

## VENDOR INQUIRY RESPONSES: VISION v1.0

**Note:** Version 1.0 includes responses to questions received by Covered California by or before 1/16/2013. Covered California intends to release v2.0 with additional responses in the near future.

# California Health Benefit Exchange

## Solicitation HBEX 15- Supplemental Dental and Pediatric Dental Essential Health Benefit Solicitation

#	Inquiry Category	Bidder Inquiry	Exchange Response to Inquiry
V001	Employer	With some benefits having a 24 month frequency what, if anything, will prevent members from signing up, using their benefits and then dropping the plan the following month in order to minimize the financial risk?	Please see the answer to Question V022.
V002	Employer	For the Individual offering, will enrollees have the ability to sign up their family members as well?	Yes, Individuals will have the opportunity to cover dependents, if desired.
V003	Employer	What is your expectation regarding interfacing the Cal-HEERS system? For instance, will it involve receiving enrollment files from this system, providing a data feed back to the system, direct user interface with the system, etc.?	Technical interfacing requirements with CalHEERS are under development at this time and will be released at a future date.
V004	Employer	Will there be defined periods of open enrollment for SHOP or Individuals? If so, what are those?	For SHOP, open enrollment will not be limited to same period as the Individual market. Employers can enroll employees throughout the calendar year. For the Individual Exchange, it is likely that Annual Open Enrollment will coincide with the annual medical open enrollment cycle.
V005	Employer	What are the billing guidelines?	Billing for Individual plans will be handled directly by Dental and Vision Issuers. Billing for SHOP will be aggregated and managed by Covered California, the SHOP vendor.
V006	Benefits & Plan Design	Can the standard vision plan design include modifications to the costs sharing which benefits the consumer? (i.e. greater level of discounts)?	Please see the answer to Question V022.
V007	Benefits & Plan Design	Is the proposed vision plan intended for both adult and child coverage? May alternate plan designs be provided in addition to the mandatory design?	Please see the answer to Question V022.
V008	Benefits & Plan Design	Contact lens fit and follow-up – (a member out of pocket item). Calling out a 15% discount with a max member OOP. Again, please refer to #2, allowing the bidder to differentiate with their own version product offering.	Please see the answer to Question V022.
V009	Benefits & Plan Design	For the non-funded items, why does the RFP call out exact co-pay amounts for progressives, scratch, etc.? Each of the vision carriers has contracts with their providers, and the dollar amounts for these items are pre-contracted. Currently the RFP provides the exact dollars for these items.  We recommend offering standard funded items, allowing each bidder differentiate themselves on all other items – which will be +/- what are currently called out. We request this to apply to both in-network and out of network as well.	Covered California acknowledges the recommendation and will respond with our intentions regarding non-funded items at a later date. Please see the answer to Question V022.

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V010	Benefits & Plan Design	The standard plan is calling out a 12/12/24 frequency but members/contract will only be locked in for 12 months. It makes more practical since that the benefit be 12/12/12. Either way, the bidders will be ok and can adjust premium. Also, with a 12/12/12 frequency the restriction of "either glasses or contacts allowed per frequency" will be in line since the original 12/12/24 frequency would allow lenses every 12 months and frames every 24 months, which would limit the member to this exclusion every 2 years.	Please see the answer to Question V022.
V011	Benefits & Plan Design	Can we translate the standardized cost sharing in the plan designs from coinsurance to a comparable copay amount? This would provide more transparency for members.	There is no flexibility in the design of the Pediatric Dental EHB. For the proposed Supplemental Benefit Plan Design, please see the answer to Question V022.
V013	Benefits & Plan Design	For Anti-Reflective coverage, is only standard A/R coating covered?	For Anti-Reflective coverage only standard A/R coating will be covered. Employees can pay the difference for above-standard benefits if desired.
V014	Benefits & Plan Design	For progressive lens coverage, does progressive lens include only standard lens styles?	Progressive lens coverage includes only standard lens styles. Employees may pay the difference for above-standard, if desired.
V016	Benefits & Plan Design	Is the out of network exam copay coverage the same for Optometrists and Ophthalmologists?	Yes, the out of network exam copay coverage the same for Optometrists and Ophthalmologists.
V017	Benefits & Plan Design	Does the progressive lens option refer to standard progressives only at \$55? And, does anti-reflective coating at \$43 copay refer to standard anti-reflective coating only as well?	Please see the answer to Question V013
V020	Benefits & Plan Design	We understand that alternate plan designs are not to be included. However, can we offer "enhancements" to the standard plan design offering? For example, lenses discounts, LASIK discount offerings, etc.? Is that acceptable?	Please see the answer to Question V022.
V021	Benefits & Plan Design	If responding vision plans can better serve Exchange members by negotiating lower provider fees on covered services, such as covered exams, will there be flexibility in adjusting the identified Out of Network (OON) schedule to reflect a lower level of reimbursement that still corresponds to the in-network coverage? Additionally, can you please confirm that for the OON reimbursement related to such items as that of lens options at \$50, that participating plans will not be responsible for tracking any unused allowances and that members would be required to use the OON amount in a single service experience? Industry standard is for the OON amount to only be applicable in that single service experience with no carry forward of unused balances.	Please see the answer to Question V022.

