

# West Virginia Public Employees Insurance Agency (PEIA)

Benefits Administration System  
Request for Proposal CRFP PEI2200000001

Technical Proposal

May 25, 2022

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**Benefitfocus**  
*for life™*

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Purchasing Division

# Benefitfocus®

Dear West Virginia Public Employee Insurance Agency:

Benefitfocus is honored to respond to the West Virginia Public Employee Insurance Agency Benefits Administration RFP. We have thoroughly reviewed the solicitation and requirements and believe we can be an excellent partner for PEIA's initiatives today, and for the future.

PEIA has a goal to implement a best-in-class system with reliable core functionality. As you read through our RFP submission, speak with our customer references, and meet our associates, we are confident you will see core reliability as a primary value of our solution. We enhance this value by delivering service and operational excellence across our organization that elevates our customers' experience and satisfaction.

Benefitfocus has one mission — to improve lives with benefits. Through a singular technology platform, we deliver the best benefit administration technology to our customers who, in turn, offer the products, services and solutions that enhance the health and wellbeing of their employees and retirees. States, local governments, higher education institutions and school districts across the nation trust Benefitfocus to deliver a best-in-class experience for members throughout the year. What's more, benefit administrators gain a way to automate complex functions of a program designed to support a multitude of disparate employing units. Government and education organizations rely upon us every day to simplify their complex administrative tasks. We do this with consistent, well-engineered and well-tested solutions supporting all facets of employee and retiree health and welfare benefit needs. We listen to you and partner together to ensure you deliver on *your* mission. Benefitfocus is a partner to help you thoughtfully modernize your operations, not merely replicate your operations.

Benefitfocus offers PEIA 21 years of a proven experience and concentration in the benefit industry. Benefits is all we do. Benefitfocus is a trusted platform to optimize your strategy, reduce administrative complexity and empower employees to get the most from your plans and programs. With solutions built on a foundation of data-driven artificial intelligence (AI), Benefitfocus will empower PEIA to bring value to its members in an unparalleled way, providing them with easy access to the benefits they need, to live their best lives.

We heard PEIA during the RFP state that storage of historical data will be required to come over to the new benefit administration system. Our engineering team is confident we can support this requirement. This would include 20+ years of member eligibility, enrollment, billing, and documents. We need further conversations with PEIA to fully understand the amount of data, and the ongoing expectation of how the data will be used. This will allow us to offer the most ideal and economical solution for PEIA. This will involve additional scoping and fees. We do not want to quote on something this important without fully understanding the future business need.



During your evaluation you will find the right solution to eliminate manual work within your State employers and help move staff away from manual data entry. Benefitfocus and our associates have been removing paper-based processes from the benefit and billing cycle since 2000. The entire benefit life cycle is supported through the Benefitfocus solution set. We design our software and services to allow you to shop, enroll, manage and exchange all benefits in one place. Devoting resources to time-intensive and cumbersome paper processing is no longer necessary with Benefitfocus' modernized technology.


As a strategic partner with the PEIA, Benefitfocus will:

- Deliver a proven, modern cloud-based platform that engages your workforce with personalized decision support tools.
- Enhance quality by automating data exchange, eliminating paper processes and providing peace of mind your members have the care they need, when they need it.
- Provide a dedicated service model, led by our government team, with extensive experience and deep understanding of the complex challenges that state and local government employers face.
- Deliver a long-term, best-in-breed solution that grow, and innovate with you.
- Provide a cost-effective solution that will support the evolving demands of the PEIA' plan members over our partnership, further elevating the value of our services.
- Deliver a proven, secure, low-risk platform that increases your value to your members, your agencies' HR staff, your team, the State of West Virginia, all employers you support and its taxpayers.

Benefitfocus is passionate about the opportunity to present our solutions and services to the PEIA team.

Thank you for this opportunity to participate in this RFP, where we share our experience, expertise and our enthusiasm for helping government health plans meet the needs of their members, while working to control costs. We look forward to the opportunity to attend any future meetings to further demonstrate how Benefitfocus understands and can support the vital role PEIA plays in the lives of the West Virginia members and their families.

Sincerely,

DocuSigned by:  
  
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Rachel Colonna

Employer Enterprise Account Executive, Public Sector Sales  
Benefitfocus.com, Inc.



## Benefitfocus Proposal Terms and Conditions

Benefitfocus.com, Inc. ("Benefitfocus") is pleased to submit this proposal to West Virginia Public Employees Insurance Agency ("PEIA", You, Your). Notwithstanding anything to the contrary contained within any Request for Proposal (RFP) or any other solicitation from PEIA Services documentation and the contract terms and conditions, Benefitfocus reserves the right to withdraw this proposal and to request the return of any information related thereto, and any copies made in connection with the evaluation of this Proposal, in whole or in part, at any time, at our sole discretion.

This proposal contains proprietary and confidential information regarding Benefitfocus, Benefitfocus software and services, and may contain proprietary information of Benefitfocus subcontractors and teaming partners. Such information is not to be further disclosed except pursuant to the terms of any applicable non-disclosure agreement, and such information is further exempt from disclosure under any federal, state, or local "Sunshine" or "Freedom of Information Laws." Benefitfocus requires that PEIA maintain the confidentiality of this Proposal in the same manner that PEIA would protect their own confidential information, or as otherwise specifically permitted by Benefitfocus at our sole discretion.

BENEFITFOCUS and the BENEFITFOCUS LOGO are registered trademarks of Benefitfocus.com, Inc. The (Shop | Enroll | Manage | Exchange) and (All Your Benefits. One Place.) taglines are registered trademarks of Benefitfocus.com, Inc. All other company and product names may be trademarks of their respective companies.

This Proposal is based on the information that you have provided to Benefitfocus concerning your needs. All fees listed within this document are based on facts disclosed to Benefitfocus as of May 25, 2022, and are effective through December 31, 2022 unless otherwise agreed to by Benefitfocus.

*PEIA's retention and review of this proposal shall be deemed acceptance of these conditions. If you do not agree to these conditions, please return this Proposal and destroy or delete any copies.*

## Safe Harbor Statement

This document may include forward-looking statements related to the future business and financial performance of Benefitfocus and future events or developments involving Benefitfocus. These statements may be identified by words such as "expects," "looks forward to," "anticipates," "intends," "plans," "believes," "seeks," "estimates," "may," "might," "will," "could," "would," "should," "targets," "projects" or words of similar meaning.

Forward-looking statements can involve a number of risks and uncertainties that could cause actual results to differ materially from those explicit or implicit in the forward-looking statements, including fluctuations in those results, general economic risks, management of growth, the need to innovate and deliver useful products and services, our ability to compete effectively, reliance on key personnel, privacy, security, regulatory changes, and other risks associated with our business as set forth from time to time in our filings with the SEC. Some of the products and/or product features discussed in this presentation may be works in progress and not yet generally available for sale. Benefitfocus assumes no obligation and does not intend to update any forward-looking statements.



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# Exceptions

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## EXCEPTIONS FOR THE WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE AGENCY ("PEIA") -BENEFITS ADMINISTRATION REQUEST FOR PROPOSAL – CRFP PEI2200000001

Benefitfocus.com, Inc. ("Benefitfocus") has attached a sample Client Services Agreement, which contains terms and conditions that are standard and best practices for a Software-as-a-Service ("SaaS") provider and are specific to our offerings, and we propose that the West Virginia Public Employees Insurance Agency ("PEIA") consider we utilize our forms. The sample Client Services Agreement has been provided as a sample (not as a limitation) for the basis of further discussion between Benefitfocus and PEIA, and Benefitfocus agrees to negotiate in good faith with PEIA so that the parties may enter into a final agreement based upon mutually acceptable terms and conditions. Our Order Form, which contains the associated pricing and commercial terms, will be provided for review in the event Benefitfocus is selected as a vendor finalist and upon determination of the final scope of services to be provided. In the event that PEIA is not willing to use the Benefitfocus Client Services Agreement as the basis for further discussion, and in accordance with Section 3. General Terms and Conditions of the RFP Instructions Benefitfocus respectfully notes the following exceptions:

Section 3. Contract Term; Renewal; Extension; (Fixed Period Contract with Renewals). Benefitfocus requests further discussion and clarification with regards to the maintenance, monitoring or warranty services which will be provided for the five (5) years following the completion of Services. Specifically, Benefitfocus will need to understand the extent of the services to be provided to accommodate PEIA's objectives following contract expiration in order to appropriately address the costs associated with those services.

Section 6. Emergency Purchases. This provision is not applicable to SaaS agreement.

Section 12. Acceptance. Further discussion required. Should Benefitfocus be selected as vendor finalist a final scoping of services will be conducted. If during that final scoping of services, issues arise which were not outlined or elaborated in the RFP, Benefitfocus may require the renegotiation of certain aspects of the proposal to accommodate PEIA's contractual objectives in order to reach a mutually agreeable resolution.

Section 13. Pricing. Further discussion required. Benefitfocus has outlined, to the best of its ability, its pricing structure based upon the information provided by PEIA in this proposal. In the event, Benefitfocus is selected a vendor finalist, and following discussion on the final scope of services, facts and circumstances arise which may adjust the scope of the work then Benefitfocus respectfully reserves the right to re-evaluate and potentially revise the pricing structure.

Section 17. Additional Fees. Further discussion required. In the event the parties mutually agree to change the scope of services at any point in time during the term of the contract then Benefitfocus may propose additional fees to accommodate the change in service(s).

Section 18. Funding. Further discussion required. Benefitfocus shall negotiate in good faith with PEIA to modify the agreement should a lack of fiscal funding arise during the term of the agreement.

Section 19. Cancellation. Further discussion required as Benefitfocus does not allow for termination for convenience. Our services and the economics of our services are based on a minimum subscription term of at least thirty-six months post-implementation with additional one (1) year renewals after the initial term. We do not charge for reconfiguration of Benefitplace for subsequent plan years. Nevertheless, there are other bases to terminate, including breach, insolvency, non-appropriation, or you may choose not to renew.

Section 27. Assignment. Further discussion required. Benefitfocus is a publicly traded company. As such Benefitfocus must have the right to assign any agreement to a successor entity or purchaser acquiring all or substantially all of its assets.

Section 31. Your Submission is a Public Document. Benefitfocus understands that PEIA must respond to public record requests and if selected vendor of choice Benefitfocus shall work closely with PEIA to comply with those requests. However, where noted, this document contains Trade Secrets and other Confidential Information of Benefitfocus, which is not to be further disclosed without the express consent of Benefitfocus and is exempt from disclosure under West Virginia's Freedom of Information Act pursuant to Chapter 29B, Article 1, Section 4 of the West Virginia Code. If applicable, Benefitfocus has noted within the header of each applicable page herein that contains Trade Secrets and/or other Confidential Information. Your retention and review of this material shall be deemed acceptance of this condition. Should you disagree with these conditions, or otherwise decline to preserve the confidential and proprietary nature of this material, you are requested to proceed no further within this document, to return this document immediately, and to return or destroy any copies made thereof. Any questions regarding the confidential and proprietary nature of this information should be directed to the submitter of this response.

Section 36. Indemnities. Benefitfocus would like to revisit this language as there are better practices for both parties concerning indemnities in a Software as a Service solution agreement.

Section 41. Preference for Use of Domestic Steel Products. This provision is not applicable to SaaS agreement.

Section 42. Preference for Use of Domestic Aluminum, Glass and Steel. This provision is not applicable to SaaS agreement.

## 4.2. Project Goals and Mandatory Requirements

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**Vendor should describe its approach and methodology to providing the service or solving the problem described by the goals/objectives identified below. Vendor's response should include any information about how the proposed approach is superior or inferior to other possible approaches.**

### 4.2.1. Goals and Objectives

#### 4.2.1.1. System Goals

**PEIA would like a fully integrated, vendor hosted, secure, off-the-shelf system that should include the following system functions for members, retirees, employers, and internal PEIA users.**

Benefitfocus provides a fully integrated, hosted, secure, off-the-shelf benefit administration system, Benefitplace, that meets the system goals of PEIA today and in the future. Benefitplace leverages platform technology to optimize member and administrator experience effortlessly connecting all health insurance stakeholders in the ecosystem in one place.

- **New member enrollment, open enrollment, special enrollment and processing of insurance coverage termination.**

Benefitplace is designed to meet all of PEIA's goals in relation to enrollment, from newly hired employees navigating the system for the first time, to a robust annual Open Enrollment experience, to special enrollment activities throughout the year, and eventual termination of coverage. Our solution was designed from the ground up with both the member and the administrator's needs in mind leveraging an intuitive one-thought-per-screen methodology to guide users through each of these events. This process has simplified an often-complicated healthcare selection and increases in value as employers increase the number of, and complexity of, the plans they offer their members.

Benefitplace is capable of managing new hires enrolling in benefits for the first time and the Open Enrollment activities for the next plan year simultaneously and separately ensuring your members and administrators have the distinct actions available and recorded for each plan year. The platform is able to separate data files for these distinct periods as well to ensure insurance carriers apply time period changes appropriately.

All of the enrollment options are configurable, allowing for expedited implementation of new business rules. We will spend valuable time working with PEIA's team to discover all of the requirements and nuances of the enrollment rules, and we will present recommendations and options that align with industry best practices to PEIA on optimization of enrollment activities throughout the life of the partnership. Our state customers appreciate this partnership approach that ultimately improves the process and our customers feel we are organic extensions of their teams. Benefitfocus is the safest hands in the industry, and we will ensure our solution is aligned with your enrollment requirements providing a seamless and accurate enrollment experience each and every time.

- **Centralized eligibility and enrollment module to maintain and apply Agency rules, view and maintain eligibility and enrollment data, and import/export eligibility and/or enrollment data as necessary to carriers and other entities.**

Benefitfocus leverages platform technology to implement all phases of eligibility and enrollment with all stakeholders seamlessly throughout the ecosystem in one place on one centralized system. Benefitplace will be PEIA's doorway into this comprehensive process and allow your team to view, test, and validate business rules results, enrollment data and file transfers to and from your insurance carriers. Your administrators will have access to robust reporting both in standard and ad-hoc capabilities to provide you critical information timely on your enrollment, health claims utilization, vendor return on investment metrics and plan modeling for future decision making.

