

SBE 02: Illinois State-Based Exchange Information Technology and Customer Assistance Center Request for Proposals

Responses to Questions

This document supplies responses to the questions provided by interested Offerors. These questions have been entered into this document as received.

#	Reference	Page	Question	State Response
1	SBE 02-IT-Call Center_Cost Response Template	Cost	According to the cost proposal template, cost for implementing and deploying CAC for SOW2 is designated as 'Not Applicable' in the table titled 'SOW2: SBE and MAGI Medicaid Integration (Incremental to SOW1)'. Should this also extend to CAC under Optional Years for SOW2? Could you please provide clarification?	Yes, the “Not Applicable” for the Optional Years for SOW2 should have applied, specifically in cells C34-C38. An updated version of the Cost Proposal Template has been posted to the procurement website found at: State-Based Marketplace (SBM) Procurement Opportunities (illinois.gov) .
2	4.5 Capacity Background Information.	11	Does the state have any insight into call volume and AHT by call type for Illinois residents calling into the healthcare.gov CAC? Could you please provide details.	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois’ Medicaid program in the most recently completed calendar year.</p>

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3	CAC Functional Requirements	43	Are state caseworkers supporting the case management function, including application data entry, identity verification, requesting and reviewing supplemental documentation, completing application review, and determining eligibility? If state caseworkers are only completing part of this function, can you clarify what scope is within the roles and responsibilities of the CAC so we can appropriately estimate staffing?	<p>As stated in Requirement 7.3.1 for SOW1, “the proposed Solution shall include the technology, processes, policies, and personnel required to provide all the following functions to SBE customers.” The Selected Offeror will be responsible for these functions, not State caseworkers.</p> <p>If the State elects to proceed with SOW2, HFS will remain responsible for CAC services for all Medicaid programs during SOW2.</p>
4	CAC Timeline and Deliverables, Section 10.5.1.2.d	92	Requirement 10.5.1.2.d states that open Healthcare.gov tickets must be migrated to the CRM system prior to the CAC's go-live date for the Plan Year 2026 OEP. What is the anticipated volume of open tickets that must be migrated and completed / resolved by HelpDesk or the CAC team?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois’ Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
5	N/A	N/A	Can the State please provide a 12-month report of service desk ticket in-flows and	Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment

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			out-flows so that we can estimate the appropriate level of Service Desk support for IL	<p>Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
6	Section 7.5	N/A	Would a client applying for Snap, Cash assistance, and medical assistance (where the client may be magi-Medicaid eligible) be able to apply through a single unified application? If yes, how would that application be processed in the exchange and eligibility systems?	<p>SNAP, Cash assistance, and other human services programs are outside the scope of SOW1 and SOW2. During both SOW1 and SOW2, the Solution shall be able to receive eligibility applications via account transfer (AT) process. If the State elects to proceed with SOW2, during SOW2, the applications coming over through the AT process will likely be coming from eligibility systems associated with non-MAGI Medicaid and/or human services programs.</p> <p>If the State elects to proceed with SOW2, the SOW2 implementation will include a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.</p>
7			While there is no direct mention of Small Business Health Options Program (SHOP) in the RFP, is there an expectation that the chosen vendor will also support SHOP in future?	Support of a SHOP is not envisioned as part of this procurement and should not be included in any Offers and associated cost proposals. At this time, Illinois does not anticipate asking the Selected Offeror to support a SHOP in the future. If this changes, support of a SHOP would be accommodated through a Contract amendment.

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8	Section 2.6		Section 2.6 in the RFP Instructions states that, "Each offeror shall submit only one proposal in response to this RFP." Does this include bidding as a subcontractor with more than one prime?	The requirement only applies to Offerors submitting a bid on behalf of their own company as a prime contractor. A subcontractor is not considered an "Offeror" in that context.
9	Section 1.2 Minimum Qualifications 1.1.3		Section 1.2, MQ 1.1.3 requires that, "Offeror, directly or through a single subcontractor, must have a minimum of four (4) years of experience providing CAC implementation and operational services for health and human services programs". This requirement is narrow and significantly limits competition. To encourage competition and lower costs for the State, will the State consider modifying MQ 1.1.3 by not limiting the CAC experience to Health and Human Services, and consider offeror's experience providing CAC services to State or Federal or Commercial programs that are comparable in size and complexity of IL SBE.	<p>There is a legislative directive to have the SBE fully operational by September 2025. Additionally, the State understands the importance of providing the citizens of Illinois a solution with reliable access to critically needed health insurance. The State disagrees that this requirement limits appropriate competition.</p> <p>However, the State strongly encourages any company who feels they bring value and risk reduction to seek out a partner who together can meet the minimum qualifications.</p> <p>The "Offeror, directly or through a single subcontractor" requirement does not apply to subcontracting or procurement of CAC call center software, hardware, and any other call center-related tangible deliverables. Subcontracting of CAC call center agents and their supervision, administrative and technical support services, and management is held to the requirement for "directly or through a single subcontractor." All aspects of mailroom operations do not apply to the single subcontract requirement.</p>
10	Section 1.2 Minimum Qualifications 1.1.5		Section 1.2, MQ 1.1.5 requires the offeror to have experience, "Providing CAC implementation and operational services to more than one SBE. Relevant experience supporting a Patient Protection and Affordable Care Act (ACA)-compliant health insurance exchange that is not an SBE may be substituted if necessary". This requirement is narrow and significantly limits competition. To encourage competition and lower costs	<p>There is a legislative directive to have the SBE fully operational by September 2025. Additionally, the State understands the importance of providing the citizens of Illinois a solution with reliable access to critically needed health insurance. The State disagrees that this requirement limits appropriate competition.</p> <p>However, the State strongly encourages any company who feels they bring value and risk reduction to seek out a partner or set of partners (subject to the limitations in 1.1.3 and as clarified in Question #44) who together can meet the minimum qualifications.</p>

