & administrative costs at $104,243 unfavorable to budget.

Mr. Dibsie reviewed the Supplemental Schedule – Premium & Membership report for April 2014. The spreadsheet breaks the premium revenue into subsidy and unsubsidized revenue on and off Exchange. Exchange subsidy is approximately 71% of premium revenue generated versus none subsidized. Currently, there are 1,400 members on Exchange not receiving a subsidy.

Mr. Dibsie reviewed the Balance sheet for April 2014. He pointed out the CO-OP's operating account is at $1.3M and the premium account is at $4M. Mr. Ellis asked if bills were being drawn out of the premium account. Mr. Dibsie responded that from the premium account, claims and capitation were being paid. Additionally, 15% of premium revenue is being transferred to the operating account where Administrative costs are being paid. Mr. Ellis questioned the ability of the operating account to pay Administrative costs even with the 15% transferred from the premium account. Mr. Zumtobel explained that the CO-OP is in the process of preparing to go to the Division of Insurance to request a draw down from the Solvency monies for operating expenses. Mr. Ellis asked if the CO-OP was above its Capital Surplus requirement. Mr. Zumtobel responded CMS requires premium dollars above 500% and the Division of Insurance requires 200% above risk based capital. CO-OP still has $8M solvency from CMS that has not been funded yet.

Mr. Dibsie reported that the CO-OP's end of the month assets are at $29M.

Mr. Dibsie presented a 4 month Statement of Operations. Mr. Ellis asked about the decrease expense in outreach and advertising. Mr. Zumtobel responded that the media expense has been stopped during the summer and anticipates an increase in this category prior to open enrollment.

Claims Reports: Mr. Ellis asked how the claims system was functioning. Ms. Egan reported that there have been challenges with the functionality of the system however, claims are being processed. The current backlog is at 12,000. Ms. Carafelli asked how far the claims dated back. Ms. Egan reported some of the most aged go back to January. The CO-OP is trending in a good direction as 69% of backlogged claims received through June 17th are currently in processed status. The CO-OP has developed a claims dashboard to monitor the daily total number of claims received, paid claims, total in the system unpaid by number of claims paid on date received, number of claims paid within 5 days of receipt, and percent of claims paid within 10 days or receipt. The CO-OP is working to move claims out of the system. Such as, working through

glitches with the functionality of the Javelina system that has held back auto adjudication of claims. Ms. Egan went on to report The CO-OP is being strategic in moving the claims inventory out and not allowing any further backlog.

Mr. Dibsie presented the claims report as of June 2014. There are currently 10,000 pended claims in the system.

III Outreach Plan

Premium Billing Update: Mr. Zumtobel reported. Nevada will transition to a State Supported Exchange which is part of the Federal Exchange, healthcare.gov. Mr. Zumtobel stated he has heard good things about the shopping experience on the Federal Exchange whereby consumers find the process easier than the State Exchange with less screens to navigate through before being separated out into subsidy, non-subsidy and Medicare eligible. With the Federal Exchange taking over, carriers will be responsible for their own premium collection for on-Exchange members. In the past, the CO-OP has only collected for off-Exchange members. Currently, the CO-OP is not set up to handle this new protocol and thus is seeking an outside vendors to assist. The CO-OP has identified a company, Softheon out of Stoney Brook, Long Island. Softheon has experience in managing premium billing and can be helpful with interfacing with the State on the 834 eligibility files for members. The Federal Exchange allows consumers to go directly to the carrier to enroll or enroll through the Federal Exchange, healthcare.gov. This is a new process for the CO-OP. The CO-OP's current enrollment vendor, InsureMonkey, is close to finalizing the technology needed to enroll on Exchange and collect on Exchange payments. CO-OP leadership has not made a final decision as to which vendor to use. InsureMonkey believes they can have their technology up and running in time for the State Supported Exchange roll-out. It is important that the CO-OP is able to do direct enrollment so that participates have a shopping experience in order to be able to compete with the other carriers that do direct marketing to their websites. Another advantage of setting up direct enrollment is to prevent the unnecessary filing of 50 or so other plans for members that would not select these types of plans as they are subsidy eligible and would not want to lose their QHP. Ms. Bond and Mr. Zumtobel are working with the State of Nevada to request Grant monies to help pay for the new system for collecting premium.

Brady Linen: Mr. Zumtobel reported the CO-OP has been working with the Culinary Union and Brady Linen to develop a benefits plan for their workforce. The competitors to Brady are nonunion and pay their workers less. Brady requested the CO-OP's assistance in providing a

solution to their employee benefit needs. The CO-OP has proposed a large group "skinny" plan with 10 primary care doctors similar to a HMO plan. This option will benefit 1,000 employees and 2,000 dependents of Brady employees. Additionally, Brady will be contributing to the setting up of an on-site wellness station for their employees. A health advocate will be on-site at Brady to help educate and assist the workers and their families. Mr. Zumtobel stated the talks with Brady have been good and is hopeful the company will accept the proposed plan which would go in to effect January 2015. Ms. Bond highlighted the opportunity the Brady proposal provides the CO-OP to develop employer based healthcare advocacy and outreach in an effort to drive the cost of healthcare down for small groups.