Benefitfocus was founded in 2000 supporting insurance carriers with enrollment administration and employers with employee engagement. Our long-term relationships with major insurance carriers across the nation over the last two (2) decades has allowed us to optimize a robust, consistent, automated Electronic Data Interchange (EDI) file transfer process to ensure PEIA's members are enrolled in the right benefits, at the right time, in accordance with your rules and requirements. All of PEIA's rules and requirements will be captured through a distinct and robust discovery period at the onset of implementation. While performing this review, Benefitfocus subject matter experts will provide insights and recommendations leveraging industry best practices for PEIA's consideration to allow for additional unplanned modernization efforts that optimize your experience. We recognize that some of our customers appreciate a consultative approach and we have dedicated solution consultants that are available throughout the entirety of your implementation.

- **Importation of employer payroll and demographic files.**

Benefitplace is integrated today with many of the large HRIS solutions across our book-of-business. Our solution accepts standard payroll and demographic files and then populates files to carriers and invoices for consolidated and direct billing. As part of this process, Benefitplace provides payroll systems with accurate and timely deduction amounts per member to ensure PEIA recovers all premiums in accordance with your plan rules. We will work with PEIA and your supported employer units during implementation to determine the payroll and demographic scope and ensure robust and successful testing is achieved for a confident launch.

- **Centralized billing module to maintain current and historical premium rates, invoices, and payment records, calculate premium amounts, generate premium invoices, collect, apply, and reconcile invoice payments, and track open balances.**

Benefitfocus provides our customers with a comprehensive billing solution to perform all standard billing functions associated with enrollment. The solution was built utilizing an accounting chassis with debit and credit ledgered transactions which will allow PEIA a window into your billing not often seen in the industry. Premium rates, invoices, payment records, and clear transaction adjustments will be trackable and reportable. The solution automates invoicing and provides a significant detail so you can reconcile easily with the level of transparency provided. Additional details on our billing solution is provided below in the section "Employer Billing Platform."

- **Reconciliation of outstanding invoices with incoming payments.**

Our billing system is a dual-sided accounting chassis. Every billed transaction has a created account payable and an account receivable, so our transactions are always in balance, which ensures that remittance is only generated for what has been received. As a result of this inherent system architected balance functionality, reconciliation is not supported. Data is provided from both the payment entities as well as from the billing system to support your needs for any review. Our Implementation support team will work with PEIA during the implementation to capture all business rules, desired processes, and provide recommendations from our own Administrative Services subject matter experts on the latest modernized approaches to billing.

- **Management of coverage data.**

Benefitplace is the single place where all coverage data resides and PEIA will have access to view and create reports on coverage, as well as deeper data analysis through our Health Insights tool that showcases down to the member level healthcare utilization and benchmarking to multiple nationally recognized databases (i.e. Johns Hopkins ACG, CMS, etc.). The system is configured to apply coverage rules through automation reducing administration burden and providing confidence PEIA members are covered in the plans they are eligible for accurately and timely to access care when needed.

- **Integrated customer relationship management to track and record participant, policyholder and employer service requests (PEIA prefers an integrated solution, but if not integrated within the offered package, then the solution must integrate with PEIA's existing customer relationship management software).**

Benefitfocus does not provide a customer relationship management (CRM) module as our state customers traditionally have not requested it. Some of our customers take advantage of a fully outsourced call center service that we provide called our Benefit Service Center (BSC). The BSC is an additional product that we have not priced in this RFP, but would be glad to discuss if PEIA is interested. The BSC integrates Benefitplace with our internal CRM solution. Benefitfocus will work with PEIA during implementation to integrate with your CRM solution and provide subject matter experts to make recommendations on any alternative best practices with these services. If PEIA would like to explore our full-service call center offering in the future, we can provide details and costs at that time.

- **Integrated document management (PEIA prefers an integrated solution, but if not integrated within the offered package, then the solution must integrate with PEIA's existing Imaging system).**

Benefitplace provides document management for dependent verification through our provided document center. The solution supports dependent verification document storage and members and administrators can access this service on a personal computer, smart phone and tablet. Benefitplace is designed to replace the need for document imaging as all data is captured, stored securely, and applied according to the employer's business rules. This best practice is why many of our customers modernize with Benefitfocus to replace time intensive and costly imaging system functionality. However, we recognize states can have laws that require the receipt of paper enrollment forms, and we will work with PEIA during implementation to integrate with your existing imaging system and

provide subject matter experts to make recommendations on any alternative best practices with these services.

- **Functions to support all required interfaces, including, but not limited to, interfaces between:**
  - Supporting third party products such as Microsoft Great Plains.
  - Employers.
  - Other related agencies (e.g., wvOASIS); and
  - TPAs

Benefitfocus integrates with numerous third-party software solutions across the nation supporting our large customer base. We will scope and develop all required interfaces as described above and ensure data flows accurately, timely, and consistently to PEIA's partners for a seamless effortless automated result. After scoping, additional pricing may incur.

- **Robust role-based administrative and security controls for all types and levels of system users.**

Data security is one of Benefitfocus' highest priorities. Our team will work with PEIA during implementation to setup all necessary access roles and provide subject matter expertise making recommendations on minimizing risk and eliminating unnecessary access to protected information. We follow NIST 800-53 for moderate impact systems and have recently become HITRUST certified. All of PEIA's data will be encrypted at rest and in flight and all data is stored in the continental United States. Our robust security protocols are described in full in the "Security and Privacy Requirements" section further below in our response.

- **Workflow and Work Queue management.**

Benefitplace is a fully configurable solution that applies employer business rules and automates processes to simplify workflows and management. Where PEIA requires a touch point (i.e. physically viewing and approving dependent verification, etc.), administrators will have access to automated task management that queue's their work daily and provides transparent and timely actions needed to optimize all enrollment work flows.

- **Generation of Reports, Forms, and Letters, including ad-hoc reporting capabilities.**

Benefitplace comes equipped with multiple mechanisms to generate and store reporting on a plethora of topics. Traditional standard reports are detailed below.

#### *Change History Reports*

Benefitplace provides customers with a complete Change History Report for each member record within the system, and do so at the field level (e.g., plan, coverage level and/or category changes). For example, PEIA will be able to see that a coverage level has changed from Employee Only to Employee and Spouse, as well as the old/new values, member, date/time stamp and user's name associated with the change. You will have the option to view an employee's event history as a timeline of events. Furthermore, upon clicking the transaction, PEIA's administrators will view a

point-in-time reporting page for that event, with the nearest transaction presented for purposes of comparison. You will then have the option to print the timeline and/or the point-in-time screen.

#### *Employee History Reports*

Additionally, the Employee History link allows our customers to view an employee's benefit status down to a particular point-in-time, and with the option to filter the results. After selecting a date, the user will see the demographic details and the benefits in which the employee is enrolled, as well as any refused or cancelled benefits, as of the date selected. This information can then be filtered to minimize the results shown.

#### *Platform Usage Statistics*

Platform Usage Statistics provides visibility into how PEIA's employees are interacting with the platform. The data provided can help employers make strategic communication and content decisions to drive usage and increase engagement, as well as allows employers to review critical compliance information.

#### *Health Insights*

Benefitfocus provides our customers with a robust advanced analytics solution called Health Insights. Health Insights can be leveraged to create standard and ad-hoc reporting for numerous reporting needs and those reports can be automated or accessed in real time. Health Insights not only provides a window into PEIA's population health in aggregate and down to the individual member's utilization and compliance levels, but reports can also be used to analyze costs (claims and administrative), plan modeling, and point solution return-on-investment validation for performance guarantee / service level agreement management.

#### *Smart Moments Messaging*

Benefitplace was designed based on customer needs and requests to replace cumbersome and costly online and paper forms and letters. Our communication portal is supported by an event-triggered electronic messaging system we call Smart Moments. Smart moments is configurable and can be set to automatically send out information to members on topics like countdown reminders for open enrollment, missing dependent verification documentation and employer specific created messages to support PEIA's policies throughout the year. Benefitfocus subject matter experts will work with PEIA during implementation and provide industry best practices to optimize all communications while adhering to state law and plan rules and requirements.

#### *Additional Information on Reporting:*

- Since our platform is delivered as a Software-as-a-Service (SaaS) model, you always have access to all reports from any browser-enabled device.
- Standard Reports and Advanced Reports (ad hoc) can be produced in PDF, CSV or Excel format, which allows the user to export the data into other applications.
- Reports can be run on demand or scheduled to run on a recurring basis so that you can configure them once and simply retrieve them when ready.



- Web interface features allow the user to filter, sort and determine reporting columns.
  - Standard reports can be printed on demand.
  - Our Advanced Reporting solution allows administrators to create, design and manage ad hoc reports at the individual agency or aggregate level
  - Our platform is permission-based, determining who can view, delete, download, and share particular reports.
- **Audit indicator capabilities such that a participant's account can be identified as to whether it has been audited, through what date, and by whom and that satisfies HIPAA Privacy and Security regulations.**

Benefitplace employs a three-dimensional point-in-time model, where all data additions, modifications and deletions are captured and stored in a set of audit tables with a separate parallel audit database. This audit trail is always available to PEIA on the individual's record in the system and via the suite of reporting tools. Audit history can be stored indefinitely. The audit process described above is in accordance with HIPAA Privacy Security regulations.

#### 4.2.1.2. Enrollment Platform

**The portal should allow members or employer benefit coordinators to complete, at a minimum, the actions outlined below:**

- **Enrollment and/or dis-enrollment in/from insurance elections**

Benefitplace is configured to meet all employer business rules to include initial enrollment, open enrollment and disenrollment of coverage. We take the administrative work off your shoulders and integrate with your insurance providers to ensure they receive timely and accurate enrolment detail throughout the year. PEIA's members will participate in an industry leading experience that walks them through the options, educates them on the terminology, captures all necessary data and information, and then provides confirmation statements that showcase elections made. These enrollments (and disenrollments) are trackable, reportable, and auditable to ensure all rules are applied consistently and thoroughly.

- **Submit an application for retiree coverage**

Retirees will have the same access and experience as employees have when applying for health coverage in Benefitplace. All of the same functionality and access points, to include the mobile app, are available to retirees so the experience they have as employees will carry them through the experience they have when decide to retire. Those retirees eligible for Medicare will have a slightly different experience but conceptually be provided the same look and feel of the employee and pre-Medicare retiree experience. Retiree coverage is effectuated the same: retiree enters information into Benefitplace; retiree selects any available retiree health plans(s), Benefitfocus captures the information and populates an enrollment file and transmits the file to the insurance carrier(s).

- **Report a Qualifying Life event for insurance election changes**

As part of the implementation, Benefitfocus will work to define your Life Event profile, which determines your business rules for life events (including qualified types) and life event changes. PEIA can dictate the period of time in which the employee must notify you of a life event, the types of permitted changes (additions, drops, etc.), effective and/or end date rules, procedures regarding any documentation associated with a life event change (e.g. death certificate) and the event-driven notifications that are sent to employees based on the use of the life event.

Benefitplace is extremely configurable regarding the type of life events supported and the unique business rules required for each. Death of Dependent and Death of Employee are two examples from an exhaustive list of common life events requested by our customers. Throughout implementation, Benefitfocus solution consultants will advise and recommend any industry best practices on life event management and member communication to optimize this process for PEIA.

- **Submit Supporting Documentation**

Benefitplace provides customers with access to a Document Center for capturing and storing supporting documentation. The Document Center is designed to increase efficiency for administrators in their efforts to verify documents submitted for life events and dependent verification purposes. Both employees and administrators can upload, sort and view documents. A variety of document types are supported via the Document Center, including .jpg, .jpeg, .gif, .png, .pdf, .doc, .docx, .xls and .xlsx.

When documents are required to confirm a life event's validity, the election will remain pending until your team receives the documents, after which the administrator can approve or decline the election before the changes are sent to the carrier. In order to call the employee to action, PEIA can choose to add contextual or tailored life event messaging.

This functionality is supported in traditional functionality – scan the document and upload as well as a modernized approach utilizing a fully integrated and separate mobile application allowing members and administrators the ability to take on-the-spot photographs of documents that are then automatically attached to the member's account. Our customers find this time saving process critical to their employee engagement efforts as younger generations especially expect rapid and complete access for all of their needs from their smartphones and tablets.

- **Modify demographics (e.g., name, physical address, e-mail address, marital status etc.)**

Benefitplace is designed to support a multitude of demographic information. Our solution captures the basic information like name, address, date of birth, email, and marital status, but we also capture member engagement details like preferred method of communication to ensure PEIA provides critical information to your members the way they want to receive it to ensure the highest probability of receipt, acceptance and comprehension. Both the member and PEIA administrators will have access to make updates to the member profile to ensure all demographics are accurate throughout the life of the partnership. Demographic changes like address that shift a member into a different service area will be captured and prompt the solution to showcase new plans and services that are location based to ensure members do not miss opportunities for care in their new area.

- **Enter existing or future claim or prescription data**

Benefitfocus provides an industry leading claims data analysis through our product called Health Insights. Health Insights integrates with insurance carriers and pharmacy benefit managers capturing through automation health and prescription claim data on a regular basis. We then layer on top of this data collection a robust claims analysis tool that is integrated with Johns Hopkins ACG (population health analytics software), Centers for Medicare and Medicaid Services (CMS) Healthcare Effectiveness Data and Information Sets (HEDIS) scores, US Preventative Services Taskforce (USPSTF) and Kaiser Family Foundation to provide a comprehensive holistic view of your members' health. Health Insights provides critical utilization data reporting with the capability to analyze in aggregate and down to the individual member to help PEIA determine program effectiveness and needs for future changes and investment.

To ensure our customers have subject matter experts to help navigate all of this important data, Benefitfocus assigns a Health Insights account manager to ensure PEIA administrators are trained in report generation and analysis. And we gather our customers regularly to leverage best practices where are customers learn from each other how to optimize this powerful service. Lastly, these member claims are fed into our decision-making tool during the enrollment process to provide members a snapshot of their previous year utilization to help guide them in selecting the lowest cost highest quality healthcare PEIA offers.