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V022	Benefits & Plan Design	Please confirm if four tier pricing would be an acceptable pricing option for SHOP Exchange and Individual Exchange members. 4-tier pricing is the current standard within the vision industry and additional tiers may add unnecessary complexity to the vision offering. 4 tier pricing is defined as: Member Only Member + Spouse Member + Child(ren) Member + Family	Comments, questions, and suggestions for Supplemental Products have been received and are under review. A revised supplemental dental and vision standard plan is forthcoming. At this time, bidders should respond to the standard benefit design and should not include alternate plan designs.
V024	Employer	Can we bid for a family supplemental plan, in addition to or in lieu of the individual supplemental adult “wrap”?	Supplemental Plans should not include EHB and issuers should assume Pediatric Dental EHB is met through Stand-Alone dental or QHP when bidding Supplemental Plan Designs. Please see the answer to Question V022.
V026	Employer	What is the lock-in provision for a Supplemental plan to avoid adverse selection (e.g., a participant paying for one month/quarter, etc. then dropping Supplemental benefits)? Our recommendation is to have a lock-in period to avoid adverse selection. Additionally, our recommendation is to offer a 12/12/12 (exam, lenses, and frames once every 12 months) versus a 12/12/24 (exam, lenses once every 12 months and frames once every 24 months) frequency for benefits which also would help mitigate adverse selection risk and motivate people to stay on the plan for subsequent years. Moreover, any services that can be obtained once every two years when only one year of premium is collected, adds to the potential adverse risk.	Please see the answer to Question V022.
V027	Employer	For premium collections, will the state provide gross premiums back to the vendor or will there be an additional admin process to collect from the federal government?	The Exchange has not defined the complete Premiums collection process at this time.
V028	Employer	Please clarify if “child” is defined as “up to age 26” or something else as indicted in Attachment 8 & 9, Premium Tables?	The Exchange will define “child” accordance with federal regulations pertaining to EHB. As of November 26, 2012, pediatric dental coverage is defined for individuals up to age 19.
V029	Employer	Please outline what the Enrollment Business Rules are as indicated in Question #25 of Attachment 10, Technical Specifications.	Enrollment business rules have not been completely defined at this time. Attachment 10 requests bidders to indicate a willingness to comply with standard Exchange enrollment processes, once defined. SHOP enrollment rules will follow standard open enrollment practices in the small group market. Individual rules are defined by the ACA and subject to policy decisions not yet defined with QHP's.

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V031	Exchange Admin	Are we required to provide out of state dental and vision benefits?	Issuers are only required to provide out of state benefits for dental emergencies. Federal proposed rules allow for out of state employees to enroll with the CA plan if access to providers is reasonable. Out of state employees may also enroll in the state exchange where they reside.
V032	Exchange Admin	Do we need to submit products and networks with the regulators on 3/1 or can we submit them at a later date?	Bidders are required to submit products and networks to regulators by March 1, 2013. Bidders must report these filings to the Exchange to meet proposal submission requirements (see: Attachments 3, 4, & 5).
V033	Exchange Admin	If a benefit is NOT listed in the solicitation's plan design, can it be assumed that the insurer does not have to offer the coverage?	Bidders should respond to the Standard Supplemental Benefit Design and should not include alternate plan designs.
V034	Exchange Admin	If we decline to bid for 2014, would we have the opportunity to bid in 2015?	It is not likely. The exchange will reserve the right to accept new plans or bids in 2015, as needed.
V035	Exchange Admin	Will the Exchange provide an attachment for us to demonstrate the full extent of our network and also the participation of FQHCs in that network?	Bidders must complete the "Provider Network" Section of Attachment 10. In addition to the required maps of contracted FQHCs and other providers serving the low-income population, Bidders may prepare (in a format of their choice) supplemental materials that clearly demonstrate the full extent of their network including participation of FQHCs.
V036	Exchange Admin	Are there any requirements regarding the Exchange vision offering in regards to other products and price points? For instance, if selected as a winning carrier, will we be limited to a specific price point on other Exchanges or direct solicitations within the state?	There are no requirements in the HBEX solicitation restricting vision issuers to products or pricing specifications outside the CA Exchange.
V037	Exchange Admin	For the Individual offering, please clarify administration. For instance, what is the state's role beyond enrollment?	Beyond enrollment, the State's role in the Individual Exchange includes but is not limited to governance, policy, plan management, brand marketing and legal. The Exchange also operates call center for all enrollment and Exchange support not served by Issuer's call center.
V038	Exchange Admin	For the SHOP offering, would you be interested in non-voluntary rates as well?	Rates should be for both voluntary and employer sponsored options. Comments, questions, and suggestions for Supplemental Products have been received and are under review. A revised supplemental dental and vision standard plan is forthcoming. At this time, bidders should respond to the standard benefit design and should not include alternate plan designs.
V040	Exchange Admin	Will there be a face-to-face finalist meeting? If so, is there a tentative date scheduled?	An in-person finalist meeting is not anticipated or tentatively scheduled at this time.