Multi-State Plan: Ms. Bond reported she is working with NASHCO to complete the application for a Multi-State Plan. The Multi-State Plan creates a non-profit multi state product in 22-25 states that currently have CO-OP's. It is a great opportunity for NHC to get in the market for next year and work with various organizations. The multi-state plan offering will allow coverage for members that travel out of state. In 2015, the coverage in this market is at 2% in Nevada. In 2015 the limited product offering will be listed on the Exchange as "MSP" through NASHCO. Ms. Bond expects this plan to have better results in 2016 as NASHCO and the other CO-OP's work collaboratively together to develop the plan offering.

IV Operational Report:

Board Development:

Board Governance: Ms. Bond reported that the CO-OP has to have an Operational Board in place by the beginning of 2016. Ms. Bond and Ms. Harris are developing a transitional plan to outline the items and issues that need to be addressed to develop and formulate potential Board members. According to the By-laws, one member from the CO-OP's Consumer Advisory Group will be placed on Nominating Committee. The composition of the Board must include a higher number of CO-OP members than non-members by 2016. Ms. Elias discussed the timelines and By-laws related to the formation of the Operating Board and their duties. Ms. Bond proposed the date of the annual meeting at which the election of Board members will be voted on to be December 16, 2014. Mr. Ellis motioned to approve the annual meeting to take place December 16, 2014. All in favor. Motion carried.

2015 Pricing Discussion: Mr. Dibsie reported. The CO-OP is preparing to file its 2015 Plans with the Division of Insurance. The CO-OP has not eliminated any of the plan offerings from

2014. Additional plans have been added to the 2015 submissions. All carriers will face an administrative cost increase in 2015. The increase is due to the State Exchange fee increasing by $8 PMPM in 2015. Additionally, the reinsurance fee and transitional rate pool fees will increase in 2015. The CO-OP has to file its plans with the Division of Insurance by June 27, 2014. Mr. Ellis asked about the CO-OP's rates in Northern Nevada. Mr. Zumtobel stated the CO-OP has until mid-August to pull any plans with the Division of Insurance however, the rates cannot change. He went on to explain the CO-OP will not stay in Northern Nevada if the CO-OP's rates are not competitive. The CO-OP is waiting to receive from Milliman competitive rate estimates for doctors and hospitals in Northern NV. The CO-OP will then verify with Northern providers and hospitals that the CO-OP's rates are competitive and will be beneficial in the Northern region. Ms. Bond asked when the carrier rates go public. Mr. Zumtobel responded, mid-October. Mr. Dibsie reported the CO-OP's small group shop rates are decreasing as they are not part of the federal reinsurance pool. Mr. Ellis asked if the CO-OP had received reinsurance monies. Mr. Zumtobel responded the CO-OP will not receive reinsurance for 15 months.

CEO Contract: This topic was not discussed

Mr. Ellis adjourned the meeting at 2:30pm (PST).

EXHIBIT G

EXHIBIT G

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February 24, 2014

VIA EMAIL AND EXPRESS MAIL

Governor Brian Sandoval
101 North Carson St
Carson City, NV 89701
Email: governor@govmail.state.nv.us

Xerox State Healthcare, LLC
Attention: Will Saunders, President
8260 Willow Oaks Corporate Drive, Suite 600
Fairfax, Virginia 22031
Email: will.saunders@xerox.com

Dear Governor Sandoval and Mr. Saunders,

On behalf of Nevadans in search of effective health care, we write to express our grave and growing concerns with the failures of Xerox regarding the Silver State Health Insurance Exchange/ Nevada Health Link. These failures have caused real and damaging impact not only on Nevada residents needing Exchange coverage but also on Nevada's only nonprofit provider on the Exchange. Nevada residents and the Nevada Health CO-OP deserve and require that Xerox perform its contractual obligations.

As the only community-sponsored Consumer Oriented and Operated Plan in Nevada, and one of only 23 CO-OPs nationwide, the new Nevada Health CO-OP is a unique nonprofit insurance carrier of great value to Nevada and its citizens. It is run by Nevadans for Nevadans. Data show we have attracted 37% of the Exchange market share. The reason for our success, we believe, is that we designed a member-focused health care experience of active outreach and advocacy for patient needs. Our entire focus is on Nevada health care consumer advocacy through early engagement in our plans. However, Xerox's broken enrollment system has interrupted and delayed this patient focus, and been an absolute failure for patients in need. In fact, Xerox is undeniably the greatest threat to our operations for the many people that have not been able to enroll in the CO-OP, or have been enrolled incorrectly or incompletely.

The failures of Xerox, and the inability of the Exchange to reverse this failure, have caused serious problems for the CO-OP and for our patients as well. Most importantly, Xerox's failure has harmed those patients with immediate health care needs, who have been trapped and unable to access care effectively because of the nonworking Exchange processes. Lawrence Basich, the

man who presented testimony to the Board of the Exchange on February 13, 2014, is the best known example to date.