- **Designate beneficiaries**

Benefitplace is designed to capture designated beneficiaries during initial enrollment and throughout the year as changes occur in a member's life. The solution asks for these beneficiaries and carries them through as options on all the various plan selections to simplify the data entry process for your members. PEIA administrators will also have access to edit and update beneficiary information for your members on an ongoing basis. Benefitplace captures these designations and sends them automatically to the insurance carriers as required and members and administrators can view these updates in the members account as validation.

- **Provide Coordination of Benefits information (if covered by other insurance)**

Benefitplace captures Coordination of Benefits information through our Additional Insurance and Medicare modules. Additional Insurance Modules are available for both medical and dental benefit elections. For additional insurance, the information that can be captured includes policy number, policyholder name, insurance carrier name, address, phone, effective date and end date. Using the policy effective date and/or policy end date, our platform will determine if the additional insurance policy is prior insurance, other insurance or both.

With the Additional Insurance and Medicare modules, PEIA can require that the election is incomplete until all information is entered, or you can complete the election without having all the required information. If the administrator has all the information, they are prompted to enter the details before advancing to the next step. When the administrator does not have all the details, they are advanced to the next step in the process. These settings are defined per employer.

- **Send and receive messages to/from PEIA staff or employer benefit coordinator**

Benefitplace is designed to help administrators manage enrollment through automated messaging at multiple employing units within an organization. Employee benefit coordinators at PEIA supported employers will have automated tasks populated by the system to review and approve enrollment activities like dependent verification, open enrollment countdown messaging, etc. For aggregate activities, PEIA administrators will have a similar process allowing you to automatically receive tasks daily to alleviate manual communication. Our customers have cited this automated process as an excellent reduction in administrative burden freeing up time for administrators and coordinators to focus on other plan tasks.

- **Download forms**

PEIA employees can access forms from our platform. PEIA can easily upload and post forms within the communication portal or on specific pages as part of an employee's benefit enrollment workflow. Employees can access, download and print these forms at any time. Employees who require telephonic enrollment may elect to receive communications and documents via paper.

- **Initiate an Appeal**

Benefitplace does not provide an enrollment appeals module. Based on our current state customers, enrollment appeals happen so rarely a technology solution may be cost prohibitive. If the system is implemented and configured correctly, as we pride ourselves with our Benefitplace product that is positioned here for PEIA, those appeals should be very rare indeed (if at all). Moving towards automation reduces manual human errors and leads to less appeals by design as well.

Benefitplace does come with a robust case management system to file, log, track and report on reportable issues PEIA and your employing units uncover throughout the life of the partnership. Administrators at PEIA and your supporting employer units can have access to submit cases that request information on a member submitted appeal. We recognize that appeals have statutory timeframes states must adhere to and we have categories (critical, urgent, etc.) of cases that will align to those timeframes to ensure our team supports PEIA's efforts in accordance with law. PEIA will have a dedicated Customer Success Manager who will expeditiously research and report on supporting data for enrollment decisions referring to an appeal filed with the state.

- **E-sign Designated Documents**

Benefitplace is designed to replace the need to print and sign documents by electronically tracking all activity and allowing electronic affidavits. As the solution is automated and configured based on employer rule sets, only those processes authorized by PEIA occur and remove the need for manual/electronic signatures on documents replaced in full by files. We do have the ability to verify e-signatures occur but we do not create the options to sign things from the onset. Benefitfocus is willing to explore this functionality with PEIA if this becomes a critical requirement.

- **Access links to insurance coverage providers**

Benefitplace is designed to integrate fully with insurance providers, leveraging functionality like APIs and Single Sign On (SSO) to provide a seamless and intuitive experience for members to access all insurance plans and services. As a last resort when integration is impossible, Benefitplace will embed links to access third parties but our industry best practices recognize members begin to fall off the enrollment process the more steps and “clicks” they have to maneuver – especially when the destination is significantly different in look and feel to the original enrollment workflow. We have spent significant investment in our technology to provide an industry best member experience to ensure PEIA’s members will access all benefits provided in a simple, intuitive and advantageous way.

- **Submit communication and payment preferences and information**

As part of the enrollment workflow, Benefitplace provides an opportunity early on in the process to capture a member’s profile preferences. These include communication options like email, text and SMS as well as payment preferences when enrolled in direct billing. A member can update their billing communication preference (email or mail) at any time during the billing cycle, and it will be applied going forward. Our billing platform includes multiple payment methods that are traditionally offered (check, money order, credit card, ATM card, bank recurring payment, etc.) as well as a cash pay option partnering with local retailers for those members who would rather use that method of payment. During implementation, you select which payment methods you would like to use in your billing support model. Each payment method will require an agreement to be signed. In addition, the funds received by the payment method are deposited into a client-owned bank account.

- **Remit premium payments (for direct bill members)**

Benefitfocus’ Billing Platform is fully capable of creating, tracking, and reporting on the remittance of direct bill payments. The system is an accounting chassis which in the architecture creates an account payable and a receivable, ensuring that transactions are always in balance. This inherently prevents issues with reconciliation it is unable to remit more than consumed in payment. This architecture aligns well with our customers’ government accounting systems and providing critical insight into a member’s activities both ongoing and in arrears. Our customers rely on us to provide timely and accurate direct billing for members who are retired, and employees on leave of absence, More detail on the billing system is described in the next section under “Employer Billing Platform.”

- **Initiate insurance premium reimbursements**

On an ongoing basis, it is our best practice standard that any credits created based upon adjustment transactions (such as enrollment changes) or via excess payments, are applied to subsequent invoices as a credit, reducing the amount immediately due.

Additionally, the billing system has a refund process, which will, based upon specific triggers, automatically identify an account as needing a refund, and include that information in a refund report to be applied by the entity responsible for administering the bank account, depending on the services selected in the billing model. Once issued, the refund information must also be provided to

the billing application, so that the amounts can be recorded, the balance calculated, and also displayed in the next invoice generated.

#### 4.2.1.3. Employer Billing Platform

**The Employer Billing Platform should allow employers to complete at a minimum the actions outlined below:**

- **Exchange and upload files of member data for reconciliation against premium billing (e.g., Payroll or Enrollment)**

Benefitfocus offers services to support the premium collection process across employers. The process of creating group premium invoices starts with the generation of two-sided financial transactions sourced from the enrollment system with the employer and employee cost shares, and the total amounts payable to PEIA. As an optional service, employer ACH payments to PEIA can be made using the employer access directly in the billing platform via an integration with CheckCommerce. This integration is already fully automated in our billing application and does require an additional agreement.

As part of our outbound payroll deduction file from Benefitplace, the file will pass benefit coverage amounts (both employee and employer) in the form of individual payroll deductions or benefit elections. Benefitplace will provide full outbound payroll files following open enrollment. Employers typically prefer to receive a changes-only outbound payroll file on an ongoing basis via PGP encryption within an SFTP site. Benefitplace can accommodate full files or change-only files depending on PEIA's needs.

During the discovery phase of the implementation process, Benefitfocus will work with PEIA to determine the data fields that are required by PEIA. Typical data files would include:

- A deduction or benefits file, to report any deductions, scheduled contributions or benefits elections related to a benefit enrollment.
- A demographic change file, to report any changes in an employee's demographic makeup.
- A dependent file, to report any additions or updates to dependent demographic data.

Over 25 validation points are included within the file processing program for contributions/payroll deductions including:

- **Date Validation:** Multiple payroll contributions on the same date for the same participants will error, as well as if contribution date does not match a scheduled contribution date for the specific plan, contribution date is outside of the plan year, etc.
- **Amount Validation:** Pre-posted amount duplication is rejected, as well as negative amounts.
- **Plan Year Dates:** If plan year dates do not match plan details the contribution will be rejected.
- **Reporting and Data Extracts:** Robust reporting and data extracts are available for reconciliation against actual payroll records, as needed.

Within our billing application, all billing transactions are constructed as two-sided, balanced sets of receivable and payable charges that are tied together. The transaction tables are populated by an automated process that intakes enrollment and premium data, from the enrollment application as a

consistent source and calculates the expected financial transactions for each period of coverage per plan. When these transactions are calculated, they are compared to existing transactions already in the system for the same time period for the same period for the same plan(s). Any differences between the expected and existing transactions yield adjustment transactions, such as in the case of rate changes, retroactive enrollments, or retroactive terminations. This methodology of using automatically ledgered adjustment transactions rather than editing existing transactions ensures a financially-controlled billing and reconciliation process.

In addition to summary and detailed group premium invoices, detailed reporting of all premium payments received (based on inbound electronic data feeds from payment processors and/or lockbox processor), is available to the client to run ad hoc as well as invoice-time cycle automated triggered reporting to support monthly internal accounting processes.

- **Report changes in employee employment status**

Any changes to employee status that result in eligibility changes will be automatically supported within the application. These changes in status, depending on the change, will be either initiated by the employee through self-service, or by an approved administrator at each location. Changes such as life events for example, will be configured to support the PEIA business rules including coverage and rate changes, and required documentation. Changes to employee status that impact benefit eligibility such as a job change or employment status typically will be initiated by the system administrator at each location. When an employee category changes that impacts a business rule such as benefits eligibility, Benefitfocus will enforce these rules automatically and present the appropriate workflow. Benefitplace updates the change effective date accordingly and calculates the employee's corresponding health plan rates and coverage amounts.

The billing system is tightly integrated with the enrollment system; we leverage the expertise of the enrollment system and its eligibility enforcements to drive the enrollments. The enrollments, then are what constitute the billing transactions. As employment status changes, and life events occur which result in coverage changes, plan enrollments are updated, these are then updated as transactions into the billing system.

*Ability to Track All Enrollment Changes*

Our platform is a rules-based application. As a result, any changes to work status or age dependency that result in eligibility changes are automatically supported within the application.

This includes cancellation, restriction or reinstatement of benefit eligibility for employees going on a leave of absence or returning from one. These changes in employee status are typically included in the inbound demographic file, although they can be made from the Administrator role within the application, as well. When there is a change that impacts an employee's eligibility or enrollment status, our platform updates the change effective date accordingly. It recalculates the employee's corresponding carrier numbers and coverage amounts after each category change. A change in employee status may also affect active benefits in the following ways:

### *Previous Benefits Elected*

If previous benefits were elected for the employee and the employee is now ineligible based on their new category values, online enrollment cancels and discards benefits for the employee and any corresponding dependents. The application also supports the cancellation or restriction of benefits due to being on a leave of absence (LOA). We must receive the category change at least once to update a member's eligibility status. Employees can also be notified there has been a change to their benefit eligibility and be prompted to log in to take appropriate action as necessary. The employee will be prompted only for those benefits that were affected by the work status change.

- **Recalculate an invoice**

Once an invoice is finalized, it is locked, and preserves an audit trail. Retroactive transactions, or other adjustments would appear on the following invoice, and those transactions would be identified as belonging to the plan and timeframe to which the adjustment is applied.

- **Remit invoice payments or apply available credits to one or more invoices**

Credits are applied at a plan level for the applicable invoice period, which can cover multiple invoices, and are applied to the next invoice created, with identification on the detailed invoice of what coverage transactions to which they apply.

- **Export invoice data to OASIS to obtain an Internal Exchange Transaction ("IET")**

Additional scoping and pricing may be required.

- **Import IET identification number and assign it to a particular invoice**

Additional scoping and pricing may be required.

- **Access forms**

All invoices and letters are available for access. If specific forms are requested, additional scoping and pricing may be required.

- **Complete e-signing of certain documentation**

Additional scoping and pricing may be required.

- **Generate and schedule reports**

This is standard functionality. If additional billing reporting needs are identified during the implementation process as non-standard, then additional scoping and pricing may be required.



- **Maintain payment and communication preferences**

Credit/debit cards, ACH, and/or mailed payments (check/money order) are all acceptable forms of payment and can be selected as preferences. If check processing is requested, we expect the client to have ownership of the deposit account and lockbox processing, using either their preferred banking partner, or a recommended banking whom we have integrated data and processing. Credit/debit card processing fees are charged by the merchants to the client as part of the merchant integrations and agreements. An amount can be charged to the member, which is separated from the premium costs, if they use this transaction method to minimize your financial impact.

In addition, the solution offers an innovative cash payment solution whereby a member can make a cash payment at a retailer, using a personalized barcode that is printed on consumer invoices. This solution is an ideal alternative for members who are unbanked and/or make small dollar premium contributions. Members are charged directly at the point of transaction, currently \$1.99.

Electronic data feeds apply the detail of payments processed to individual member or employer billing accounts in the billing platform. The billing application includes direct on-line integration with the merchants such as for ACH or Credit/Debit which allows PCI secured transactions and prevents access to that information.

The solution is integrated with a leading payment gateway/processing partner for the execution of electronic payments, including one-time and recurring ACH and credit/debit card payments.

#### 4.2.1.4. Project Goals

In addition to the above-mentioned system objectives, the vendor should provide the following services:

- **Full implementation of the new solution (including as-built documentation of system design, database models, system configurations, and customizations).**

Benefitfocus provides a best-in-class dedicated implementation team with state customer experience to ensure PEIA experiences a launch that is on time, on budget and in accordance with signed off requirements, milestones, and results. We do not over promise and under produce and provide subject matter experts to partner with PEIA on opportunities to modernize the solution delivery. A dedicated and state government experienced Program Manager, Project Manager, and Solution Consultant will be assigned that will help guide PEIA throughout the implementation process. Robust documentation will be captured and provided and any customizations during implementation and thereafter will follow a transparent documented change control process with PEIA requirements sign off and acceptance of the deliverable(s). Additionally, Benefitfocus leads the industry by assigning a Customer Success Manager at the onset to participate with the implementation team who will capture all decisions and why to carry the institutional knowledge as the solution transitions from implementation to go-live to maintenance and operations.