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#	Inquiry Category	Bidder Inquiry	Exchange Response to Inquiry
V041	Exchange Admin	Will there be any exchange fees that are charged to the awarded carriers necessary to participate in the Exchange?	Yes, the Supplemental fees charged will be consistent with fees charged to health plans (QHPs) and will be based on a percentage of the plan's premium.
V042	Exchange Admin	I do not believe we have a HIOS/ System ID Number, can you please provide more information on what this is? Are we required to have an HIOS ID and if so, how do we obtain/apply for one?	An HIOS/Issuer ID is not required for bidder participation in the Exchange. CCIIO collects issuer-based data for their consumer-facing website (www.Healthcare.gov) through the Health Insurance Oversight System (HIOS). To obtain an HIOS user ID, send a request to access the system to insuranceoversight@hhs.gov or call the HIOS Help Desk (1-877-343-6507).
V043	Exchange Admin	Please confirm that the main solicitation document, Attachment 6, and Attachment 7 are final versions as these documents, as they are presently indicated as "draft?"	Attachments 6 and 7 have been modified to remove the word "DRAFT" from all pages as the solicitation attachments posted to the HBEX website are final and binding unless otherwise indicated.
V044	Exchange Admin	Are there stated guidelines for bidders who are not compliant with the California license today, but are in the process of obtaining the appropriate licenses to bid on this RFP?	Bidders who are in the process of obtaining the appropriate licenses to bid should have already initiated the licensing process and that process should be completed prior to signing a contract with Covered California. Page 16 of the Vision Solicitation states that "final selection will be on the basis of compliance with the proposal preparation requirements," including those in Attachment 3 - Confirmations.
V045	Exchange Admin	On the Intent to Bid Form, an HIOS/Issuer ID was requested. Please advise what is an HIOS/Issuer ID is and how this is obtained.	Please see the answer to Question V042.
V046	Exchange Admin	Attachment 12, Confirmation of Provided Documentation indicates several documents that need to be included; please provide clarification about where (which section) of our proposal should include these documents.	Please submit these documents in your Volume I proposal package with a cover page indicating they are part of Attachment 12.
V047	Exchange Admin	Pg. 15, Section IV.C provides detailed instructions for proposal submission. Are there specific instructions on how we should label the outer packaging of the box(as) so that our Volume I – Technical Requirements and Volume II – Cost Proposal are easily identifiable?	There are no specific instructions for how the external packages, addressed to the Solicitation Official specified in Section H must be labeled. Volume 1 and Volume 2 should be easily identifiable based on the labeled, sealed envelopes in which they are contained.
V048	Exchange Admin	Pg. 16, Section V.A Please provide the specific evaluation and scoring criteria that will be used to evaluate the proposal. The majority of government RFPs in our experience provide the scoring methodology, up front.	The Exchange will be using the evaluation criteria specified on Pages 7 and 16 of the Vision Solicitation. A team of appropriately knowledgeable individuals and subject matter experts will review all plan proposals through a comprehensive, fair, and impartial evaluation process.