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			for the State, will the State please remove MQ 1.1.5.	
11	4.5	11	Can the State provide inbound call volumes by month for Plan Year 2023?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
12	4.5: Exhibit 3	11	Can the State provide inbound call volumes by month for Plan Year 2024?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p>

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13	4.5	11	Can the State provide inbound call average handle time for Plan Year 2023?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
14	4.5: Exhibit 3	11	Can the State provide inbound call average handle time for Plan Year 2024?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p>

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15	4.5: Exhibit 3	11	Can the State provide the average handle time per inbound call during OEP?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
16	4.5: Exhibit 3	11	Can the State provide the average handle time per inbound call during non-OEP?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p>

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17	4.5: Exhibit 3	11	Can the state provide projected inbound call volumes during OEP for plan year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
18	4.5: Exhibit 3	11	Can the state provide projected number of members for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p>

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19	7.3.1.10 a through d	45	What are the projected monthly call volumes for the calls described in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
20	7.3.1.10 a through d	45	What is the projected average handle time for the calls described in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to</p>

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21	7.3.1.6	44	How many state users are anticipated to need access to the CRM?	The State will need as many State users as necessary to manage and oversee SBM activities. The State will work with the Selected Offeror to establish protocols to ensure access is only furnished to those with a business need.
22	7.3.1.13	45	What are the projected monthly volumes for outbound phone calls discussed in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>

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23	7.3.1.13	45	What is the projected average handle time for outbound phone calls discussed in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
24	7.3.1.13	45	What are the projected monthly volumes for auto dialer calls with prerecorded messages discussed in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p>

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25	7.3.1.13	45	What are the projected monthly volumes for SMS discussed in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
26	7.3.1.13	45	What are the projected monthly volumes for emails discussed in this section for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p>

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27	7.3.1.25	46	What are the projected page volumes or past page volume history (or average page size of document and total number of documents) for incoming mail?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
28	7.3.1.29	46	Does the State intend to be involved in the process to determine caseload and call volume forecasts?	<p>This procurement is designed to secure a qualified vendor with expertise in managing, staffing, and administering CACs. Staffing to call volumes and contract service levels will be the sole accountability of the Selected Offeror. Illinois can be a partner in strategy and approach, but ultimately the responsibility for projecting customer volumes and determining staffing levels will be the Selected Offeror's.</p>
29	7.3	43	What are the projected monthly call volumes per inbound call during non-OEP for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the</p>

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30	7.3	43	What are the projected monthly call volumes per inbound call for OEP for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
31	7.3	43	What is the projected average handle time per inbound call during non-OEP for Plan	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment</p>

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			Year 2026?	<p>Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
32	7.3	43	What is the projected average handle time per inbound call during OEP for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
33	7.3.1.4	44	Can the State define what it means by in-	When customers interact with CAC, the CAC is responsible for educating

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			person education and what the CSR responsibility is in that delivery?	customers about marketplace eligibility and enrollment. Customer education shall be delivered through all means of communication through which the customer interacts with the CAC, including but not limited to, inbound calls, outbound calls, written communications, FAQs, help text on the website, IVR messaging, etc. CAC is not required to have an in-person help center.
34	7.3.1.4	44	Can the State define other educational method and materials and what the CSR responsibility is in that delivery?	Offerors are encouraged to provide a range of methods and materials for educating customers about marketplace eligibility and enrollment, recognizing the diversity of customers, different communication styles, and different levels of knowledge about the marketplace. Given Section 1.1.5 for previous marketplace CAC experience, Offerors are encouraged to bring their experience of best practices related to customer education.
35	7.3.1.3	44	What is the projected monthly volume for Tier 1 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
36	7.3.1.3	44	What is the projected average handle time for Tier 1 inbound calls for Plan Year 2026?	Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the

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				<p>Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
37	7.3.1.3	44	What is the projected monthly volume for Tier 2 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
38	7.3.1.3	44	What is the projected average handle time for Tier 2 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the</p>

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				<p>2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
39	7.3.1.3	44	What is the projected monthly volume for Tier 3 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
40	7.3.1.3	44	What is the projected average handle time for Tier 3 inbound calls for Plan Year	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment</p>

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			2026?	<p>Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
41	7.3.1.3	44	What is the projected monthly volume for Tier 4 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>