- **Any and all necessary software customizations to meet business and functionality requirements.**

Benefitfocus will partner with PEIA to evaluate and make industry best practice customizations to the solution to meet PEIA's needs now and in the future. All advantages, disadvantages, risks and rewards will be analyzed and presented so PEIA can make the best-informed decision on any customization requested. Our Professional Services team will be available to explore opportunities and ensure the design of custom solutions are aligned with PEIA's expectations.

Additionally, Benefitfocus provides regular enhancements to the functionality of Benefitplace and all customers have the ability to decide whether to turn them on when they are deployed, keep them off, or delay them to a future date. We provide monthly releases and partner with our state customers on a dedicated public sector roadmap to enhance their experience. These releases and roadmap items often reduce the need for customization reducing the potential risk of one-off solutions for individual customers.

- **Support the execution of all processes required in accordance with legislation, governing board policies, etc.**

Benefitfocus has supported state customers since 2010. Prior to this time we were supporting statutes that our municipality, city, and county clients were instructed to follow. We have over a decade of experience planning for and reacting to State legislative and board policy making. Our team will work closely with PEIA's team to ensure all processes required by governing authorities are implemented timely and accurately.

Additionally, we understand the challenge of unfunded mandates and we can provide cost estimates for budget building and fiscal note responses to assist PEIA position the plan for financial success. We will make our team available to present to your Board, your budget office, your Legislature, etc. as needed and our real time report generation is a favorite function form many of our customers today requiring immediate data to support an agenda item.

- **Thorough testing and quality assurance of the entire solution.**

Benefitfocus prides itself as being the safest hands in the industry. We cannot make that claim if we allow our quality control to falter. Benefitfocus assigns Test Managers and Test Analysts to our state customers to provide robust, thorough, and industry leading testing plans and testing processes. At the onset, we will work with PEIA to capture the scenarios that are critical to a successful implementation, and we will supplement those scenarios with our state government experience to ensure PEIA benefits from other state best practices and lessons learned. Additionally, as Benefitplace is a multi-tenant offering, we test our solution regularly to ensure our entire book-of-business experiences industry leading uptime and data transmission accuracy.

- **Ongoing software support for the new system during the implementation and during the warranty period as provided herein.**

Benefitfocus is the subject matter expert for Benefitplace. We assign a dedicated implementation team to support the initial relationship, and we transition to the operation team to provide ongoing

support throughout the remainder of the contract. We supplement our team with additional resources planning for and during open enrollment to ensure the most challenging time of your year is executed successfully. We also provide a Professional Services team with subject matter experts to assist during the implementation and warranty period to help PEIA design solutions to unforeseen challenges and implement opportunistic enhancements to elevate the experience for PEIA and its members. Benefitfocus prides ourselves on ensuring appropriate levels of resources are maintained throughout the life of the contract.

Additionally, Benefitfocus dedicates executive support to a robust governance model allowing direct contact at any time to elevate issues PEIA may have. We will provide a senior vice president as PEIA's Executive Sponsor, and a state government Account General Manager with monthly/quarterly governance meetings to ensure deliverables are met and opportunities are realized.

- **Experienced-based expertise and consultation to the Agency SMEs on topics such as suggested changes in communications, business rules, policies and practices.**

Subject matter expertise and consultation is what sets Benefitfocus apart from everyone else in the industry. We leverage extensive experience across our entire book-of-business to recommend and implement best practices and lessons learned. Not only do we have technology experts available to PEIA for planning, troubleshooting, and modernizing the solution, we also employ experts from major health insurance carriers, point solution companies and former state health plan leadership. Benefitfocus is not only an industry leader in technology, we are also the leader in understanding benefits at their core. And with our government experience, we can help PEIA learn from other states and predict results that align with budgets, operations, and political culture.

- **Training for system users (including employers), and administrators (but not participants or retirees) - not only in application navigation and the use of screens and windows, but also in the use of the new solution to perform all their various job functions, processes, and sub-processes in the new environment.**

Benefitfocus' implementation team will ensure all system users as described above are provided robust and thorough training on all tasks and actions required by PEIA's team. Various subject matter experts from different parts of the solution (enrollment, billing, data analytics, etc.) will be available for initial and ongoing training. A transparent and complete training plan will be provided to PEIA early on in the implementation for review and approval so PEIA can schedule your team while maintaining your other mission requirements. This training will include but not limited to functions, processes, sub-processes, and automatic and where necessary manual tasks.

- **Agency-specific manuals and documentation for system users (including employers) and administrators, and developers; in addition to all baseline functionality, all such documentation must reflect the customized, as-built status of the solution; standard documentation reflecting only the Vendor's un- customized base solution will not be accepted.**

Benefitfocus understands the need and will provide PEIA and your supported employer units appropriate and understandable manuals and documentation so you and your teams have reference material to the solution and any customization implemented. We will work with PEIA during

implementation to ensure we capture and provide all documented information that aligns with both PEIA and Benefitfocus' information sharing rules and regulations. We accept and confirm documentation will be accurate to the current solution versus the base system as required above.

#### 4.2.1.5. Functional Requirements Confirmation

Please see attached *Appendix 1 – Functional Requirements – Benefitfocus - Final* for requirements confirmation.

#### 4.2.1.6. Implementation

Benefitfocus will implement and deploy the solution to a shared, multi-tenant production environment for live user access.

We will provide the benefits enrollment software and personnel to support PEIA's administrators and employees during the implementation process. Our approach to implementation differs from traditional software implementation methodologies. By leveraging an iterative build process, you have access to our platform faster than usual, with the ability to provide feedback on the platform as we build it. The ability to consistently test and re-test has proven to give our customers the most successful start at go-live. This method verifies communication lines remain open throughout the implementation process and your project team can adapt the build throughout the project. Ultimately, the iterative approach creates a better implementation experience, so you can be educated and well-versed on the functionality of our platform even before going live on the solution.

##### *Implementation Kick Off*

Upon execution of a contract, PEIA will be assigned a Delivery Manager who will coordinate with you to kick off the implementation process. A timeline for the project will be determined based on your needs, the scope of the deliverables and any dependencies. The tasks for an implementation are based on each customer's benefit and integration needs.

The categories of activities include the major components of our platform:

- Communication Portal
- Enrollment
- Health Plan EDI Integration
- Payroll Integration

Each major component includes tasks associated with discovery, construction, testing and deployment activities and include:

##### *Communication Portal*

- Training sessions
- Content setup and configuration
- Portal templates
- Filtering content off categories

- Managing widgets
- Data management

#### *Enrollment Discovery*

- Insurance health plans
- Plans
- Coverage levels
- Benefit dependencies
- Age-out rules
- Wait period rules
- Life events
- Imputed income
- GI max
- EOI rules
- Dependent types
- Rates
- Offers and enablements
- Grandfathered plans
- Wellness plan structure
- Surveys

#### *Payroll Integration: Demographic and Deduction Files*

- Specification
- Format
- Naming convention
- Transfer protocol
- Content related to benefit structure/categories
- File frequency
- File type (full/changes)
- Retro-activity
- Effective dates
- Stop/start dates
- Deduction codes
- Imputed income

#### *Insurance Health Plans Integration*

- Contacts
- File types
- File frequencies
- health plans number structures
- File protocols

#### *Testing*

- Configuration
- Workflow

- Enrollment scenarios
- Configuration validation via enrollment
- End-to-end
- Demographic file
- Enrollment activity
- Deduction file
- Insurance carrier files

#### *Meetings and Status Reports*

Throughout the project delivery, weekly status reports will be disseminated and reviewed during collective status meetings through our customer collaboration tool. Risks and issues that are raised will be discussed to determine the best path forward based on agreed-upon mitigation plans. Special reporting/meeting requests will be accommodated to support stakeholder/sponsor review, input and guidance.

Our Delivery team uses our customer relationship portal to support the implementation. Our Requirements Navigator and online Project Plan is used to manage project timelines and milestones, tasks assignments and system and customer requirements. This tool contains testing scenarios and case management. It provides visibility and accountability to all project participants.

#### *Implementation Plan*

Please see Attachment 1: Sample Implementation Plan.

### **4.2.1.7. Testing**

Benefitfocus recognizes the testing phase is one of the most important phases of the implementation. Testing includes all aspects of our platform, such as branding and styles, user experience, data integration, workflow, enrollment scenarios, etc. We have multiple layers of testing, internal and external, across the implementation process. We offer multiple test environment options for customers to use during implementation and throughout their relationship with us.

Test options include the following:

- A test site that refreshes daily with the previous day's production data, which provides a replica of your system configuration and data. We recommend using this environment for testing immediate results that may not need not to be preserved.
- A biweekly refresh site, which allows for more static testing in case you require several days to initiate test scenarios. This environment is recommended for incremental testing, where history should be preserved for a few days or weeks.
- Other test environments that are used during major releases when a customer wants to test features in advance. Most features are configuration-based, which means that the customer elects to turn on the feature. These test environments are running future code.

If there are any issues uncovered during testing, the issues are logged into the case management, which provides you real-time access of any issue and provides workflow that supports notifications of actions to close out issues efficiently.

### *Unit*

Once a solution component is built, whether via code or configuration, unit testing is conducted internally by our Developers or Solutions Consultants. Unit test cases are defined based on the use cases outlined within the associated requirements documentation and are manually executed. These test cases are captured downstream in the User Acceptance Testing (UAT) test case documentation as applicable and are shared with you during UAT scenario review sessions.

### *Integration*

Integration testing is conducted during all phases of testing, including unit, functional, and business user testing phases. Integration tests validate connectivity between systems and the ability to pass data back and forth, resulting in updates to applications and front-end displays of data. We have a standard set of Integration test cases that can be adjusted and expanded during the implementation phase to cover all customer or vendor specific requirements. You, your vendors, and any entities transmitting data with we will join testing discovery sessions and will be able to review the test cases, provide feedback and will be required to approve the test plan and cases jointly defined. The level of effort required depends on scope and solution complexity. Regular integration testing is conducted after go-live prior to open enrollment and major releases where new functionality may impact or be impacted by integration scope.

### *System Functionality*

Customer specific system functionality is validated internally first by our Test Manager(s) and Test Analyst(s) using jointly defined and approved test cases based on the documented requirements and business use cases. System functionality testing during implementation is manually executed due to the customized set-up of the system. Once it is validated internally, we will grant access to the test environment to you to execute the same set of test cases used internally. The level of effort needed from you depends on the scope and complexity of the system set-up.

Our Quality Assurance teams also perform routine system validation using automated test scripts prior to deployment of new core functionality. These routine system validation efforts are focused on core system functions, reports and workflows.

### *Security*

Security tests include, but are not limited to, the following:

- User management (password reset, ID break-in, etc.)
- Authentication (SSO/PingFederate)
- Authorization
- Data confidentiality/masking
- Integrity
- Accountability (segregation of duties for different business roles and access controls)

- Session management (metrics on user and session activity)
- Transport security
- Tiered system segregation
- Privacy

### *Performance and Load*

We are continually improving our performance, infrastructure, architecture and connectivity. Investing in the foundation of our platform verifies you never have to worry about outgrowing your investment. Currently, there are no restrictions on the number of users per server, and there are no maximum number of interoperating servers. At peak times, our system averaged 64,275 users per day with sub-second response times.

Performance and capacity monitoring and strategy are overseen by our Performance Team. This department consists of senior software engineers, architects and product experts with extensive experience supporting specific Benefitfocus applications as well as industry experts with decades of experience in the field.

Responsibilities of the Performance Team include:

- Continuing design and implementation of performance strategies
- Troubleshooting
- Critical support
- Performance improvements and optimization

System performance across all benefits management solution components are key elements of monitoring performed by our Network Operations Center (NOC). We use Quest Software's Foglight Experience Monitor and Viewer to gather, store, graph, analyze and measure application performance and response times. Foglight Experience Monitor resides in our data center and monitors the health of the application as seen from within the firewall. Foglight Experience Viewer provides visibility into an end user's session to replay and analyze the user's experience. In addition, we use WebWatchBot and EURL to create synthetic transaction monitors that record response times and alert on requests that exceed statistically calculated thresholds from both inside and outside our data center.

As performance planning is as critical as system monitoring, we also load/stress test our software using Borland Silk Performer. Silk Performer creates powerful, realistic load tests simulating thousands of users running a broad range of business scenarios across all our systems.

We have a library of application stress tests for different types of customer configurations and size. Using JMeter and the performance environment, which is a scrubbed copy of production data, we can run multiple stress test scenarios and collect the output. This output points us to code optimization we need to focus on or hardware capacity we need to add or reorganize.

### *Regression*

While regression testing may have been conducted during the entire effort, we can also set aside a time to finalize validation that system functionality has not been negatively impacted due to the deployment



of new code or new configurations during the external/system testing phase. During the testing phases, we will work closely together to communicate environment downtime for code deployments, schedule daily calls to discuss testing, regulate file delivery, manage defects and track metrics. Once the testing phase is complete, we will work to prepare for go-live and transition to production with involvement from our operations teams.

#### *Accessibility*

Our implementation staff works with you to review your organizational structure and configure each type of user's access and account to complement their roles and objectives within the application. Additionally, after going live on our platform, the HR administrator(s) can have access to create, configure and manage a user account on an ongoing basis. As a customer's department changes and grows, user permissions are easy to manage without the need of technical support or development from our personnel. Administrators can structure their team to meet their business needs without the constraints of predefined and rigid default system settings.

#### *Testing Plan*

Please see Attachment 2: Sample Testing Plan.

### **4.2.1.8. Training**

Benefitfocus tailors our training strategy to best meet your needs during annual enrollment and ongoing administration. To do this, our associates create a detailed training plan, including Train-the-Trainer sessions, during the discovery and implementation processes.

We provide each of our customers with everything needed to train HR teams, easily and efficiently, to leverage the entirety of our platform's wide-ranging potential. This suite, which is included at no extra cost, is housed in our customer relationship portal and includes both initial and ongoing training resources.

Our customer relationship portal is one of the tools used for implementation and houses the Requirements Navigator and online Project Plan, both used to manage project timelines and milestones, tasks assignments, and system and customer requirements. This tool also contains testing scenarios and case management and provides visibility and accountability to all project participants.