Mr. Basich testified that he both timely enrolled and paid for Exchange coverage. He later suffered a heart attack. He believed that his medical treatment on and after January 1, 2014 would be paid by his Exchange coverage. Long after his medical care, the CO-OP learned for the first time that Xerox believed Mr. Basich had enrolled in a CO-OP plan – this information came from Xerox after Mr. Basich's February 13, 2014 testimony. A week after the testimony, Xerox sent information to the CO-OP to enroll Mr. Basich. Since then, the CO-OP learned directly from Mr. Basich that he believes he had enrolled with another carrier, and that Xerox told him it would be "easier" to enroll in the CO-OP. It is still unclear today which carrier should have received enrollment information from Xerox with respect to Mr. Basich when he enrolled and paid for Exchange coverage, and who at Xerox decided what would be easier, and for whom.

Xerox is responsible for the situation reported by Mr. Basich. Xerox should bear the financial costs of Mr. Basich's experience: the premiums that he paid for coverage he could not access, the medical expenses he incurred without any guidance or support from his insurer's medical advocacy team, and any related costs that Mr. Basich has incurred since attempting to sign up for health coverage through the Exchange. In addition, Xerox should take immediate action to mitigate any reputational damage to the CO-OP caused by Xerox's failures and its attempt to deflect liability for Mr. Basich's medical claims from Xerox onto the CO-OP.

While patient advocacy is its mission, the CO-OP cannot advocate for members it knows nothing about, nor should it be forced to expend its resources trying to understand long lists from Xerox of incomplete, unidentified, and unresolved enrollments in order to determine who may be a CO-OP member. Mr. Basich's insurer, whether the CO-OP or another insurer, did not know about his enrollment until long after the fact and after it was too late to guide and help him. To ensure you understand the scope and gravity of the ongoing harm to Nevadans and damage to the CO-OP, our experience with Mr. Basich, outlined below, well illustrates the problems.

1. Xerox first indicated that Mr. Basich was a CO-OP enrollee on February 20, 2014, almost six weeks after his serious medical episode and seven days after Mr. Basich pleaded for help at the Exchange Board meeting. We later spoke with Mr. Basich regarding his enrollment and learned he believes he never selected the CO-OP as his carrier for Exchange coverage. He stated to us that Xerox indicated that it would be "easier" to communicate coverage with the CO-OP from January 1, 2014 until March 1, 2014 and then move him to the competitor plan.
2. There are many other Nevadans in the same position as Mr. Basich. For several months, the CO-OP has asked for information about the thousands of people

appearing on an Exchange list called a "pend" list that the state decided to create. We still are not clear about what constitutes inclusion in the pend list, though we have asked many times.

3. After several requests for information on the pend list of applicants, the only information Xerox provided to the CO-OP came on January 23, 2014, which contained partial information and no contact information on several thousand individuals, some marked eligible, some not. On that list, Mr. Basich appears, based on the Xerox coding, to be ineligible. His entries read "**IsEnrolled=FALSE, HasPaid=FALSE**." Yet, Xerox now says Mr. Basich was eligible for CO-OP coverage.

   Even this list was only provided to the CO-OP because we specifically asked for it in January, hoping to provide immediate support to the many Nevadans included on this list who were not receiving coverage. However, the list turned out to be unworkable because Xerox could not identify why people were on it, or provide enough information for us to investigate it. A second list, provided by Xerox on January 30, 2014, included over 2,300 individuals identified as "pending." Mr. Basich appears on this list, too, as "**IsEnrolled=FALSE, HasPaid=FALSE**." CO-OP.

   If the CO-OP or another insurer had been properly notified regarding Mr. Basich's enrollment, it would have been possible to establish a relationship as his advocate and navigator for his health care needs. Moreover, it would have been possible to ensure he received care at a network facility and medical management advocacy for the open heart bypass surgery he received on January 3, 2014. These measures would have reduced not only the medical claims costs to the insurer but also minimized the potential balance billing charges that Mr. Basich may be required pay out-of-pocket for his care. Instead, Mr. Basich and the CO-OP are being asked to blindly bear these unmanaged medical expenses. We believe the same is true for an unknown number of other individuals on the pend list who are eligible for coverage and needed medical care since January 1, 2014.

4. To this day, the pend list remains an obstacle rather than an aid. As of February 17, 2014, thousands of people remain on this pend list in the weekly reports provided by the Exchange - more than 8,000 individuals are reported as pending across all medical carriers, and more than 3,000 of these are identified as somehow belonging to the CO-OP. These individuals have not been contacted by any carrier. Their experience has been to remain utterly unserved by any insurance. They are left to assume that the insurance carrier has dropped the ball, when in fact the carrier has no way of engaging.

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The existence of thousands of "pending" applicants and Xerox's ongoing failure to timely communicate complete and accurate enrollment information causes reputational harm and unknown medical claims exposure for the CO-OP. The lack of support provided to Mr. Basich through his health care crisis is a result of Xerox's negligence. Xerox's attempt to hold the CO-OP liable for Mr. Basich's medical claims despite Mr. Basich's timely and proper enrollment with a competing carrier is an act of willful harm by Xerox against the CO-OP.

Xerox is liable to this individual, to other Exchange enrollees and shoppers, to the CO-OP, to our providers who cared for patients with no proof of eligibility, to the Exchange, and to the Nevada community at-large for its failures to timely and accurately communicate enrollment information. The enrollment status of the individuals on the Xerox pend list must be resolved as soon as possible in order to avoid future cases like Mr. Basich's and eliminate this source of immeasurable liability and damage to the CO-OP and other carriers on the Exchange. These completely unacceptable consumer experiences extend to the current enrollment process. Enrollees continue to experience technical quirks that shut down the website, slow process times, and unnecessarily complex enrollment steps.