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42	7.3.1.3	44	What is the projected average handle time for Tier 4 inbound calls for Plan Year 2026?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
43	Procurement	n/a	We are a small diverse business registered in Illinois. We are attempting to add the appropriate code to be a qualified vendor for the RFP above. Below is our current status. Is it permissible to move forward with a prime and assume this code addition will be resolved? Is there anyone who can help us with this code complication?	Please email IL BEP CEI.BEP@illinois.gov or call 1-800-356-9206 for adding an additional code.
44	1.1.3 - Mandatory Qualifications to Submit an Offer	4	This questions significantly limits competition and the State's ability to receive responses that are built on innovative technologies. Would the State please modify these Mandatory Qualifications by not limiting the experience to SBEs and Health and Human	<p>There is a legislative directive to have the SBE fully operational by September 2025. Additionally, the State understands the importance of providing the citizens of Illinois a solution with reliable access to critically needed health insurance. The State disagrees that this requirement limits appropriate competition.</p> <p>However, the State strongly encourages any company who feels they bring</p>

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			Services programs.	<p>value and risk reduction to seek out a partner who together can meet the minimum qualifications.</p> <p>The “Offeror, directly or through a single subcontractor” requirement does not apply to subcontracting or procurement of CAC call center software, hardware, and any other call center-related tangible deliverables. Subcontracting of CAC call center agents and their supervision, administrative and technical support services, and management is held to the requirement for “directly or through a single subcontractor.” All aspects of mailroom operations do not apply to the single subcontract requirement.</p>
45	1.1.5 - Mandatory Qualifications to Submit an Offer	4	This questions significantly limits competition and the State’s ability to receive responses that are built on innovative technologies. Would the State please modify these Mandatory Qualifications by not limiting the experience to SBEs and Health and Human Services programs.	<p>There is a legislative directive to have the SBE fully operational by September 2025. Additionally, the State understands the importance of providing the citizens of Illinois a solution with reliable access to critically needed health insurance. The State disagrees that this limits appropriate competition.</p> <p>However, the State strongly encourages any company who feels they bring value and risk reduction to seek out a partner or partners (subject to the limitations in 1.1.3 and as clarified in Question #44) who together can meet the minimum qualifications.</p>
46	1.2 Mandatory Qualifications	4	The Mandatory Qualifications (RFP Section 1.2) appear onerous compared to RFPs from other recent SBE procurements. We appreciate the need to limit proposals to highly qualified organizations, but we have concerns the requirements will exclude highly capable bidders. For example, the requirement of a minimum of ten (10) years-experience providing eligibility and enrollment technology solutions (Sec 1.2 MQ 1.1.2), and the requirement that offerors have experience providing CAC implementation and operational services both for four years and to more than one	<p>There is a legislative directive to have the SBE fully operational by September 2025. Additionally, the State understands the importance of providing the citizens of Illinois a solution with reliable access to critically needed health insurance. The State disagrees that this limits appropriate competition.</p> <p>However, the State strongly encourages any company who feels they bring value and risk reduction to seek out a singular partner for the CAC or a singular or set of partners (subject to the limitations in 1.1.3 and as clarified in Question #44) for the SBE technology who together can meet the minimum qualifications.</p> <p>The “Offeror, directly or through a single subcontractor” requirement does not apply to subcontracting or procurement of CAC call center software, hardware, and any other call center-related tangible deliverables.</p>

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			<p>SBE (or similar ACA compliant exchange) (Sec 1.2 MQ 1.1.3 and MQ 1.1.5) seem to overly narrow the playing field of acceptable bidders. Can the DOI explain the rationale on including more exclusive mandatory qualifications in this RFP compared with other State-based exchange RFPs? Wouldn't Illinoisans benefit from a broader pool of offerors who can bring diverse capabilities built from experience serving both ACA marketplaces as well as other healthcare industry environments? Will the DOI consider modifying these Mandatory Qualifications to accept experience in comparable health program environments that are outside of ACA and Health & Human Services environments in determining qualified offerors?</p>	<p>Subcontracting of CAC call center agents and their supervision, administrative and technical support services, and management is held to the requirement for "directly or through a single subcontractor." All aspects of mailroom operations do not apply to the single subcontract requirement.</p>
47	P22, 7.1.3		<p>In 7.1.3 Overall Requirements, did the Agency intend to refer to the 2026 NBPP, or is it a typo and the intent was 2025 NBPP? The 2026 NBPP draft rule hasn't been promulgated yet.</p>	<p>Yes, the requirement is correct as drafted. In order to be compliant with federal rules, the Selected Offeror must comply with the 2026 NBPP when it launches for 2026 plan year. In addition, per Section 7.6.8, "The Selected Offeror shall update systems to comply with regulatory or legal changes" which includes changes to comply with the annual NBPP rules.</p>
48	P26, 7.1.11.4		<p>Can the Agency clarify this requirement? As drafted, it is unclear whether the Agency's expectation is that the experience will be equivalent on desktop and mobile devices, or if there is an expectation that mobile apps will be part of the solution. 7.1.11.4 Provide equivalent capabilities for users via the web and mobile</p>	<p>The State is looking for a "responsive design" which is the approach to web design aimed at websites that provide an optimal viewing and interaction experience across a wide range of devices, from desktop computers to mobile phones and tablets. The SBE design must ensure that the website's layout, images, text, and navigation elements adjust fluidly and adaptively on different devices, browsers, screen sizes and resolutions. A standalone SBE mobile app is not required.</p>