#### *General User Training*

Our project team will work with your designated point of contact for training to develop and execute a training plan as part of operational readiness planning and execution. Additionally, our rich digital library grants users 24x7x365 access to training videos, which provide on-demand overviews of the platform's key features, and assessments, and promote comprehension and retention.

In addition, the Resources tab within the HR Administrator role provides additional and helpful resources such as user guides, quick tips, software release notes and healthcare videos. Training resources are easily accessible from the HR Administrator role and contains the most recent versions of the HR Administrator User Guide, HR Administrator Quick Tips and latest software release notes documentation.

### *Work Process User Training*

Because we believe that education is the cornerstone of success, we provide each of our customers with everything they need to train their teams, easily and efficiently, to leverage the entirety of our platform's wide-ranging potential. This suite, which is included at no extra cost, is housed in our customer relationship portal and includes both initial and ongoing training resources.

Should you need additional assistance, you can contact your Customer Success Manager (CSM) for additional support. Your CSM is responsible for day-to-day customer support operations, including the management of your projects and requests, the distribution of software release details, the provision of product/best practices consultation, and, in collaboration with other CSO associates, the planning and execution of open enrollment.

### *Technical Staff Training*

This training traditionally includes system administration, employer group loading and administration and system usage. Initial training is traditionally conducted throughout each phase, but is repeated at the end of the implementation process before go-live.

In addition to onsite training, we can conduct any required online training and provide new user training as needed after the initial implementation. This is primarily offered via online/ teleconference. Online training and general reference guides will also be available for users. Annual technical training includes updates and modifications to application functionality. We will provide training on optimal use of the Health Insights system. This training will include intent, content elements, purpose and explanation of pertinent points for employer groups.

All training materials will be supplied electronically. These materials will include:

- Training session agendas
- PowerPoint presentations
- User guides and quick reference guides
- Individual Health Insights application guides
- Specific topic reference material (Building and Saving Custom Filters, Building and Saving Member Populations, etc.)

### *Additional Health Insights Training*

Implementation training is typically one or one-and-a half days and includes the following components:

- **System Configuration and Maintenance:** For those tasked with managing the content of the system. While training is technical in nature, attendees are provided a basic overview of the system and system navigation. Primary training topics include user management, technical system configuration and per-group implementation tasks.
- **System Operations/Data Analysis and Reporting:** For users who present the basics of the services and may be involved in data analysis and reporting functions in the course of business operations. This session provides in-depth training and includes real-world problem solving scenarios for attendees.

- System Operations/Advanced Clinical: For users who will not only present the basics of the services, but may perform the advanced clinical functions in the course of business operations.
- This session provides in-depth training and includes real-world problem-solving scenarios for attendees. Attending Data Analysis and Reporting training is a prerequisite to this session.
- System Operations/Plan Modeling and Forecasting: For users who perform the plan modeling and forecasting functions of the services in the course of business operations. Attendees must have strong expertise in data analysis and reporting to attend this session. This session provides in-depth training and includes real-world problem solving scenarios for attendees.

Online videos are available for on-demand training. They are often used for self-paced and refresher training. Customer-specific training videos can be created as part of our Video & Animation service offering. Please note, this service requires additional scoping and pricing.

We also use video conferencing training tools to deliver high-quality online training. Customer Success Managers (CSMs) also use conference sessions to introduce new functionality available with each software release, as well as for day-to-day support as needed.

#### *Training Plan*

Please see Attachment 3: Sample Training Plan.

### 4.2.1.9. Implementation Approach

Benefitfocus uses a blended methodology of both Agile and Waterfall techniques and closely aligns with PMBOK's best practices, processes and standards. Our proven implementation approach has been fine-tuned and perfected over 20 years of successful enterprise Public Sector engagements. The implementation process, as follows below, is our best practice approach but is flexible based on your needs and objectives.

Our governance structure encompasses three levels of governance to ensure partnership and alignment at every stage.

- Organizational governance focuses on driving long-term strategic outcomes through senior leadership direction and sponsorship of projects.
- Program governance focuses on alignment of projects to organizational objectives through monitoring, evaluation and management
- Project governance focuses on short-term objectives through project execution and on-time quality delivery.

#### *Organizational Governance Activities*

- Quarterly steering committee meetings to align long-term organizational goals, set direction for implementation leaders, and celebrate achievements
- Review Product Roadmap to ensure technology advancements support organizational objectives

#### *Program Governance Activities*

- Monitoring of implementation processes and KPI dashboards to insure overall program health
- Monthly reviews of integrated or related projects to report on program health, change control, key risk mitigation and issue resolution plans, and milestone status
- Monthly reviews of account plans to ensure forward progress with achieving project and program objectives and success criteria

#### *Project Governance Activities*

- Routine phase gate check-points at each milestone to validate successful completion of all deliverables and stakeholder approvals
- Weekly status meetings to align on project health, change control, risk mitigation and issue resolution steps, and deliverable status
- Weekly project schedule maintenance to ensure the work effort remains on track

The phases of our projects are:

- Initiation
- Discovery
- Construction
- Testing
- Deployment & Monitoring
- Project Close

#### *Initiation*

The objective of the Initiation phase is to introduce and align teams on the implementation objectives, scope, approach, and schedule, as well as ensure stakeholder understanding of the methodology, communication channels, and governance framework.

During the Initiation phase, the project management leads from our organizations, along with any other necessary stakeholders, will review and approve the preliminary project schedule and resource plan, detailed scope documentation, and proposed governance model and artifacts.

Project leads will also meet to coordinate necessary onsite and remote meetings to kick off the implementation. Pre-discovery education sessions are also conducted that consist of feature and application demos, reviews of solution overviews and data flows, and platform training. We will also request similar educational sessions for you to better understand current systems, processes and data flows. These educational sessions provide the necessary context for all teams to prepare for discovery and requirements elicitation.

To support communication and file sharing, an online project site will be established. All project team members will have access to share and store documentation with proper versioning controls in place.

#### *Discovery*

The objective of the Discovery phase is to elicit and accurately capture all requirements related to front-end systems, integrations, operational support, technical designs, testing and deployment, in preparation for the execution phase.

During the Discovery phase, we will conduct joint sessions capture requirements from your vendors and SMEs across various business units, including but not limited to information technology, payroll, enrollment, marketing, and operational support departments.

We believe hands-on experience with our platform provides critical context that enables customers to provide more detailed and holistic requirements. Access to a sandbox environment will be given so that SMEs can play out common business scenarios specific to their roles, understand the user experience, ask questions, and provide iterative feedback to ensure proper system set-up.

#### *Construction*

The Construction phase is an execution phase for us to configure the application and develop nonconfigurable functionality. Demos of the platform and newly developed features are conducted to ensure the configuration and code is functioning as intended, and unit tests along with initial quality assurance and functional tests are completed during this phase as well. Stakeholder approval is required prior to promoting to a test environment for detailed business level scenario testing.

You, your vendors, and other partners may also have configuration or development effort required as part of the implementation. The implementation plan will capture these efforts to insure alignment on interdependent testing and deployment activities.

#### *Testing*

The UAT phase is one of the most important phases of the implementation. During this phase, additional demos and training are provided for business users, and the test plans and scenarios that were developed and jointly approved during Discovery are executed. The objective of UAT is to ensure all systems, features, interfaces and integrations meet the approved business requirements. User experience, operational business processes, data conversion, and migration plans are also validated during the UAT phase.

As a best practice, we internally execute the UAT plans and scenarios prior to external customer testing, with the goal of identifying and resolving all defects to insure a smooth and efficient experience. Stakeholder approval is required prior to the deployment of any data, configurations or code to the production environment.

In parallel with the Testing phase, our internal training and production readiness activities are underway. We recommend that customer operational representatives who will provide ongoing support participate in UAT testing as a way to provide hands-on training.

#### *Deployment & Monitoring*

During the Deployment phase, Operational readiness checklists are reviewed for a final time to ensure all systems are ready for production use, and operational stakeholders review project objectives and success criteria before providing final approval for go live. Configurations and code are then promoted to the production environment. Production validation, where possible, also occurs to ensure the functionality in production matches the functionality that was approved in the test environment.

Some features cannot always be immediately tested in production and monitoring certain processes or reports over a period of time is the primary way to validate that production code and configuration is functioning as expected based on requirements. Depending on the scope included in the implementation, this period of time could be 1-3 months or longer, as mutually agreed upon between our organizations.

#### *Project Close*

Project Close will occur once all scope items included in the project have been delivered to their production state, the monitoring period has ended and lessons learned have been conducted. Lessons-learned meetings will also be scheduled throughout the implementation to assess areas of success and challenge. This is part of our implementation team's ongoing process improvement effort.

#### **4.2.1.10. On-going Hosting and Support Services**

Benefitfocus confirms we will provide the following on-going annual and support services after the Implementation of the system and warranty periods:

1. Annual vendor hosting services (including routine upgrades to all hardware and related IT infrastructure, installation of operating system and security patches, HIPAA security compliance, full encrypted application and database backups nightly, defends against data loss, fraud, ransomware and critical system failures, disaster recovery services).
2. Support Services to implement additional functional requirements, interfaces or reporting as requested by the Agency.
3. Support Ticket Consulting Services to analyze and resolve support tickets entered by the Agency and categorized as low to critical.
4. Training services to supplement implementation training or train new Agency staff or other entities.

All of these ongoing and support services with the exception of Support Ticket Consulting Services are described in full in their respective sections of the RFP response.

#### *Support Ticket Consulting Services*

All Benefitfocus customers have access to our Case Management Portal, One Place 365. Benefitfocus uses One Place 365 to engage directly with the customer through the Case Management process. Customers needing assistance can simply navigate to One Place 365 and create a case from the home page or the Cases tab. Options available will update dynamically based on the case information entered. Simple drop-down and open form fields direct the customer to enter all needed information. Once a user submits a case, it is assigned to the appropriate customer support staff who will become the case owner. The case owner will conduct triage and monitor the case through to resolution. Owners can also collect case trending metrics to assist with future releases.

As part of the One Place 365 case submission process, PEIA will designate cases at intensity levels (Critical, Urgent, Standard, Low, etc.) with corresponding agreed to time frames for resolution. During the implementation process, subject matter experts will be provided to give recommendations and best practices on case management and expected time frames for resolution. This case management function

is utilized by all our customers and the tracking functionality is greatly appreciated for transparency and auditing purposes.

## 4.2.2. Mandatory Project Requirements

### 4.2.2.1. System Requirements

- **New member enrollment, open enrollment, special enrollment, and processing of insurance coverage termination.**

Whether it is new member enrollment mid-year, open enrollment once per year, or PEIA designated special enrollments off cycle, the enrollment process is conceptually the same and supported in full by Benefitplace. Highlights of that process are described below.

#### *Enrollment Process*

The Benefitfocus platform presents users with an easy-to-use, one-thought-per-screen guided interview to aid in the selection of benefits offered in the application. The One-Thought-Per-Screen methodology helps the user feel comfortable while using the enrollment platform by only requiring one decision per page. Integrated decision support tools allow users to learn more about common health care and benefits terminology, healthcare reform requirements and more without leaving the portal.

- **Step 1: Login into our platform.** Upon successful login, employees reach a benefit communication portal, the content of which can vary based upon customer-defined categories (location, full time or part time status, etc.) with branding and look-and-feel of the portal that can be specific to you including logos and color schemes as illustrated below. To enroll in benefits, an employee clicks the Enroll Now button.
- **Step 2: Begin Enrollment.** Within the enrollment landing page, a user can enroll in benefits, change login information, add/remove/edit dependents, view benefit related videos and upload required documents via our Document Center. The solution can be configured to allow enrollment in non-core or voluntary benefits only as required. The user selects the Get Started button to begin enrollment.
- **Step 3: Add Dependents.** The employee will be prompted to enter dependent information, (i.e., name, date of birth, gender and relationship to the employee). Once complete, the employee will be presented with the benefit offerings for which they are eligible.
- **Step 4: Select Plan.** Via the Select Plan button, the employee enrolls in the benefit choice and is presented with the next benefit to which the employee is eligible for. Plan eligibility can be based upon customer-defined categories (e.g., location and employment status) and/or benefit dependencies. Decision support tools can also be placed throughout the enrollment workflow to include sticky notes, videos and electronic documentation.
- **Step 5: Guaranteed Issue and Beneficiaries.** Via the Select Plan button, the employee selects coverage amount over the Guaranteed Issued Amount (GI) and is prompted with an Evidence of Insurability (EOI) form.



- Upon review and completion of the EOI, based on business rules established by you during the implementation process, the user will select the Next button and will be prompted to complete the beneficiary portion of the enrollment.
- The collection of beneficiary information can be configured such that it is required or optional, per benefit type or benefit plan. The employee can designate a person, trust or organization as a beneficiary. Upon selecting the beneficiary type, the user selects the Next button and is prompted to enter and/or select beneficiaries.
- **Step 6: Cart Summary.** After designating beneficiaries for voluntary benefits or completing plan selections in Step 4 and selecting the Next button, the employee is presented with a cart summary.
- **Step 7: Confirmation.** Once the employee has selected all of their desired plans and declined others, they are presented with an enrollment completion confirmation screen. Within the confirmation page, the employee is presented with a variety of resources to include the Employee Summary Report. Within this report, a variety of enrollment information can be reviewed, including benefit plan selection, coverage level, employee/employer contributions and associated effective dates. This report can be downloaded and printed, as required, by the employee.

#### *Dependent Verification*

Our platform supports ongoing dependent verification. This is a proven methodology that has worked not only for our public sector state customers but our commercial employer customers as well. HR administrators can select individual or multiple benefit elements requiring dependent verification in support of those who require dependent verification for some benefit types but not others. Each dependent relationship type is defined, per plan, with a minimum and maximum age, verifying that only valid dependents are covered. Our platform recognizes when a dependent is approaching limiting age and provides a notification. At that time, the dependent must be cancelled from coverage or reclassified with a different relationship type (e.g., student). HR administrators then have the option to either automatically approve these cancellations or to review each instance. This validates that only eligible dependents are covered according to your business rules year-round.