These unresolved problems over five months, and the publicity regarding them, has greatly reduced the number of Nevadans who will even attempt to gain insurance this year on the Exchange. There is no way to recover from the impact of this poor execution, and the lengthy enrollment period will end without the enrollment of thousands of Nevadans who deserve much better than what they are getting from Xerox on the Exchange.

We must have a clear path forward immediately to ensure that all of these issues are resolved and that Nevadans have access to a full range of health care options.

We hope you receive our concerns with the same genuineness, sincerity, and commitment to Nevada citizens as we have made them in this letter. We look forward to receiving your prompt response and efficaciously resolving these serious issues to the benefit of all involved, especially our fellow Nevadans. Thank you.

Very Truly Yours,

Tom Zumtobel
Chief Executive Officer

3900 Meadows Lane, Las Vegas, NV 89107 ▪ 702.823.COOP(2667) ▪ 855.606.COOP(2667)

EXHIBIT H

EXHIBIT H

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DISTRICT COURT

CLARK COUNTY, NEVADA

LAWRENCE BASICH, individually and on behalf of all those similarly situated; **JOE DOPUDJA**, individually and on behalf of all those similarly situated; **LAURY PHELPS** individually and on behalf of all those similarly situated; **DAVID HENRY**, individually and on behalf of all those similarly situated; **MARC SIMPSON**, individually and on behalf of all those similarly situated; **ALEXANDER LOMBARDO**; individually and on behalf of all those similarly situated; **KAREN ROSS**, individually and on behalf of all those similarly situated; **JENNIFER PAULIN**, individually and on behalf of all those similarly situated; **BEN LAMBERT**, individually and on behalf of all those similarly situated; **LILA CEBELLOS**, individually and on behalf of all those similarly situated; **MORRIS MOLATTO**, individually and on behalf of all those similarly situated; **CARLOS GARCIA**, individually and on behalf of all those similarly situated; **LESLIE TAYLOR**, individually and; on behalf of all those similarly situated; **VALERIE BOWMAN**, individually and on behalf of all those similarly

Case No.: A-14-698567-C

Dept. No.: XXIV

JOINT MOTION FOR FINAL APPROVAL OF CLASS SETTLEMENT, CERTIFICATION OF SETTLEMENT CLASS, APPROVAL OF ATTORNEY'S FEES AND COSTS, AND ENTRY OF FINAL ORDER

Hearing Date : May 25, 2017
9:00 a.m.

situated; and **MARK MASCARELLI,** individually and on behalf of all those similarly situated

Plaintiffs,

v.

XEROX STATE HEALTHCARE, LLC, a foreign limited liability company; **XEROX CORPORATION**, a foreign corporation; **DOE INDIVIDUALS I-X**; **ROE CORPORATIONS I-X**;

Defendants.

-AND-

PATRICK CASALE, individually and on behalf of all those similarly situated; **MARY ELSBERRY**, individually and on behalf of all those similarly situated; **DWIGHT MAZZONE,** individually and on behalf of all those similarly situated; **JEREMY SHUGARMAN**, individually and on behalf of all those similarly situated; **GRACE BUTLER,** individually and on behalf of all those similarly situated; and **ANDREW PERWEIN,** individually and on behalf of all those similarly situated;

Plaintiffs,

v.

STATE OF NEVADA EX REL., SILVER STATE HEALTH INSURANCE EXCHANGE; XEROX STATE HEALTHCARE, LLC, a foreign limited liability company; **XEROX CORPORATION**, a foreign corporation; **DOE INDIVIDUALS I-X**; **ROE CORPORATIONS I-X**,

Defendants.

Consolidated with:

Case No.: A-14-706171-C

Dept. No.: XVI

Plaintiff Broker Class Representatives and Plaintiff Consumer Class Representatives ("Plaintiffs"), through their counsel of record, ROBERT T. EGLET, ESQ., ROBERT M. ADAMS, ESQ., and ERICA D. ENTSMINGER, ESQ. of the law firm EGLET PRINCE, and MATTHEW Q. CALLISTER, ESQ. and MITCHELL S. BISSON, ESQ. of the law firm of

CALLISTER & ASSOCIATES ("Class Counsel"), and Defendants XEROX STATE HEALTHCARE, LLC, and XEROX CORPORATION ("Xerox" or "Defendants") through their counsel of record, MARK E. FERRARIO, ESQ. and WHITNEY L. WELCH-KIRMSE, ESQ. of GREENBERG TRAURIG (collectively "the Parties"), hereby move the Court to:

1. Give final approval of the Joint Stipulation of Settlement And Release between Plaintiffs and Defendants pursuant to NRCP 23(e);
2. Give final approval to certify the Settlement Classes;
3. Give final approval of Class Counsel's Request for Attorneys' Fees and Costs; and
4. Enter the Parties' proposed Final Order attached hereto as **Exhibit "1".**

Dated this 5th Day of May, 2017

EGLET PRINCE

/s/ Robert T. Eglet
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Class Counsel