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			applications that also provide alerts to notify users of actions needed to be taken.	
49	P41, 7.2.3.2		Please clarify the definition of "non-licensed producers" as used in 7.2.3.2.	Non-licensed producers in Section 7.2.3.2. includes, but is not limited to, Navigators, assisters, and CACs.
50	P41, 7.2.3.3 - 7.2.3.6		Can the Agency confirm that the Offeror is expected to integrate with three different Okta services operated by the State for consumers, state staff and partners respectively (7.2.3.3 - 7.2.3.6)? Can you please confirm that some consumers already have login credentials as suggested in 7.2.3.3? Please provide technical and functional information about these integrations, and number of existing consumers/staff/partners with existing accounts, to inform Offerors about how agencies/suppliers integrate with these existing IDPs.	<p>Correct. Illinois leverages three different Okta tenants that manage identities for employees, residents, and third parties.</p> <p>There are currently residents in the resident <connection/domain> and new residents have a process to onboard.</p> <p>Technical and functional information will be provided to the Offeror that is awarded the contract. The Selected Offeror will work with DoIT's Identify and Access Management team to integrate the offeror's platform with Okta.</p>
51	P42, 7.2.3.17		Per 7.2.3.17, is the Agency requesting the most recent VPAT as part of the response to this RFP, or at some other point during implementation?	As written, 7.2.3.17 is a requirement to be delivered by the Successful Offeror post contract signing. However, Offerors are encouraged to provide existing VPATs as part of their response as it would enhance the Evaluation Team's ability to discern the product's accessibility compliance.
52	P38, 7.2.2.13		Many SBEs assume specific responsibilities for plan management activities. These routinely include responsibility for certifying and decertifying plans, and reviewing and approving carrier crosswalks. Can the Agency clarify if it will perform these functions, and is seeking confirmation that the solution can support these activities in 7.2.16? Alternatively, is the Agency's expectation that the Offeror will perform these functions in the	The State will be responsible for application of plan certification policies to determine whether a plan is complying with relevant rules and can be certified/decertified. The Selected Offeror is responsible for the technology required to operationalize these plan management functions, including but not limited to loading plan information, presenting plans to QHP carriers for review during data correction windows, applying crosswalks during renewals, allowing plan status to be certified or decertified, with the functional implications of each certification status change. For example, the State will review the crosswalk template to ensure it complies with federal and state rules. The Selected Offeror will be responsible for intake of the crosswalk template and appropriately implementing the crosswalk template

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			solution?	during renewals to ensure customers are renewed into the correct plan based on the crosswalk template rules.
53	P104, App C		In Appendix C, it states that The Offeror shall ensure encryption of data at rest as soon as practical, and in no event beginning later than June 30, 2017. Is that date correct?	That is a documentation error, the date should be September 2025.
54	P36, 7.2.2.4		As it pertains to 7.2.2.4, can the Agency list all current state-specific programs other than HBIA and HBIS that Offerors should plan to accommodate?	Per Sections 7.2.2.4.d & e, the proposed Solution shall support eligibility determinations and assessments, including but not limited to, state-specific Medicaid programs, including but not limited to HBIA and HBIS. For more information on Illinois Medicaid and CHIP programs: https://hfs.illinois.gov/medicalclients/medicalprograms.html
55	P104, App C		Regarding the mandatory security controls assessment mentioned in Appendix C, can the Agency clarify the following:	The independent assessment should encompass a vulnerability assessment as well as a security assessment focusing on the security control framework (MARS-E v2.2) identified.
56	P104, App C		1. Is the independent assessment expected to be performed against the MARS-E v.2.2 controls?	The independent assessment should encompass a vulnerability assessment as well as a security assessment focusing on the security control framework (MARS-E v2.2) identified.
57	P104, App C		2. Will the Agency provide the independent assessor, or should the Offeror plan to provide and include the cost in the cost proposal?	The offeror should provide the assessment at their expense and provide the full report (not a summary) to the State within the timeframes specified in the RFP, and annually thereafter.
58	P58, 7.8.1		As it pertains to the requirement for Subcontractors to complete and return form A/form B (Offeror Response Template 7.2.1), does the Agency differentiate between an offeror's vendors used in the ordinary course of business for services such as hosting or mailroom services and subcontractors that would be working directly on the implementation team and are subject to flowdown provisions? Can you please clarify the	Any subcontractor being paid more \$100,000 must file Forms A or Forms B.