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V049	Exchange Admin	Please clarify if submitted proposals will be "open to the public" for viewing or if we need to label any specific proprietary and confidential information, that as such – would not be released into the public domain.	During the bidding process, all submitted material and Bidder responses will be kept confidential.
V050	Exchange Admin	Attachment 13 is missing a section "3) Operational Reporting Requirements and Interfaces." (The Vision solicitation (Pg. 13, Section II.F.3) indicates that this section should be included in Attachment 13.)  Question: Can you provide Attachment 13 - 3) Operational Reporting Requirements and Interfaces? Also, when will the provider data elements and technical requirements mentioned be submitted to bidders for their review and declaration of compliance?	Section 3 of Attachment 13 has been left blank intentionally as technical reporting and interface requirements are under development at this time. Please refer to Page 13, Section F of the HBEX16 Vision Solicitation for additional information.
V051	Employer	What role do agents and/ or brokers play in the exchange? What restrictions, if any, will apply to the agent commission or fees?	Agent commissions should be included in the on-exchange products and must match the non-exchange market.
V052	Employer	Attachment 13, Additional Questions And/Or Requirements: Agent Relations, Fees, and Commissions Section Please clarify if there is a pre-determined broker/agent commission to consider that should be included in vision rates or if it will be up to the vision vendor to define.	A broker/agent commission amount has not been defined at this time.
V053	Employer	Attachment 13, Additional Questions And/Or Requirements: Agent Relations, Fees, and Commissions Section Please confirm that this section is only applicable to the SHOP market as indicated in the footnote.	Attachment 13 has been modified to remove the Footnote such that Agent Relations, Fees, and Commissions are applicable to both Individual and SHOP.
V055	Employer	Attachment 13, Additional Questions And/Or Requirements: Marketing and Outreach Activities In the second paragraph, it says "please provide detailed information pertaining to the Bidder's plans for marketing and advertising for the individual and small group market. Where specific materials are requested, please be sure to label the attachments clearly" however, questions 8, 9, 10 ask for specific information about anticipated positions, brochures, etc.. Please confirm what is requested with respect to marketing plans targeting individuals and small group market beyond positions and summary brochure?	The Exchange requires Issuers to place the Exchange's brand name, logo and tagline on all billing statements and related customer communications, including Summary Plan Description (SPD) documents.
V056	Employer	Attachment 13, Additional Questions And/Or Requirements: Marketing and Outreach Activities Please provide additional detail regarding Question #10 with regard to The Exchange's marketing and outreach efforts.	Please refer to education, outreach, and marketing as they are defined in the Exchange blueprint document posted on <a href="http://www.hbex.ca.gov">www.hbex.ca.gov</a> .

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V057	Employer	Please outline what channels the Exchange anticipates using for making member communication materials available prior to open enrollment.	Please see the answer to Question V056.
V058	Technical (IT)	Please provide more information on the following question so that our IT department can better understand the request. See page 13, Letter F. Further, vision plans will be required to build data interfaces with the Exchange's eligibility and enrolment systems and to report on transactions. Technical requirements are under development at this time.	In general, the transactions will be verification of enrollment, billing/premium payment, termination, etc. The transactions will be in the format of 834 transactions the format of which is still being developed pending input from the Federal government.
V059	Technical (IT)	Pg. 7, Section I.C: The expectation is for selected issuers to work with the Exchange to "establish all operational procedures necessary to integrate and interface" with their information systems. Also selected issuers are required to adhere to certain contractual provisions "including but not limited to meeting data interface requirements with CalHEERS." Please clarify and provide details and technical specifications regarding the information systems and data interface requirements. If these requirements are presently unavailable, when will the referenced data interface requirements with CalHEERS be submitted to bidders for their review and declaration of compliance?	The format and content of the 834 transactions continue to evolve and Federal and State regulations are evaluated and implemented. The format to date is available for review and we will continue to seek input from the issuers as we continue with the build process. WE anticipate that Service Level Agreements (SLA's) will be developed and executed between partners. Please see also the answer to Question V058.
V060	Employer	Please clarify/confirm if Sunday and holiday hours for the call center as indicated in Question #38 of Attachment 10, Technical Specifications are only required during open enrollment.	Bidders should assume that call center hours are year-round, not just during open enrollment.
V061	Technical (IT)	Please provide details surrounding the "data interface capabilities" as requested in Question #72 in Attachment 11, Technical Specifications.	Please see the answer to Question V059.
V062	Employer	Can a stand-alone vision carrier provide coverage for the Pediatric vision benefit in addition to supplemental coverage?	Supplemental Benefits should not include EHB and Issuers should assume Pediatric Vision is met through Stand-Alone vision or QHP when bidding Supplemental Plan Designs.