GREENBERG TRAURIG

/s/ Whitney L. Welch-Kirmse
By: _____
MARK E. FERRARIO, ESQ.
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MEMORANDUM OF POINTS AND AUTHORITIES

I. INTRODUCTION

On September 29, 2016, the Parties filed a Joint Motion for preliminary approval of class settlement, certification of settlement class, approval of attorneys' fees and costs, and notice to class members ("Motion"). On October 13, 2016, this Court granted the Motion and in doing so, provisionally certified two Settlement Classes (the Broker Class and Consumer Class), preliminarily approved the proposed Settlement Agreement, preliminarily approved Class Counsel's attorneys' fees and costs, and approved the Parties' proposed Class Notices and notice plan. *See* Order attached hereto as **Exhibit "2."** No objections to the settlement have been filed and the time to do so has expired.

As stated in the Motion, the Parties agreed to mediate in front of retired judge Floyd Hale, which ultimately resulted in the settlement of this matter. The Settlement Agreement which was attached to the Motion contained the complete terms of the proposed settlement. Key provisions of the settlement include:

- An agreement by Defendants to pay a sum not to exceed $5,000,000 to resolve and satisfy valid class claims and to pay Appeal Administrator fees. With regard to the attorneys' fees and costs, Class Counsel requested a total amount of $1,750,000. Defendants agreed to pay the amount requested, upon Court approval, and would not contest the same;
- An agreement by Defendants to serve as Claims Administrator and to pay 100% of their fees and costs related to the claims administration, separate from, and in addition to, funding the settlement;

- The retention of Mitchell Cobeaga, Esq. and The Cobeaga Law Firm to serve as Appeals Administrator and an agreement by Defendants to pay 100% of the Administrator's fees and costs, to be deducted from the total amount of settlement funds available to Class Claimants.
- A settlement payment issued to all Class Claimants who submit a timely claim and qualify for a payment according to the terms outlined in Section 2.8 of the Settlement Agreement, including claims approved in the appeals process; and
- A robust release signed by participating Class Members.

It was this settlement that the Court preliminarily approved as referenced above and formed the basis of the claims process.

Per the Motion, the Court approved the appointment of Defendants as Claims Administrator, approved Mitchell Cobeaga, Esq. as Appeals Administrator and approved the proposed Notice of Settlement of the class action lawsuit. The Court also agreed to a notice process that was set out in the Settlement Agreement and was designed to meet due process requirements, providing the best notice practicable to all Class Members who could be reasonably located. All obligations related to the claims and appeal processes have been satisfied by the Parties.

At this time, final approval of the settlement is appropriate. A balancing of the relevant factors, including the reaction of Class Members to the proposed settlement, demonstrates that the Settlement Agreement is fair, reasonable, and adequate. There is no evidence of any fraud, overreaching, or collusion between the settling Parties. For these reasons, the Parties respectfully ask that following the May 25, 2017 Fairness Hearing, the Court (1) approve the Settlement under Rule 23(e) and give final approval to certify the settlement class, (2) give final

approval of Plaintiffs' request for attorneys' fees and costs; and (3) enter the Parties' proposed Final Order submitted in conjunction with this Motion for Final Approval.

II. THE CLAIMS PROCESS

Defendants, as Claims Administrator, set about to and did fulfill their obligations in a timely fashion to attempt to provide notice via mail and e-mail to all potential Class Claimants utilizing last known physical addresses and e-mail addresses in the possession of Defendants. For notices mailed that were returned as undeliverable, Defendants and Class Counsel conducted a skip trace to locate updated addresses. Defendants then re-mailed notices to Class Members for which an updated address could be located. The results of this process are attached hereto in the Declaration of Kimberly R. McGuire. *See* **Exhibit "3"**. Further, Defendants fulfilled their obligation to attempt to provide notice via mail to Class Claimants who submitted claims prior to the claims bar date whose Claim Forms appeared to be incomplete.[1] *Id.* Therefore, all requirements imposed upon the Claim Administrator regarding notice and processing of claims required by the Settlement Agreement and the Court's Order have been met.

Defendants have further satisfied their obligation as Claims Administrator to evaluate claims submitted by Class Claimants pursuant to criteria identified in Section 2.8 in the Settlement Agreement, and have issued Approval and Denial Notices as appropriate. Defendants mailed a class notice to 62,357 Class Members, of which 1,242 submitted a claim requesting a settlement payment[2]. *See* **Exhibit "3"**. Class Counsel and Defendants established "hotlines" to

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[1] *See* Section 2.8(A) of the Settlement Agreement.

[2] The 1,241 Class Claimants who submitted claims does not include potential class members whose claims were resolved during the pendency of this action, but prior to the claims process.

assist Class Members with the claims process as needed.[3] 86 of the 1,242 Class Claimants who submitted a claim to Defendants were eligible to receive a settlement payment and therefore, they received an Approval Notice stating the approved amount. *See Id.*

The remaining members received Denial Notices with an explanation of why their claim was denied. *Id.* All Notices explained the procedure for submitting an appeal to the Appeals Administrator, who would make the final determination as to whether a Class Claimant qualified for a settlement payment. *Id.* 124 Class Members opted out of the settlement. *See* Notice Regarding Settlement Opt-Out Statements, attached as **Exhibit "4"**. Defendants received no objections to the settlement. Therefore, all requirements imposed upon the Claim Administrator regarding processing of claims required by the Settlement Agreement and the Court's Order have been met.