Our platform automates initial and ongoing dependent verification processes, creating efficiencies for customers and their employees. We will work with you to define all applicable business rules for required documentation to determine only valid dependent are covered.

#### *Methods of Enrollment*

Several enrollment options are available to employees:

- **Employee Self-Service:** The enrollment experience follows an intuitive, one-thought-per-screen workflow similar to a step-by-step interview process. Employees are only able to see benefit information pertaining to them.
- **Enrollment via HR Administrator:** Our platform provides the option for HR administrators to enroll employee using the HR Administrator role.
- **Coordination with Enrollment Firms:** Our platform can coordinate with those who use enrollment firms for face-to-face and telephonic enrollment. Upon authorization from you, we



can grant access to administrators of the enrollment firm to complete elections on an employees' behalf.

- **Mobile:** Employees who do not have computer access but do have smartphones or tablets with cellular-enabled networks, can access our platform on their mobile devices. It automatically detects a device's interface and renders the appropriate format and simplifies the processes and views for a smartphone or tablet. All core functionality of our platform can be accessed through our mobile app, including enrollment. We were the first benefits administration company to release a mobile app optimized for full enrollment and life event capabilities.

#### *PEIA Staff Roles in Enrollment*

PEIA can perform a variety of administrative functions such as: changing employee and dependent demographic information, making benefit elections or corrections for employees, cancelling employees' benefit elections, approving benefit elections or changes made by employees, changing employees' login IDs or passwords, changing an employee's categories (e.g., location, division, classification, etc.), viewing and updating employee leave of absence information as necessary, completing group health statements and running employer-wide reports, as well as adding, terminating and rehiring employees.

#### *Evidence of Insurability*

We provide multiple options for Evidence of Insurability (EOI), according to your business rules and carrier integration capabilities. To render the EOI completion process as user-friendly as possible, our platform provides the following functionality:

- Optional EOI link within our platform
- Option to present EOI questions within our platform
- Ability to transmit EOI data directly to carriers (via the various carrier-specific integrations described below)
- Capacity to print completed forms, should a carrier require a hardcopy/wet signature

#### *Passive/Auto Enrollment*

We support active, passive and blended annual enrollments, and will collaborate with you during each year's renewal process to choose the strategy that best fits the company's needs.

Regardless of enrollment strategy, if an employee actively decides to opt out of your benefits package, our platform offers an Easy Decline function, which declines all benefits without forcing the employee to complete the enrollment process.

Should you select passive enrollment, though, you can choose to default employees to a particular plan if they do not participate in Open Enrollment (OE), or can choose to automatically decline that employee's benefits altogether.

#### *Pending Enrollments*

Several scenarios require an employee's information to pend until appropriate proof of documentation is received, such as a Qualified Life Event (QLE) where employee must provide

verification to add a dependent or when an employee enrolls for a voluntary product above the guarantee issue (GI) amount.

Business rules can be configured to pend election information from being transmitted to a carrier until an employee provides the required information. Our Document Center allows employees to upload documents electronically and HR administrators to review the documents and release the election from a pending status.

#### *Termination of Coverage*

Both members and PEIA administrators will have access and authority per granted roles to terminate coverage for members. When Benefitplace receives the termination, our solution automatically updates enrollment files and sends updates to insurance carriers according to prescribed delivery schedules. These actions occur for primary members as well as dependents and the solution will be configured specific to PEIA's business rules.

- Centralized eligibility and enrollment module to maintain and apply Agency rules, view and maintain eligibility and enrollment data, and import/export eligibility and/or enrollment data as necessary to carriers and other entities.

#### *Agency Rules*

Benefitplace is single centralized platform that captures, stores, and applies all customer business rules. Since our platform is a rules-based application, it can support a wide variety of complicated benefit rules and calculations, including complex eligibility strategies. By extension, PEIA's users will have the ability to sort populations according to these various employee categories. These categories are what allow us to track, manage, and apply multiple classes and versions of business rules across the entire population in the platform.

Eligibility calculation starts with a flexible schema for eligibility management and configuration: based on configurable category values (e.g., classification, location, agency, union status, etc.), each employee is offered a specific set of benefit options. These category values also drive billing schedules, wait periods, LOA, rates, communication, and new hire/termination rules.

Our HR Administrator role grants the ability to filter and sort employees based upon the category values you have assigned to the population. This role also allows administrators to easily view and approve pending life insurance participants. Each employee record will contain the history of those changes, as well as the pending or approved level of coverage.

#### *Category Values and the HRIS File*

Category values are passed to our platform on the inbound HRIS file(s) and correspond one-to-one with those categories that we have configured for you. Each unique set of categories for each employee group corresponds to an eligibility classification in the benefits platform.

When changes occur on the inbound file, such as new ACA eligibility or a shift from full-time to part-time, the system automatically detects the change and updates in real time the appropriate benefit offerings, enrollment periods, rates, etc.

#### *Smart Categories*

Our sophisticated category schema has the ability to create a series of smart category functions, which even further streamline the complexity of our large customers' eligibility structures. This is an example of the type of innovation that is constantly rolled out to our community of customers to create an effortless experience.

Based on application criteria, smart categories automatically assign employees to categories, and will re-categorize if the criteria changes. These derived values can migrate to eligibility files to carriers, thereby streamlining the process. For example; this can be seen for enrollment in Medicare eligibility, both of which are triggered by changes to an employee's age.

#### *Insurance Carrier Data Integration*

Benefitfocus has established over 2,200 carrier integrations with our customer's benefit providers, thereby increasing delivery efficiency during the implementation process. In addition, many of these carriers are also our customers. In our experience, the majority of our customers have been able to utilize our standard file formats (listed below); however, we also recognize that every employer is different.

During the implementation process, we will work with you to align file formats and develop an ideal integration method. With our extensive experience within the state government and enterprise employer spaces, and in tandem with our highly flexible platform, we can easily adapt to fit PEIA's needs.

#### *Data Exchange*

Our platform interfaces with back-end systems (such as your HRIS/payroll solution) via nearly real-time messages and/or web service calls, batch file transfers or a combination of the two, depending on the needs and infrastructure capabilities of you or the health plan. We also utilize a secure FTP site, supplemented with PGP encryption and/or SSH for file transfers.

#### *Data Formats*

We support three standards-based outbound file formats for automated electronic transmission of enrollment information to health plan systems. This accommodates a variety of different benefit types, including but not limited to medical, dental, vision, life, disability, COBRA and flexible spending accounts. In all, our platform has the capability to support over 100 types of benefits. Standard file formats include:

- **ANSI ASC X12 834-5010 File:** Supports health plan enrollment transactions. Per the 834 standard, this is a delimited file format intended for secure batch enrollment data file transfers.

- **Benefitfocus iMax™:** Supports an XML schema. Depending on the preferences and capabilities of the receiving health plan, the iMax file can be transmitted via secure batch processing or via near real time messaging protocols, such as WS messaging or MQ messaging. Further, the iMax file format will support data elements for managing enrollment for non-medical ancillary plans such as life, AD&D and disability.
- **Benefitfocus Delimited File:** Supports a delimited (CSV) format for many benefit types, including but not limited to health, life and disability.

Secure file transfer is performed using one or more of the following cryptographic controls:

- Secure File Transfer Protocol (SFTP)
- Hypertext Transfer Protocol Secure (HTTPS)
- PGP encrypted and/or signed files

Data exchange is transferred via SFTP or FTPS connection requiring Transport Layer Security (TLS) version 1.1 or higher. PGP encryption of files transmitted over SFTP is also supported. Minimum symmetric encryption is AES-128.

Data transmission is automated, and with the Data Dashboard, PEIA will have complete transparency into vendor data management. This Data Dashboard provides a calendar view of scheduled data transmissions across both inbound and outbound file transmissions, allowing you to confirm scheduled files and submission, rate the quality of the file and initiate a case in our customer relationship portal.

We also remove the need to manually enter enrollment transactions and/or benefit deductions to your HRIS/payroll system via our payroll integration methodology. Instead, online enrollment and payroll transmission provide the ability to interface with your online enrollment application and your HRIS/payroll system(s). Payroll transmission processes standard file formats, called payMax™ files, and synchronizes data related to employee demographic and work information, benefit elections and premiums.

#### *Data Validation*

Thresholds and automated data validation protect against keying errors by users, by errant file transmissions and by processing, which occurs during the testing cycle of all inbound and outbound data feeds as shown below:

- **Application-Level Data Validation:** Within the application, configured business rules are enforced to validate that required fields are provided before a user workflow can be continued. In addition, the system provides comprehensive business rule data entry enforcement to apply the configured business rules differently across associate population segments. Such data validation at the application level helps to prevent the entry of data that violates your configured business rules.
- **Inbound File Data Validation:** For inbound files, we leverage a variety of validation routines depending on the origin of the file, the type of file and whether the file is a full file or contains changes only. Pre-processing “threshold” routines are applied to validate file format and to identify larger than normal volumes of Add, Change or Term transactions. As applicable, files

with invalid file formats or specific file transactions missing critical data elements are rejected. A payroll exceptions report is provided to you for review and a corrected file is requested.

- **Outbound EDI File Data Validation:** We transmit data to you and our integrated health plans using the EDI file format and data validation rules pre-defined with each recipient. There are multiple automated data validation checks applied to assure accurate and complete data is extracted from the application for secure transmission to payroll and health plan partners. These include automated data validations that monitor for existence and format of all records expected for export. Additionally, automated validations interrogate errors that may be caused by conflicting system rules. The tool is used for HIPAA standard file format syntax validation of EDI files.
- Centralized billing module to maintain current and historical premium rates, invoices, and payment records, calculate premium amounts, generate premium invoices, collect, apply, and reconcile invoice payments, and track open balances.

Premium billing of all types – COBRA, retiree, active employee Leave of Absence (LOA), self-bill and more – can be managed by Benefitfocus. During discovery, Benefitfocus will document the plan administrative rules regarding identification of members to be direct billed, group billing structure, delinquency management, payment methods to be offered, and more. For direct billed members, automation is available to process termination of enrollment upon expiration of applicable delinquency periods based upon the rules provided by the client. Platform integration includes synchronization of billing and enrollment. Additionally, the billing system supports, both scheduled and on-demand reporting.

#### *Centralized Billing*

Billing is tightly integrated with the enrollment platform. The enrollment coverage transactions, with the plan rates and costs, are sent to the billing system. Adjustments, including retroactive changes, appear in the individual's next billing statement and are managed according to the business rules established during implementation, and which includes automated rules such as delinquency and termination member notification with supported enrollment termination processing. The enrollment terminations are entered in the Benefitplace application, which also ensures a holistic handling so that your carriers also receive the 834 file coverage termination notification, further reducing reconciliation with your carriers.

Based on the customer, plan, costs and carrier configuration in the Benefitfocus Platform, the billing system can also support the additional service of calculating and processing remittance to the identified carrier or client directly, using your client owned bank account.

At the transition to member direct billing, an initial invoice is sent to the member as soon as they are sent for direct billing, so that your employee is not waiting weeks to know what to pay and when. Thereafter, invoices are sent monthly.

We have the ability to support surcharges such as tobacco use with integration between the enrollment and billing applications, which then applies them as reductions (or surcharges) to the member's invoice.

Our invoice cycles are automated, with the monthly cycle running on or around the 5th of each month, although initial member invoices are processed on a daily workday basis. Members can send payment in at any time and, if they want an ongoing payment set up, can select from a withdrawal day of the 1st, 10th or 20th.

As an accounting chassis application, payments and invoiced amounts must be in balance to the transaction. Therefore, we are not able to pay a carrier more than the available money, for example.

The creation of financial accounting transactions is highly automated. The transactions reflecting premiums billed for the current period as well as adjustments necessary to correct prior period transactions are created by an automated, scheduled billing process using rules that are established during customer configuration (i.e. retroactivity periods, cut-off dates). The billing system does also have override capability for admin services personnel to make direct entries when necessary, such as for a non-standard event such as a write off. The customer also receives monthly detailed and summary remittance reporting.

#### *Configurable Premium Cost Shares*

Employer and employee premium cost shares, including applicable plan fees or subsidies, are driven by the configuration of the enrollment platform. Variations in the applicable premium rates require appropriate identifying information be stored within the enrollment platform to facilitate application of the correct cost shares. Cost shares, ASO, and/or stop loss fees, and subsidies within the enrollment platform feed automatically to our billing platform and are reflected on monthly group premium invoices generated.

#### *Premium Payments*

The billing system has integrations to support multiple payment methods, including direct payments via check into a client-owned bank account, one-time and recurring ACH debits, one-time and recurring credit card/debit card transactions, retail cash payment transactions. Additionally, there is also capability to create integration with third-party payments such as pension or annuities.

#### *Variances and Exceptions*

Variances are minimized by the inherent architecture of the billing system and its integration with the enrollment application. As every transaction has both a payee and a payor component, remittances will not exceed collected amounts via the billing application. Further, the automated integrations ensure that the data exchange of payment transactions provides the rapid application of updates to the accounts when payments are reversed, for example, which is then further supported by automation of delinquency and payment failure communication. These integrated, automated billing system features provides a holistic and intrinsic variance control mechanism. Variances are minimized by the inherent architecture of the billing system and its integration with the enrollment application. As every transaction has both a payee and a payor component, remittances will not exceed collected amounts via the billing application. Further, the automated integrations ensure that the data exchange of payment transactions provides the rapid application of updates to the accounts when payments are reversed, for example, which is then further supported by automation

of delinquency and payment failure communication. These integrated, automated billing system features provides a holistic and intrinsic variance control mechanism.

#### *Premium Payment Transactions*

For customers with group premium billing services, our solution has a ready-to-use integration with a leading ACH payment processing partner. ACH premium payment transactions can be processed utilizing the employer billing portal and will automatically post to the employer's premium invoice. The customer must have or will establish a relationship with the ACH payment processor to leverage this existing integration.