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			<p>language in 7.8.1 of the RFP?</p> <p>ORT 7.2.1 Offerors must identify any and all subcontractors that will be performing any service, task, or requirement included in the RFP, in accordance with the requirements in section 7.8, Subcontracting, of the RFP. If the Offer includes any subcontractors, then the Offeror shall complete Attachment C, Offeror/Vendor Disclosure Form, for each subcontractor.</p> <p>RFP 7.8.1 A subcontractor is a person or entity that enters into a contractual agreement with a total value of \$100,000 or more with a person or entity who has a contract subject to the Illinois Procurement Code pursuant to which the person or entity provides some or all of the goods, services, real property, remuneration, or other monetary forms of consideration that are the subject of the primary State contract, including subleases from a lessee of a State contract. If the Offeror is to utilize subcontractors, the Offeror must identify subcontractors expected to receive \$100,000 or more annually under the contract and disclose the expected amount of money that each will receive in the Offeror/Vendor Disclosure Form.</p>	
59	ORT P11, ORT 7.2.1		In Offeror Response Template 7.2.1 it states that If the Offer includes any subcontractors, then the Offeror shall	Any subcontractor being paid more \$100,000 must file Forms A or Forms B.

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			complete Attachment C, Offeror/Vendor Disclosure Form, for each subcontractor. If a subcontractor is registered on IGP, is it acceptable for them to submit form B/Att D instead of form A/Att C?	
60	P61, 9.21		Subsection 9.21 'Use and Ownership' of the Contractual Terms is structured as a Work for Hire agreement ('The State of Illinois is granted sole and exclusive ownership to all such work unless otherwise agreed upon in writing.'). In addition to such items provided on a work-for-hire basis, we customarily license our pre-existing State Exchange software platform (including future enhancements and third-party software), corresponding documentation (specifications, user guides and pre-existing project templates, etc.) and infrastructure software (e.g. hosting, telephony) to all our customer states at no additional charge to the pricing described in the cost sheets of our submission. We assume the Agency will be open to reviewing and executing our SaaS license agreement, which would allow the Agency to use our pre-existing technology, including third party assets. Please confirm.	Any exceptions to the State's standard Terms and Conditions must be clearly stated in the Offeror's proposal. Such exceptions will be taken into consideration as part of the evaluation process. Should the Offeror be selected, the exceptions will be discussed as part of the contracting process.
61	P49, 7.3.3.9		"Per, 7.3.3.9 it is stated that the proposed Solution shall assure that CAC staff comply with the substantive requirements of Navigator Certification Act (215 ILCS 121).	CAC staff are not required to be certified Navigators or CACs. CAC staff shall comply with 215 ILCS 121/10(c) and (d).

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			<p>Please confirm that CAC staff do not require navigator or certified application counselor certification and this requirement is limited to the following section of Navigator Certification Act: A navigator or certified application counselor may not:</p> <ul style="list-style-type: none"> (1) sell, solicit, or negotiate, as these terms are defined in Section 500-10 of the Illinois Insurance Code, any of the classes of insurance enumerated in Section 4 of the Illinois Insurance Code; (2) offer advice about which health plan is better or worse for a particular individual or employer; (3) recommend or endorse a particular health plan or advise consumers about which health plan to choose; (4) provide any information or services related to health benefit plans or other insurance products not offered in the exchange, except for health care providers when furnishing information or services related to a patient's existing health benefit plan or other existing health insurance coverage; (5) accept any compensation or consideration, directly or indirectly, from any issuer of accident and health insurance or stop-loss insurance that is dependent, in whole or in part, on whether a person enrolls in or purchases a particular private health benefit plan; or 	

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			<p>(6) engage in an unfair method of competition or a fraudulent, deceptive, or dishonest act or practice with respect to the health insurance marketplace or with respect to that individual's or entity's absence of a conflict of interest in connection with the enrollment of an individual or employee in a particular private health benefit plan.</p> <p>(d) Items (1), (2), (3), (4), and (5) of subsection (c) of this Section do not apply to navigators or certified application counselors when assisting individuals with the enrollment process in the State Medicaid program or other public programs.</p> <p>(Source: P.A. 102-462, eff. 8-20-21.)"</p>	
62	P46, 7.3.1.22		<p>In 7.3.1.22 it is stated that the Selected Offeror shall attend and provide assistance with appeals hearings. Please confirm that attendance at appeals hearings by Selected Offeror staff can be accomplished remotely.</p>	<p>Attendance at appeals hearings will be at the discretion of the Hearing Officer. However, generally hearings are anticipated to be remote. Offerors should use their experience to determine how many hearings are likely and the percentage of hearings that likely will need to be in person.</p>
63	P104, App C		<p>Please confirm that the fingerprinting requirement In Appendix C is limited to the personnel that may have access to the system processing FTI (per IRS 1075)?</p>	<p>The Selected Offeror will provide proof of satisfactory completion of a background check done by the Illinois State Police for all employees and subcontractors. For any employees or contractors with access to FTI, per IRS Publication 1075, the Selected Offeror will also perform a fingerprint-based background check.</p>
64	P52, 7.5.2.1.b. and 7.5.2.1.d.		<p>Section 7.5.2.1.b, which outlines SOW2, states that the HFS CAC will be responsible for completing verification, review and approval of documentst provided by the applicant on the SBE platform. Section</p>	<p>If the State elects to proceed with SOW2, during SOW2, HFS will be responsible for review and resolution of outstanding verifications for Medicaid eligible individuals, for documents provided on the SBE platform (for MAGI Medicaid) or on the HFS platform (for households with non-MAGI Medicaid). SBE CAC will be responsible for review and resolution of</p>