Remaining obligations of Defendants are to process the settlement payments, issue checks to Class Claimants, and to remit payment for attorneys' fees and costs to Class Counsel, which cannot be completed until the Court gives final approval.

III. THE APPEAL PROCESS

Mitchell Cobeaga, Esq. and The Cobeaga Law Firm, as Appeal Administrator, set about to and did fulfill their obligations in a timely fashion to evaluate all appeals submitted by Class Claimants pursuant to terms identified in Section 2.8 in the Settlement Agreement, and have issued all final rulings. *See* Declaration of Rachel N. Solow, Esq. attached hereto as **Exhibit "5"**. Therefore, all requirements imposed upon the Appeal Administrator regarding processing of appeals required by the Settlement Agreement and the Court's Order have been met.

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[3] Class Counsel received approximately 600 inquires through their (1) main telephone line; (2) settlement hotline, and (3) office walk-ins. Both Class Counsel and Defendants' call centers provided access to Spanish speaking individuals who could assist with translations.

A total of 55 appeals were submitted. 21 appeals were approved. *Id.* As such, the total number of valid claims (including those deemed valid by the Appeals Administrator) is 107 for a total combined amount of $99,218.31 to be paid upon final approval of the settlement.

Fees paid to the Appeal Administrator totaled $50,000. *Id.* Although the Administrator's fees were deducted from the capped amount Defendants agreed to pay for valid claims, the remaining amount of eligible funds are sufficient to fully compensate all 107 Class Claimants who were determined to have valid claims. Therefore, Class Claimants were not assessed with any costs of the settlement administration.

IV. THE SETTLEMENT IS REASONABLE AND SHOULD BE APPROVED.

This Court has already expressed that the settlement is within the bounds of reasonableness, subject to any objections received. Since no objections were received, the settlement should be summarily approved.

A. Standards Governing Final Approval of a Class Action.

The law favors settlement, particularly in class actions and other complex cases. *Van Bronkhorst v. Safeco Corp.*, 529 F.2d 943, 950 (9th Cir. 1976). Final approval of a proposed class action settlement will be granted where it is established that the proposed settlement is "fair, reasonable, and adequate." Rule 23(e)(2). The trial court has broad powers to determine whether a proposed settlement in a class action is fair. *Mallick v. Superior Court*, 89 Cal. App. 3d 434, 438 (1979). In evaluating fairness, the Court must consider the settlement as a whole, rather than its component parts. *Hanlon v. Chrysler Corp.*, 150 F.3d 1011, 1026 (9th Cir. 1998) (citation omitted). A court may not modify the terms of a negotiated settlement. *Evans v. Jeff D.*, 475 U.S. 717, 727, 106 S. Ct. 1531, 89 L. Ed. 2d 747 (1986). Rather, the court's inquiry must be limited to the extent necessary to reach a reasoned judgment that the agreement is not the product of fraud or overreaching by, or collusion between, the settling parties, and that the

settlement, taken as a whole, is fair, reasonable and adequate to all concerned. *Officers for Justice*, 688 F.2d at 625. The court's role is to protect the rights of the unnamed class members. *Id.* at 624.

In determining whether a class action settlement should be finally approved, this Court should consider:

> The strength of plaintiffs' case; the risk, expense, complexity, and likely duration of further litigation; the risk of maintaining class action status throughout the trial, the amount offered in settlement; the extent of discovery completed, and the state of the proceedings; the experience and views of counsel, the presence of a governmental participant; and the reaction of the class members to the proposed settlement.

Churchill Village, LLC v. GE, 361 F.3d 566, 575 (9th Cir. 2004).

Here, all of the relevant *Churchill* factors are met. There is no evidence of any fraud, overreaching, or collusion between the settling Parties. Based on these findings, the Court should grant final approval of the Settlement Agreement under Rule 23(e). Similar considerations govern the determination that a settlement is a "good faith settlement" as contemplated by NRS 17.245. The Nevada Supreme Court has held that the trial court shall interpret the term "good faith" under this statute "based upon all relevant facts available." *Velsicol Chemical v. Davison*, 107 Nev. 360, 811 P.2d 561 (1991). Thus, factors relevant to approval under NRCP 23(e) are also germane to the good-faith determination under NRS 17.245. Approval under both standards is appropriate here.

B. The Court should Find that all of the Relevant *Churchill* Factors are Met.

1. The Strength of Plaintiffs' Case and Risk of Continued Litigation.

While Plaintiffs believe the case has merit, continued litigation would involve significant expense, protracted legal battles, and other risks, which can be avoided through settlement. In recommending settlement, Class Counsel took into account the past and ongoing cost of this dispute, the scope of relief being sought and that might be provided, the cost and benefit of such

relief, the risks of class certification and trying the matter, and the possibility of appeals from the Court's decision. All these factors weigh in support of approving the proposed settlement.