For any payments received, the customer will have ownership of the deposit account. When the customer has or opens an account with US Bank, NA, a Benefitfocus-owned lockbox can be utilized with inbound payments deposited direct to the customer's US Bank account. A securely transmitted file from the lockbox to our billing portal applies all processed payments to the applicable employer premium invoice. This provides the ability for Benefitfocus to support unidentifiable payment processing, as well as providing some reduction in lockbox expense to you, when compared to an external lockbox.

Integration with financial institutions or payment processors other than Benefitfocus' standard integrations must be scoped and are not included in current pricing.

The system records all banking file transactions and provides encryption so the account identification numbers are cloaked automatically. The feeds/file data is consumed from various financial institutions and is then maintained separately from the transactions posting to the billing ledger to keep separational security and prevent fraud by isolating user access, while maintaining recordation. Billing and payment transactions are ledgered and stored in a secure server technology and immediately available online and immediately displayed in the account for the duration of the billing engagement and longer as needed. The core component of the billing system is accounting based so every transaction is in balance.

#### *Electronic Payments*

Credit/debit cards, ACH, and/or mailed payments (check/money order) are all acceptable forms of payment. If check processing is requested, we expect the client to have ownership of the deposit account and lockbox processing, using either their preferred banking partner, or a recommended banking partner with integration to the billing system. If check processing is requested, we expect the client to have ownership of the deposit account and lockbox processing, using either their preferred banking partner, or a recommended banking partner with integration to the billing system.. Credit/debit card processing fees are charged to the client, and the billing system can be configured to charge the employee a fee to prevent financial exposure. This fee is captured as a distinct transaction separate from the premium costs for invoicing clarity.

In addition, the solution offers an innovative cash payment solution whereby a member can make a cash payment at a retailer, using a personalized barcode that is printed on consumer invoices. This solution is an ideal alternative for members who are unbanked and/or make small dollar premium contributions.

Integrated electronic payment data feeds apply the detail of payments processed to individual member or employer billing accounts.

The solution is integrated with a leading payment gateway/processing partner for the execution of electronic payments, including one-time and recurring ACH and credit/debit card payments.

#### *Billing Transaction Development and Reconciliation*

All billing transactions are constructed as two-sided, balanced sets of receivable and payable charges that are tied together. The transactions are populated by an automated process that intakes enrollment and premium data and calculates the expected financial transactions for each period of coverage per plan. When these transactions are calculated, they are compared to existing transactions already in the system for the same time period. Any differences between the expected and existing transactions yield adjustment transactions, such as in the case of rate changes, retroactive enrollments, or retroactive terminations. Using adjustment transactions rather than editing existing transactions ensures a financially-controlled billing and reconciliation process.

#### *Reporting*

In addition to summary and detailed group premium invoices, detailed reporting of all premium payments received (based on inbound electronic data feeds from payment processors and/or lockbox processor), is available to PEIA to run ad hoc to support monthly internal accounting processes.

- Functions to support all required interfaces with supporting internal systems and external parties.

#### *Interface Support*

Benefitplace interfaces with back-end systems (such as your HRIS/payroll solution) via nearly real-time messages and/or web service calls, batch file transfers or a combination of the two, depending on the needs and infrastructure capabilities of you or the insurance carrier. We also utilize a secure FTP site, supplemented with PGP encryption and/or SSH for file transfers.

We support three standards-based outbound file formats for automated electronic transmission of enrollment information to insurance carrier systems. This accommodates a variety of different benefit types, including but not limited to medical, dental, vision, life, disability, COBRA and flexible spending accounts. In all, our platform has the capability to support over 100 types of benefits.

#### *Data Exchange Frequency*

We can transmit payroll integration and insurance carrier data daily, weekly or monthly. During the implementation process, we will work with you to determine an ideal frequency, as well as the amount of time we will need files in order to accommodate these co-scheduled exchanges.

#### *Data Transmission Method: Automatic / Manual*

Data transmission is automated. And, with the Data Dashboard, PEIA will have complete transparency into vendor data management. This Data Dashboard provides a calendar view of scheduled data transmissions across both inbound and outbound file transmissions, allowing you to



confirm scheduled files and submission, rate the quality of the file and initiate a case in our customer relationship portal.

#### *Best Practices and Considerations*

We have a standard file format for the transmission of demographic and indicative data that allows the platform to determine benefit eligibility, filter communications and feed reporting. We also have two integration options when integrating with a payroll system. In this case, best practice is to integrate directly with the payroll system, sending a deduction file tailored to your payroll system, which includes all of the necessary information to build employee deductions directly in the general deductions tables. This integration method allows us to assist with retroactive and arrears deductions by incorporating adjustments into the file specs. Additionally, a reconciliation file can come back from your payroll system, which provides actual deductions taken.

We can ingest that file for HR administrators to incorporate back into the adjustment process. We have a standard file specification for deduction-based payroll integrations, which we will tailor to accommodate your current payroll system. As a secondary option, we can also integrate via enrollment-based payroll information sending over an enrollment based file, which feeds ERP platforms benefit tables, thereby allowing payroll processes to continue to run against those benefit tables creating the deductions. This integration method, while viable, does not allow our platform to assist with retroactive and arrears adjustments.

#### *Interface Security Standards*

Security standards related to interfaces are in place. We employ a defense in depth model to prevent intentional or inadvertent data leakage of Non-Public Information (NPI). NPI encompasses, but is not limited to, personal health information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA), credit card data as defined by Payment Card Industry Data Security Standard (PCI-DSS), financial SEC reporting data and source code.

All outbound and internal corporate email is subject to inspection and blocking, when found to contain NPI content, by Data Loss Prevention technologies employed at all email servers. Device controls at all endpoints prevent the connection of unapproved media devices.

Secure file transfer is performed using one or more of the following cryptographic controls:

- Secure File Transfer Protocol (SFTP)
- Hypertext Transfer Protocol Secure (HTTPS)
- PGP encrypted and/or signed files

Data exchange is transferred via SFTP or FTPS connection requiring Transport Layer Security (TLS) version 1.1 or higher. PGP encryption of files transmitted over SFTP is also supported. Minimum symmetric encryption is AES-128.

### *Interface Data Resolution*

As part of our ongoing support model for you, our data and integration team assumes responsibility for interacting with integrated health plans and other benefits providers to validate that all data feeds from us are processed correctly. Your assistance may be enlisted to resolve questions of business process or eligibility rules.

The process to give you visibility into your data and ensure data accuracy is outlined below:

### *Error Reporting*

Error reporting is performed after each eligibility file transmission. Authorized administrators will have access to the Data Exchange Dashboard. This provides visibility into all skipped, failed and successfully transmitted records. Administrators are able to customize their exploration of this information. In addition, the administrator will have access to the Payroll Deduction dashboard for the participant. This will allow easy visibility to see what the upcoming deductions will be for any given benefit election. The majority of our release features over the past several years were focused on driving data accuracy, timeliness, and visibility. Our goals with these investments were to not only ensure quality in the file transmission process, but also to implement quality controls as early as possible in the data journey.

### *How We Resolve File Errors with Health Plans and other Providers:*

- **Reconciliation Audits:** We perform regular reconciliation audits with health plans and ancillary providers who have the capability of receiving audit reports and reconciling those files with the data in their membership systems. This process resolves any enrollment discrepancies between the insurance carrier membership system and our platform.
  - **Exception Reports:** During the implementation process, our platform will validate any inbound-to-Benefitfocus data that goes against the configured business rules and report this information and any exceptions to you via our standard exception reports.
  - **Data Health Scans:** Automatic health scans for customer specific settings and configurations provides results within a Data Health Dashboard. It provides a comprehensive group-level view of potential data health issues with a description of the problem and proactively addresses remediation instructions.
  - **Data Dashboards:** Authorized customer users can monitor data file scheduling and transaction flow via data dashboards, which provide visibility into transaction success, failure, pend and reasoning at the record level within each data file extracted and sent. Should an issue occur, our data analysts will work with the recipient to resolve data exceptions resulting from EDI data exchange and may solicit assistance from you, as needed, to achieve resolution.
- **Generation of Reports, Forms, and Letters, including ad-hoc reporting capabilities.**

Benefitfocus provides multiple mechanism to report on data. Certain reports on eligibility and enrollment will be created and accessed through Benefitplace, while reporting on healthcare utilization, overall population health, claims, cost drivers, program return-on-investment and other financial analysis are created and accessed through our advanced analytics module called Health Insights.

The Benefitfocus Platform maintains a full, chronological history of eligibility, employment, communication and benefit changes that are date- and time-stamped by a specific user. This does not require any additional steps as it is done automatically. The information is always available to the PEIA administrators in the system and via the suite of reporting tools.

#### *Demographic Reporting*

We offer rich reporting tools, which in turn provide insightful visibility into your population's benefits data. Our Standard Reports provide approximately 50 pre-defined reports for core data sets such as employee and dependent demographic information, benefit enrollment and premium information as well as transactional and administrative data.

Should the standard report options become exhausted, there are a number of reports that are pre-built in our ad hoc reporting system, which allows report writers to build from an established foundation, thereby providing even greater flexibility to an already-stellar reporting solution.

#### *Activity Tracking and Reporting*

Available to view on the HR Administrator role homepage, enrollment statuses are available in real time through standard reporting and the Open Enrollment Progress Widget. The Open Enrollment Widget provides high-level insight into the progress of enrollment, presenting on demand tracking of Not Yet Started, In Progress and Completed status enrollments. This information enables HR administrators to report on open enrollment status, to monitor employee progress as enrollment deadlines approach and contact employees who need to take action.

Additional reports available in our standard reporting solution provides additional metrics should a need surface to provide enrollment metrics to senior leadership or out to regional directors/managers to support the enrollment process.

Furthermore, through the HR Administrator role, administrative users with the appropriate permissions can also use Benefitplace notification functionality to communicate impending deadlines to manage a task list of employees who have not yet completed or submitted their enrollment.

#### *Plan Participation*

Our platform offers dynamic dashboards, and rich reporting tools, which in turn provide insightful visibility into your population's benefits data.

The Plan Participation Dashboard presents the number of employees enrolled in each plan, applying filters for benefit type and plan year so HR administrators can understand enrollment trends. HR administrators can access the search results page populated with the list of employees enrolled in the plan selected, helping them determine which plans best meet their employees' needs now and in the future.

At the aggregate holistic view, our reports provide pre-defined configurable core data sets that include benefit enrollment. A commonly accessed report by our State customers is a summary of all enrolled participants arranged by plan type and filtered by category, such as agency/entity.

### *Member Communication*

The Messaging Detail Report in the standard reporting tools includes details of messages sent to employees via the Message Center during a specified date range, including emails and inbound and outbound SMS messages. This report can be filtered by status and type.

### *Health Insights*

Health Insights is a cloud-based decision-support service featuring more than 70 standard health plan reporting and analysis applications, custom filtering and integrated ad hoc reporting. Included with Health Insights is clinical predictive modeling featuring the Johns Hopkins ACG System and plan modeling and forecasting functionality.

PEIA will have the ability to review data at the plan level or drill down to diagnosis, procedure, provider or other plan details, including individual claim and explanation of benefits. All reporting applications can be scheduled and an integrated report package allows users to build and save comprehensive reports. All output can be exported with one click to Microsoft Word and Excel, comma-separated values (CSV) and Adobe Acrobat (PDF).

#### Key Features:

- 55+ standard and ad hoc analytics applications
- Clinical prediction featuring the Johns Hopkins ACG System
- Integrated plan modeling and forecasting using actual claims experience
- Configurable analytics dashboard

#### *Additional Information on Reporting:*

- Since our platform is delivered as a Software-as-a-Service (SaaS) model, you always have access to all reports from any browser-enabled device.
- Standard Reports and Advanced Reports (ad hoc) can be produced in PDF, CSV or Excel format, which allows the user to export the data into other applications.
- Reports can be run on demand or scheduled to run on a recurring basis so that you can configure them once and simply retrieve them when ready.
- Web interface features allow the user to filter, sort and determine reporting columns.
- Standard reports can be printed on demand.
- Our Advanced Reporting solution allows administrators to create, design and manage ad hoc reports at the individual agency or aggregate level
- Our platform is permission-based, determining who can view, delete, download, and share particular reports.

### *Forms and Letters*

As mentioned earlier in the RFP response, Benefitfocus uses modernized technology to address forms and member communication. Our team of subject matter experts will work with PEIA during implementation to address any desire to modernize processes while respecting legal requirements for form acceptance and letter requirements. Benefitplace comes with a Document Center designed

to house dependent verification supporting documents; however we can explore storing enrollment forms and copies of outgoing letter correspondence. We can also integrate with PEIA's Document Imaging System to accomplish this need. Repeated below is a useful technology advancement that can replace many paper letters to reduce fulfillment costs and provide trackable consistent event-driven content to PEIA's members.

#### *Smart Moments Messaging*

Benefitplace was designed based on customer needs and requests to replace cumbersome and costly online and paper forms and letters. Our communication portal is supported by an event-triggered electronic messaging system we call Smart Moments. Smart moments is configurable and can be set to automatically send out information to members on topics like countdown reminders for open enrollment, missing dependent verification documentation and employer specific created messages to support PEIA's policies throughout the year. Benefitfocus subject matter experts will work with PEIA during implementation and provide industry best practices to optimize all communications while adhering to state law and plan rules and requirements.

### 4.2.2.2. Project Implementation Requirements

- Full implementation of the new solution (including as-built documentation of system design, database models, system configurations, and customizations).

#### *Implementation Overview*

Benefitfocus provides a robust implementation process that is governed by our Implementation Plan. PEIA can be confident that once approved, all deliverables will be provided on time, on budget, with subject matter experts guiding the way with recommendations for optimization leveraging our experience with other state customers. We view implementation as an opportunity to create a true partnership from the ground up setting the stage for all interactions for the life of the contract.

#### *Implementation Team*

During the implementation period, Benefitfocus will designate a cross-functional team to PEIA to ensure on time delivery, with quality. Core implementation roles, such as Delivery Managers and Solutions Consultants will be designated to develop deep subject matter expertise on requirements. During implementation additional resources will be included as needed. The team will include but are not limited to, our Billing, COBRA, Data Services, Product and Engineering teams. These supporting teams are generally shared across customers since the nature of their role requires deep subject matter expertise in a specific functional area. As such, teams like our Billing, COBRA, Data Services, Product and Engineering teams are examples of resources that are shared across teams in a matrix-based model, in order to drive as many efficiencies for our customers as possible.