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			7.5.2.1.d. states that the SBE CAC will be responsible for reviewing documents provided to HFS for QHP eligibility determination purposes, if the household includes QHP-eligible individuals. Can you please confirm that the intention is for each CAC (HFS and SBE) to use the other's platform (SBE and HFS), to resolve DMIs and complete verification for individuals who are potentially eligible for Medicaid and QHP respectively?	<p>outstanding verifications for QHP eligible individuals, for documentation provided on the SBE platform and on the HFS platform (for households with QHP eligible individuals and non-MAGI Medicaid individuals).</p> <p>This is not a shared documentation repository requirement, nor should it result in additional technical integration between SBE and HFS/IES systems. This requirement will include giving customer service workers from the SBE and HFS access to each entities respective systems in order to review verified documentation.</p>
65	P52, 7.5.2.1.e		Section 7.5.2.1.e outlines the need for the SBE platform to run annual redetermination of Medicaid eligibility and ex parte renewal determinations. Is the SBE expected to replicate the existing HFS redetermination and ex parte renewal rules and process? If so, could the Agency provide a description of the existing processes and examples of the communications/interactions with the enrollee during these processes?	If the State elects to proceed with SOW2, the SOW2 implementation will include a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.
66			For purposes of assessing volumes, please confirm that the SBE responsibility for running redetermination and ex parte renewals will be limited to those MAGI Medicaid enrollees who were initially enrolled or subsequently renewed by the SBE?	<p>If the State elects to proceed with SOW2, SOW2 requires that the SBE solution will be responsible for redeterminations for all MAGI Medicaid enrollees, regardless of what platform they used to initially enroll in MAGI Medicaid or whether their Medicaid enrollment was migrated from IES and MMIS during SOW2 Implementation phase (Section 10.2.2.3).</p> <p>The SOW2 implementation will include a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.</p>
67	P10, 4.5		Section 4.5 outlines the capacity background information for the SOW1	Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment

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			enrollments. Could the Agency provide metrics for monthly call volume received by CMS for IL in past 2-3 years?	<p>Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
68	P51, 7.5.2		Section 7.5.2, which outlines SOW2, states that the SBE will be responsible for MAGI Medicaid eligibility determinations and plan selections. Can the State confirm that this applies to individuals and families who apply through the SBE only, and that HFS intends to continue to accept Medicaid applications and perform MCO selection through other existing channels (e.g., ABE, local family resource centers, authorized providers such as for presumptive eligibility) and process those in the existing HFS system(s), and refer QHP-eligible individuals in those applications to the SBE?	If the State elects to proceed with SOW2, during SOW2, the SBE platform will be the sole system receiving and processing eligibility determinations for MAGI Medicaid and MCO plan selections. The process by which enrollment entities use the SBE platform for MAGI Medicaid eligibility determinations and MCO plan selections will be discussed in detail during the SOW2 implementation phase.
69	P53, 7.5.2.5		Section 7.5.2.5, which outlines SOW2, states that the "receipt of any automatic enrollments for MAGI Medicaid individuals	If the State elects to proceed with SOW2, the MMIS will complete automatic enrollments for any MAGI Medicaid eligible individuals who do not make a plan selection.

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			that are completed by HFS or the MMIS". Would these automatic enrollments be for individuals who were found MAGI Medicaid eligible on the SBE but did not select a plan?	The SOW2 implementation will include a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.
70	P10, 4.5		Section 4.5 outlines the capacity background information for the SOW1 enrollments. Could the Agency provide metrics for the mailroom operations (number of inbound and outbound mail expected) for the SOW2?	<p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
71	P60, 8		Section 8 outlines the pricing guidelines and provides the cost response template. Since the cost response template does not allow any costs for SOW2 Customer Assistance Center, it is our assumption that any costs related to SOW2 Mailroom services are to be added as part of the Technology platform starting in 2028. Please confirm.	<p>All mailroom scope for SOW2 has been removed from scope. If the state wishes to engage the Selected Offeror in SOW2 related mailroom operations it will do so at a later date via a Contract Amendment.</p> <p>In order to clarify the mailroom scope the following sections of the RFP have been updated to reflect the guidance in the above paragraphs. The specific Sections that changed as a result of this question and answer are as follows:</p> <ul style="list-style-type: none"> • Section 7.4 • Section 7.6 • Section 10.6.2 • Section 10.6.3