In addition to both Parties devoting significant time to investigating the facts and legal issues, the Parties obtained further information about the merits of the claims and additional information throughout the course of settlement negotiations and were thus able to closely evaluate the respective merits of their case. Class Counsel also considered a variety of legal issues associated with Class Members' claims, including potential applicability of the economic loss doctrine, and limitations potentially presented with regard to damages. Additionally, the costs of technical experts, other forensic experts, and insurance experts would be necessarily incurred by both Parties in litigating this matter. In sum, consideration of all the facts and circumstances warrants preliminary approval of the Agreement.

There are substantial legal and practical risks associated with continued litigation, all of which were considered in reaching the Settlement Agreement. For example, Xerox disputes that Class Members incurred any damages and denies liability for any alleged wrongdoing by Xerox. Xerox further denies liability on the basis that it acted on behalf of the Silver State Health Exchange, a state actor, and is therefore entitled to government immunity. Accordingly, the foregoing risks to continued litigation were considered by all parties; therefore, this factor weighs in support of approving the proposed settlement as final.

2. ***The Amount Offered in Settlement is Fair and Reasonable.***

Xerox agreed to pay up to $5,000,000.00 to satisfy valid claims submitted by Class Members. The Settlement Agreement spells out how submitted claims were to be evaluated and deemed "valid" by either Xerox or the Appeals Administrator via the Appeal Process. The settlement will result in significant monetary compensation for members who submitted valid claims and are therefore entitled to receive a settlement payment.

If approved by this Court, 107 Class Members who submitted valid claims will receive payments totaling $99,218.31. A breakdown of those payments is attached hereto as **Exhibit "6".** Valid claims represent approximately 12% percent of the total claims submitted. These figures were not unanticipated or unusual under these circumstances. As discussed in the Joint Motion for preliminary approval, the settlement funds available to pay valid claims do not include the hundreds of thousands of dollars Xerox spent to resolve potential claims prior to and during this litigation. Such claims were resolved prior to settlement due to potential Class Members having significant financial and physical hardships that would be exacerbated by any delay in resolving this case. Although resolution was not possible for all such claims, Class Counsel was instrumental in obtaining resolution of many large claims before the final settlement. Thus, although the Parties anticipated that the value of the remaining individual claims would be small, given the number of potential Class Members, the Parties agreed on $5,000,000 in available settlement funds to ensure adequate funds were available in the event claim volume was high, or in the event larger claims were submitted.

As such, the amount to be issued to those Class Claimants who presented valid claims is fair and reasonable; therefore, this factor weighs in support of approving the proposed settlement as final.

3. The Extent of Investigation and Informal Discovery.

"In the context of class action settlements, 'formal discovery is not a necessary ticket to the bargaining table' where the parties have sufficient information to make an informed decision about settlement thorough factual investigation and exchange of informal discovery." *Linney v. Cellular Alaska Partnership*, 1515 F.3d 1234, 1239 (9th Cir. 1998)(*quoting In re Chicken Antitrust Litig. Am. Poultry*, 669 F.2d 228, 241 (5th Cir. 1982)); *see also In re Mego Fin. Corp. Sec. Litig.*, 213 F.3d 454, 459 (9th Cir. 2000) *as amended* (June 19, 2000)(no error approving

settlement where class counsel conducted significant investigation and worked with experts throughout litigation). Here, the Parties reached a settlement after a thorough factual investigation, exchange of informal discovery, and the initial exchange of formal discovery.

Prior to entering into discussions with Xerox, Class Counsel engaged in a lengthy, time-consuming, and thorough factual investigation that included meeting with counsel for the Silver State Health Exchange, as well as attorneys for Xerox. *See* Decl. of Robert Eglet attached hereto as **Exhibit "7"**. Class Counsel met with approximately 100 potential Class Representatives and Class Members, and interviewed numerous other witnesses prior to filing the subject Complaints. As part of this investigation, Class Counsel undertook extensive informal discovery, and researched applicable law. Further, the Silver State Health Exchange responded to a formal subpoena and produced extensive electronic data related to the claims of the Class Members. *Id.* These efforts support final approval of the Settlement Agreement.

4. The Settlement was the Product of Arm's-Length Negotiations.

The Settlement Agreement is the result of arm's length bargaining between counsel for Xerox and Class Counsel after substantial investigation by both Parties. Prior to entering into the Settlement Agreement, the Parties met frequently to address ongoing reconciliation issues, participated in mediation before Floyd Hale, and spent months negotiating the terms of the final agreement. As such, the Parties view this settlement as fair and reasonable. Class Counsel has concluded, based upon their experience in this litigation and in similar cases and their careful analysis of, among other things, governing law and the facts and circumstances surrounding this action, including comprehensive discovery and investigative efforts, that the settlement is fair, reasonable and adequate, and in the best interests of the Class Members. Class Counsel's recommendation is informed by substantial investigation during the past two years, and is

believed by Class Counsel to be in the best interest of the Class Members. This recommendation supports final approval of the settlement.

5. Class Counsel's Experience and View.

Class Counsel's judgment that the Settlement Agreement is fair and reasonable is entitled to great weight. *Officers for Justice*, 688 F.2d at 625; *Nat'l Rural Telecomm.*, 221 F.R.D. at 528 (quotation marks and citations omitted). Here, Class Counsel has extensive experience handling complex litigation, class action lawsuits, and mass tort litigation in state and federal courts. With the assistance of co-counsel from Callister & Associates, Class Counsel analyzed and researched all the claims and likely defenses. *See* Decl. of Robert Eglet attached hereto as **Exhibit "7"**.