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72	P98 10.8.2 - 8		Please elaborate on what CRM marketing tools and reporting is required beyond tracking communications, tracking engagement rates, and tracking campaign success? Does this reporting pertain to communications and campaigns targeted at existing enrollees or consumers at large? RE: 10.8.2-8	<p>Any reporting required to enable the State to operate successfully and efficiently.</p> <p>Communications and campaigns could be targeted to both existing applicants and enrollees, as well as prospective customers, and other stakeholder groups including brokers, Navigators, assisters, and CACs.</p>
73	P52, 7.5.2.1(b) and (d)		Can the agency provide the following data: average number of individuals with open verifications during the monthly ex parte renewal process, who will require outreach. Please also confirm whether this outreach is expected to be the responsibility of the SBE CAC or the HFS CAC. RE: 7.5.2.1(b) and (d)	<p>If the State elects to proceed with SOW2, the HFS CAC will be responsible for review of documentation and resolution of open verifications for any Medicaid eligible individuals.</p> <p>Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found at https://www.cms.gov/data-research/statistics-trends-and-reports/marketplace-products. For CAC-specific requests, it is expected that Offerors will use their SBE experience to translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
74	P52 7.5.2.1a		Section 7.5.2.1.a refers to the need for the SBE to perform eligibility determinations	If the State elects to proceed with SOW2, the SOW2 implementation will include a robust requirements development process. The timeline for

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			for MAGI Medicaid, including eligibility verifications using FDSH and "all available electronic data sources". Please provide additional information on available electronic data sources currently in use by HFS for data verifications outside of the FDSH, which would need to be integrated as part of SOW2?	<p>implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.</p> <p>See Appendix F for a list of required interfaces and systems integration.</p>
75	P51 7.5.1		Does the State have a common client index for HFS clients that the SBE must integrate with? If so, please provide details. RE: 7.5.1	<p>If the State elects to proceed with SOW2, the SBE must integrate with MMIS which will be the system of record for Medicaid enrollments. The SBE will be the system of record for MAGI Medicaid eligibility determinations.</p> <p>The SOW2 implementation will include a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.</p>
76	P52, 7.5.2.1.g		7.5.2.1.g states that Updates to MAGI Medicaid eligibility determinations based on Medicaid appeals, including but not limited to reenrollment pending appeal and eligibility based on appeal outcomes. Does the State envision that MAGI Medicaid appeals will be performed in the SBE? If yes, please describe the appeal process workflow, including information captured and the levels of appeal?	<p>If the State elects to proceed with SOW2, the SBE Solution must be able to update MAGI Medicaid eligibility determinations based on submission or resolution of an appeal. For example, if a customer is denied eligibility for MAGI Medicaid and timely submits an appeal, the customer may be eligible to be conditionally enrolled in MAGI Medicaid pending the outcome of their appeal. The SBE Solution will need to be able to support these changes in eligibility.</p> <p>MAGI Medicaid eligibility appeals including hearings and informal resolution, will continue to be the responsibility of HFS.</p> <p>The SOW2 implementation will include robust a robust requirements development process. The timeline for implementing SOW2 is intended to allow for sufficient time for these detailed requirements discussions.</p>
77	7.1.22.4		Does the requirement for OCR apply to all points of document entry into the platform, or does this requirement refer only to documentation received via the	Section 7.1.22.4 requires OCR for all document types. Section 7.1.22.1 defines "documents" to include, but not limited to, "correspondence, forms, saved chats, files, datasets, audio recordings, digital transcripts of voice interactions, SMS, multimedia messaging service, etc." The requirements do

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			CAC?	not limit the scope of OCR to documents received via CAC.
78	7.2.2.9.b		Section 7.2.2.9.b describes a requirement for the platform to receive and process responses to Account Transfers sent from the State Medicaid Agency. Is this capability in place at the Medicaid Agency today? If so, does it also utilize the FFE ATP specification?	Yes. Illinois Medicaid Agency currently receives and transmits Account Transfers with the FFE.
79	7.1.14.1		Section 7.1.14.1 describes a requirement that business users can add, remove or change any data field in the system via a configuration interface. Does this also apply to information that is required for external integrations (Account Transfer, Carrier/Issuer EDI, CMS Reporting, Tax Forms etc) or for internal calculations such as Eligibility?	<p>Section 7.1.14.1 states that the Solution should be configurable, while recognizing that the access to configurations may be limited to certain trained experts and that mechanisms can be in place to ensure configurations do not corrupt records. For example, the system may prevent a trained expert from modifying a system-generated policy ID because that could break connections to other records. Alternatively, the system should allow a trained expert to modify the income discrepancy threshold to trigger an Income DMI or the effective date rule for an SEP.</p> <p>The State does not expect configurability to be limited solely to eligibility.</p>
80	1.1.5		Section 1.1.5 describes a requirement that the CAC have supported multiple SBE's, or alternatively, ACA Compliant Healthcare Exchange that are not SBE's. Does this alternate qualification refer to Medicaid? If not, can you provide an example of an Exchange that meets this requirement?	HealthCare.gov would be an example that meets this requirement.
81			What is the total number of notices you expect to generate per year?	Section 4.5 provides potential Offerors with Illinois-specific FFE application, plan selection, and enrollment data from the most recent Open Enrollment Period (OEP). This data is publicly available and can be accessed through the 2024 Marketplace Open Enrollment Public Use Files (PUF) published by the Centers for Medicare and Medicaid Services (CMS). Illinois-specific data from previous OEPs is also publicly available and can be found here . For CAC-specific requests, it is expected that Offerors will use their SBE experience to

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				<p>translate the data in Section 4.5, along with the Service Level Agreements in Appendix H, into estimated CAC-related statistics.</p> <p>Section 4.5 also provides data on applications transferred to and from the FFE by Illinois' Medicaid program in the most recently completed calendar year.</p> <p>This data represents all the capacity data being shared with potential Offerors. Historical customer service, notices, and other operational data are not available.</p>
82			How many different kinds of notices are you sending out?	See Sections 7.2.2.25.a, b, & e.
83			Do any of your notices require interaction or customization by staff?	Yes, notices will require customization by the State, including for content and branding. See Section 7.1.11.14.
84			Do any notices require Bar codes or QR codes?	No, bar codes and QR codes are not specifically included in the requirements. However, Offerors are encouraged to innovate including leveraging technology and tools to improve efficiencies and automation of processes. If use of bar codes or QR codes would achieve these goals, the Offeror should discuss in their response.
85			What Languages are required for notice generation?	Per Section 7.1.11.13, English and Spanish are required, with the potential for additional languages in the future.
86	RFP 1.1.5	4	Please confirm that statewide Customer Assistance Center experience that assists millions of individuals make a best-fit health plan selection meets this requirements.	The State cannot make this determination solely on the information provided in the question. Offerors are to provide answers to all the Minimum Qualifications sufficient in detail to enable the Evaluation Committee to make a fair and informed decision if the Offeror meets the requirements.
87	RFP 1.2	4	Please confirm that the experience requirement can be met with a combination of Prime Vendor and Subcontractor, provided the Prime Vendor does 50% of the work.	Correct. As stated in Section 5.14.5, the Prime Contractor must directly perform services valued at least 50% of the total contract value.

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88	General	N/A	Is the State interested in AI in the form of virtual agents for their voice and digital self-service channels (e.g., bots assisting with FAQs, account inquiries, consumer account maintenance, etc.).	The State is interested in Artificial Intelligence in any form that would provide reliable, efficient, accurate, legally compliant leverage of Artificial Intelligence.
89	RFP 7.1.23.7	34	How many State users does the State anticipate will need access to the CRM?	<p>The State will need as many State users as necessary to manage and oversee SBM activities. The State will work with the Selected Offeror to establish protocols to ensure access is only furnished to those with a business need.</p> <p>Note: Section 7.1.23 is for the internal Help Desk, not the CAC described in Section 7.3. Per 7.1.23: “The Help Desk is a resource that is internal to SBE staff and partners. The Help Desk is only accessed by the State and Selected Offeror’s staff responsible for M&O requirements.”</p>
90	RFP 7.1.23.7	34	How many State users does the State anticipate will need access to the telephony system?	<p>The State will need as many State users as necessary to manage and oversee SBM activities. The State will work with the Selected Offeror to establish protocols to ensure access is only furnished to those with a business need.</p> <p>Note: Section 7.1.23 is for the internal Help Desk, not the CAC described in Section 7.3. Per 7.1.23: “The Help Desk is a resource that is internal to SBE staff and partners. The Help Desk is only accessed by the State and Selected Offeror’s staff responsible for M&O requirements.”</p>
91	RFP 7.1.23.7	34	Are there facility requirements for the Consumer Assistance Center? If so, please specify.	<p>Throughout the RFP, there are numerous CAC functional, performance, and security. Per Section 7.9.1, “All billable services performed under the resulting contract by the Selected Offeror and its subcontractors, including but not limited to consultation, design, development, implementation, M&O, training, Help Desk, and State data management, shall be performed and stored in the continental United States.”</p> <p>In addition, as noted in Section 7.9.2, “While not required, the State would prefer CAC services to be performed and located in the State of Illinois.”</p> <p>Lastly, Section 7.4.2.1 addresses the location of the mailroom having “...an Illinois mailing address and toll-free fax number at the principal place of operations for receiving and processing member correspondence and</p>

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				<p>undeliverable mail.”</p> <p>Note: Section 7.1.23 is for the internal Help Desk, not the CAC described in Section 7.3. Per 7.1.23: “The Help Desk is a resource that is internal to SBE staff and partners. The Help Desk is only accessed by the State and Selected Offeror’s staff responsible for M&O requirements.”</p>
92	RFP 7.1.23.7	34	Please confirm the Consumer Assistance Center does not have walk-in center responsibilities.	<p>Confirmed, the CAC is not required to provide a walk-in center.</p> <p>Note: Section 7.1.23 is for the internal Help Desk, not the CAC described in Section 7.3. Per 7.1.23: “The Help Desk is a resource that is internal to SBE staff and partners. The Help Desk is only accessed by the State and Selected Offeror’s staff responsible for M&O requirements.”</p>
93	RFP 7.5	51	Regarding SOW2, given the responsibilities associated with Medicaid health plan selection and enrollment, must the Contractor comply with the requirements in 42 CFR § 438.810?	<p>The Offeror’s Solution must, under SOW2, comply with applicable sections of 42 CFR § 438.810. However, the Offeror is not anticipated to serve in an enrollment broker capacity under SOW2.</p>