After fully investigating Plaintiffs' claims and researching the applicable law, Class Counsel determined that the settlement is fair, reasonable, and adequate. *Id.* Based on this determination, Class Counsel recommended that the Class Representatives enter into the Settlement Agreement. *Id.* In reaching this determination, Class Counsel took into account similar class action cases in other jurisdictions that were litigated and settled.

Finally, the proposed settlement in this case enjoys a presumption of fairness because it is the product of negotiations conducted by experienced counsel who are fully familiar with all aspects of class action litigation. *See In re General Motors Pick-Up Truck Fuel Tank Prod. Liab. Litig.*, 55 F.3d 768, 785 (3d Cir. 1995), *cert. denied*, 516 U.S. 824 (1995) ("This preliminary determination establishes an initial presumption of fairness when the court finds that: (1) the negotiations occurred at arm's length .... (3) the proponents of the settlement are experienced in similar litigation .... "); *see also* 4 Alba Conte & Herbert Newberg, Newberg on Class Actions § 11.41 at 90 (2002); Manual for Complex Litigation (Third)§ 30.42 (1995). Therefore, this factor weighs in favor of granting final approval of the settlement.

6. *Reaction of Class Members to the Proposed Settlement.*

The overall response to the Class Notices can be characterized as largely disinterested, and resulted in only 1,242 Claim Forms submitted by Class Claimants (despite the mailing of 62,357 Class Notices).[4] The "reaction of the class" for purposes of final approval, however, is best analyzed specifically by examining "the quality and quantity of any objections and the quantity of class members who opt out." Newberg at § 13:54; *see also, e.g., Nat'l Rural Telecommunications Coop.*, 221 F.R.D. at 528-529 ("It is established that the absence of a large number of objections to a proposed class action settlement raises a strong presumption that the terms of a proposed class settlement action are favorable to the class members").

As discussed above, 62,357 Class Members were mailed notice of the proposed settlement. **No objections were received**. *See* **Exhibit "3"**. Only 124 Class Members requested to opt out. *Id.* Despite an overall low turnout in claims submitted, the fact that there is a complete absence of objections and only 124 opt outs from over 62,357 Class Members is a final and important factor weighing heavily in favor of final approval.

Based on the foregoing, it is respectfully requested that this Court affirm its preliminary finding that the settlement reached by the Parties in this case is fair, reasonable and adequate.

V. CLASS COUNSEL'S REQUEST FOR ATTORNEYS' FEES AND COSTS

Class Counsel requests final approval for its attorneys' fees and costs in the total amount of $1,750,000. Subject to this Court's final approval, Xerox has agreed to pay Class Counsel $1,750,000 in attorneys' fees and costs, which shall be paid separate and apart from the

[4] Of the hundreds of calls fielded by the "hotlines" set up by Xerox and Class Counsel, an overwhelming majority of the inquiries reflected that potential Class Members were either generally disinterested in participating in any type of litigation, or did not believe they had outstanding premiums or medical expenses to be reimbursed.

settlement funds available to Class Claimants. *See* Settlement Agt. at ¶ 3.1 (C). In addition to litigating this case for over two years, Class Counsel spent hundreds of hours assisting potential Class Members to resolve their claims prior to and during the litigation, and assisted them through the claims and appeal process as needed. Class Counsel took these efforts into consideration in setting its fee request. Moreover, such fees were taken over and above the settlement funds made available to Class Claimants.

Class Counsel submits that an attorneys' fees and costs in the amount of $1,750,000 is justified, reasonable to compensate Class Counsel for their work on these cases, and takes into account issues unique to these particular actions. Class Counsel's request is not opposed by Defendants, and no Class Members filed any objections or response to the preliminary request. The attorneys' fees and costs sought here are reasonable based on the hours Class Counsel expended on this action, and the relief obtained for the two Settlement Classes as well as the relief of potential Class Members obtained prior to and during the litigation process. *Id.* at pp. 3-7.[5] Therefore, Class Counsel respectfully requests that the Court approve payment of attorneys' fees and costs in the sum of $1,750,000.

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[5] No incentive payments were promised or paid in connection with the Settlement Agreement.

VI. CONCLUSION

It is respectfully requested that this Court enter final approval of the class action settlement as preliminarily approved and as set out in this Motion and the accompanying Order.

Dated this 5th day of May, 2017.

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EGLET PRINCE

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of EGLET PRINCE, and that on May 5, 2017, I caused the foregoing document entitled **JOINT MOTION FOR FINAL APPROVAL OF CLASS SETTLEMENT, CERTIFICATION OF SETTLEMENT CLASS, APPROVAL OF ATTORNEY'S FEES AND COSTS, AND ENTRY OF FINAL ORDER** to be served upon those persons designated by the parties in the E-Service Master List for the above-referenced matter in the Eighth Judicial District Court eFiling System in accordance with the mandatory electronic service requirements of Administrative Order 14-2 and the Nevada Electronic Filing and Conversion Rules.

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