#### *Implementation Process*

We use a blended methodology of both Agile and Waterfall techniques and closely aligns with the PMBOK's best practices, processes and standards.

## *Governance*

Our governance structure encompasses three levels of governance to ensure partnership and alignment at every stage.

- Organizational governance focuses on driving long-term strategic outcomes through senior leadership direction and sponsorship of projects.
- Program governance focuses on alignment of projects to organizational objectives through monitoring, evaluation and management
- Project governance focuses on short-term objectives through project execution and on-time, quality delivery.

### *Organizational Governance Activities*

- Quarterly steering committee meetings to align long-term organizational goals, set direction for implementation leaders, and celebrate achievements
- Review Product Roadmap to ensure technology advancements support organizational objectives

### *Program Governance Activities*

- Monitoring of implementation processes and KPI dashboards to insure overall program health
- Monthly reviews of integrated or related projects to report on program health, change control, key risk mitigation and issue resolution plans, and milestone status
- Monthly reviews of account plans to ensure forward progress with achieving project and program objectives and success criteria

### *Project Governance Activities*

- Routine phase gate check-points at each milestone to validate successful completion of all deliverables and stakeholder approvals
- Weekly status meetings to align on project health, change control, risk mitigation and issue resolution steps, and deliverable status
- Weekly project schedule maintenance to ensure the work effort remains on track

## **Implementation Phases**

The phases of our projects are:

### *Initiation*

The objective of the Initiation phase is to introduce and align teams on the implementation objectives, scope, approach, and schedule, as well as ensure stakeholder understanding of the methodology, communication channels, and governance framework.

During the Initiation phase, the project management leads from both our organizations, along with any other necessary stakeholders, will review and approve the preliminary project schedule and resource plan, detailed scope documentation, and proposed governance model and artifacts.

Project leads will also meet to coordinate necessary onsite and remote meetings to kick off the implementation.

Pre-discovery education sessions are also conducted by that consist of feature and application demos, reviews of solution overviews and data flows, and platform training. We will also request similar educational sessions for you to better understand current systems, processes and data flows. These educational sessions provide the necessary context for all teams to prepare for discovery and requirements elicitation.

To support communication and file sharing, an online project site will be established. All project team members will have access to share and store documentation with proper versioning controls in place.

#### *Discovery & Planning*

The objective of the Discovery phase is to elicit and accurately capture requirements related to front-end systems, integrations, operational support, technical designs, testing and deployment, as well as to design and build initial solutions for validation, in preparation for final build and formal testing.

During this phase, we will conduct joint sessions to capture requirements from your vendors and SMEs across various business units, including but not limited to information technology, payroll, enrollment, marketing, and operational support departments.

We believe hands-on experience with our platform provides critical context that enables customers to provide more detailed and holistic requirements. Access to a sandbox environment in which solutions and prototypes based on requirements will be initially built so that SMEs can play out common business scenarios specific to their roles, understand the user experience, ask questions, and provide iterative feedback for requirements and solution refinement.

#### *Build*

The Build phase consists of final configuration and development of the system. Demos of the platform are conducted to ensure the configuration and code is functioning as intended, and unit tests along with initial quality assurance and functional tests are completed during this phase as well. Stakeholder approval is required prior to promoting to a test environment for detailed business level scenario testing, integration testing, and final UAT.

You, your vendors, and other partners may also have configuration or development effort required as part of the implementation. The implementation plan will capture these efforts to insure alignment on interdependent testing and deployment activities.

#### *User Acceptance Testing*

The UAT phase is one of the most important phases of the implementation. During this phase, additional demos and training are provided for business users, and the test plans and scenarios that were developed and jointly approved during Discovery are executed. The objective of UAT is to ensure all systems, features, interfaces and integrations meet the approved business requirements. User experience, operational business processes, data conversion, and migration plans are also validated during the UAT phase.

As a best practice, we internally execute the UAT plans and scenarios prior to external customer testing, with the goal of identifying and resolving all defects to insure a smooth and efficient experience. Stakeholder approval is required prior to the deployment of any data, configurations or code to the production environment.

In parallel with this phase, internal training and production readiness activities are underway. We recommend that customer operational representatives who will provide ongoing support participate in UAT testing as a way to provide hands-on training.

#### *Deployment & Monitoring*

During the Deployment phase, Operational readiness checklists are reviewed for a final time to ensure all systems are ready for production use, and operational stakeholders review project objectives and success criteria before providing final approval for go live. Configurations and code are then promoted to the production environment. Production validation, where possible, also occurs to ensure the functionality in production matches the functionality that was approved in the test environment.

Some features cannot always be immediately tested in production and monitoring certain processes or reports over a period of time is the primary way to validate that production code and configuration is functioning as expected based on requirements. Depending on the scope included in the implementation, this period of time could be 1-3 months or longer, as mutually agreed upon between our organizations.

#### *Project Close*

Project Close will occur once all scope items included in the project have been delivered to their production state, the monitoring period has ended and lessons learned have been conducted. Lessons-learned meetings will also be scheduled throughout the implementation to assess areas of success and challenge. This is part of our implementation team's ongoing process improvement effort.

#### **Customization**

Benefitfocus recognizes every customer is different and will require a level of customization to adhere to law, policy and business rules. During the implementation phase, our team of subject matter experts will work with PEIA to identify these customizations, evaluate the advantages, disadvantages, risks and rewards and provide recommendations based on our experience with other state customers and our book-of-business as a whole. We recognize that statutory requirements requiring customizations are expected and we will align with PEIA on these specific requirements at the onset.

#### **Data**

During initial implementation, Benefitfocus typically recommends receiving all necessary data via file to automatically convert information to our database. There are a few file formats that can be used,



and Benefitfocus will provide these early during Discovery, review your data sets, and advise on how to resolve any potential conversion challenges prior to attempting to load data for the first time.

We will then convert 1 year of data in a test environment, per the agreed upon project schedule, to identify any other conversion issues as well as to facilitate system testing. Once all implementation testing and deployment activities are completed, we will convert your latest data into production. During both the test and production data conversions, we will provide data scrubbing and validation services against the business rules configured in the system to ensure all data loads successfully.

For Administrators, system access is controlled through configurable, role-based permissions, defined and maintained by a PEIA Authorized Administrator, to maintain employee demographic, employment and enrollment information, as well as communication and visible content.

Benefit Administrators are also provided visibility into their customer-defined configuration via the Group Information Report and the Requirements Navigator, both available in our customer relationship portal. Authorized HR administrators can access the Group Information Report, via the Benefit Administrator role, which provides insight into a variety of their configuration parameters to include categories, associated benefits, plan years and participation periods, coverage levels, coverage amounts, age rules and rates.

Benefitfocus ensures our system remains in sync with insurance vendor systems via batch file and API data exchange. Based on the system configuration, integration parameters, and vendor requirements, updates and changes made by Benefit Administrators and members can be quickly and automatically transmitted on any frequency. Vendors may also be granted access to the system through our insurance carrier portal as defined by the PEIA to perform certain vendor approvals and other activities if desired.

#### Additional Configuration Details

The Benefitfocus Platform, a cloud-based multi-tenant platform delivered as a Software-as-a-Service (SaaS) can be configured to comply with PEIA's applicable business rules.

Benefitfocus configures these rules, including benefit offerings, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.). The resulting enrollment engine can comply with the additional rules PEIA defines during implementation, including:

- Enforcement of data entry for all required fields
- If a field is view only or can be edited by an employee
- Supported coverage levels and dependent relationship types per plan
- Minimum and maximum age limits per plan
- Required documentation for life events, dependent coverage, etc.

We are able to deliver maximum system flexibility without the need for custom development because of our cloud-based environment. Each system enhancement or new feature is available to all our customers that use Benefitfocus. This delivers a key advantage to PEIA in that all of our clients reap the benefits of our constantly evolving software.

### Developing Interfaces

Benefitfocus supports a multitude of data exchange programs. Our platform interfaces with back-end systems (such as your employer units, pension, data warehouses and payroll/HRIS systems) via nearly real-time messages and/or web service calls, batch file transfers or a combination of the two, depending on the needs and infrastructure capabilities of you or the health plan. We also utilize a secure FTP site, supplemented with PGP encryption and/or SSH for file transfers.

During implementation, we will work with you to align file formats and develop an ideal integration method. With our extensive experience within the strategic and enterprise employer spaces, and in tandem with our highly-flexible platform, we can easily adapt to fit each customer's needs.

### Issue Resolution

Issues that occur during implementation are discussed to determine the best path forward based on agreed-upon mitigation plans. Your Implementation team will consist of a Delivery Manager (DM), Program Manager (PM) and a Project Sponsor (PS), all of whom will work to design a project plan to best fit your needs and goals. The DM will be responsible for escalating issues to the appropriate level in conjunction with your assigned representative.

Your PM will oversee the project's delivery, while the PS will serve as the project's highest point of escalation, providing you the opportunity to dialogue with our executive team.

The assigned Account General Manager (AGM) is the executive responsible for the overall implementation success and service quality enabled on the solution. Their information will be provided during the sales process, so you are aware of the appropriate escalation path in the event there is a need to discuss project concerns during the implementation or throughout the ongoing relationship.

### *Case Management Tool*

Our customer relationship portal provides complete transparency into the status of all open items, including issues that arise during implementation. This site features an issue tracking log that we both can access and update. The log tracks issues and resolutions for customer and Benefitfocus-related tasks. The site provides a single point of entry and assures version control of shared documentation. The issue log is used throughout the implementation project and for ongoing support.

### *Setting Expectations/ Priorities for Case Resolution*

During implementation, we will work with you to determine a best practices matrix. Following implementation, cases are submitted for inquiries into our One Place 365 portal, where they are tracked and managed through resolution. Each case has a designated severity level, with agreed upon response and resolution timelines.

Escalations are handled by your assigned Customer Success Manager (CSM), who follows a set of rules when bringing in the appropriate subject matter expert, manager or executive depending on the nature of the escalation.

- **Any and all necessary software customizations to meet business and functionality requirements.**

System configuration changes related to items like business rules, rates, eligibility, etc. will be managed by Benefitfocus both during implementation and on an ongoing basis. Any system customization would be based on PEIA's specific requirements. The system is very robust and can accommodate complex requirements and business rules. With our customers, we strive to implement solutions to meet customer needs. Core documentation on PEIA's requirements will be created during the implementation period and maintained on an ongoing basis thereafter by your Customer Management team. We will partner with you during the discovery phase of implementation to jointly document PEIA's requirements and capture customizations. Once discovery has been completed, we would begin the build process to configure the system based on PEIA's requests. Requirements will be versioned over time, throughout implementation and post implementation, to document any requirements changes. This helps us stay aligned with a living copy of PEIA's requirements throughout the course of the relationship. Please treat this as a proprietary document.

Additionally, with each release cycle, we will provide PEIA release notes in advance to outline the items that will become available in the release. For any roadmap features that are optional, we will work with PEIA to see if you would like to customize the system further by commercializing the feature. Feature Highlight documents, which outline the feature offering, can be provided to PEIA to support the decision making and customization process. Features that are part of our core roadmap become available over time at no additional cost.

We also provide our customers with the ability to configure and change communication at any point during the year. PEIA's team will have access to an intuitive and robust set of communication and content tools, with which they can manage their site throughout the entire year. The platform does not require PEIA to perform any back-end operations, such as coding. PEIA's process for updating the site is quick and easy, performed directly on your pages, wherein users will simply move text, images, videos and widgets. Teams can also add content, edit text and upload documents via our Content Manager, which also uses a drag-and-drop interface instead of HTML, etc.

We will provide you with additional resources to ensure your team is able to use our platform to its fullest potential. Your CSM will train PEIA's users to utilize the Content Manager and will also provide ongoing assistance at no additional cost.

By utilizing our Content Manager, a robust set of content libraries, page and training managers, etc., your team will be able to easily add content, edit text, upload documents and perform other ongoing tasks. This system utilizes a drag-and-drop interface, thereby eliminating the need for back-end languages such as HTML.

#### *PEIA Branding*

Our platform can be configured to utilize your branding scheme, including logos, RGB color schemes, button styles, formatting and content. You can assign different logos to different employee categories or populations, which enables you to serve all of your subsidiary brands, or differentiate your business units, with a single, streamlined solution.

Through a specialized team of design, communication and benefits experts, we can create a rich, elegant range of custom content with which you can populate your Enhanced Communication Portal.

Our content management specialists will:

- Analyze your current portal and critical business objectives
- Identify opportunities to improve the current portal
- Update branding, theme and style
- Curate and manage content such as videos, documents, images and copy
- Improve configuration and design as needed

As a further option for customization, our User Experience Design Engineers can partner with you to customize the theme and branding of the platform, including:

- Configurable colors, fonts and styles throughout the employee experience
- Configurable design of small and large icons
- Configurable button colors and fonts

You can also use our intuitive self-service tools to make any content changes, as needed.

- **Support the execution of all processes required in accordance with legislation, governing board policies, etc.**

Benefitfocus recognizes the unwavering need to adhere to state law and governing board policy. We support all of our state government customers in this regard today. We employ associates with state government experience who have developed policies and presented to boards, commissions and legislatures, developed business cases to support/defend those policies, and developed fiscal notes showing financial impacts so state leaders make educated decisions. We understand unfunded mandates, expeditious reporting requirements, the lack of availability during legislative sessions, and the need to partner with our states to co-present enhancements and program changes.

Benefitfocus will work with PEIA to respond to all board and legislative requests and apply solutions to new policies and laws as they occur. We will also work with PEIA to strategize policy to meet current and future goals of the agency. Our subject matter experts can provide recommendations, reviews of policy language, and accurate cost estimates to assist PEIA develop and respond to governing policy. We will be your partner year over year and help optimize your program to its maximum potential.

- **Thorough testing and quality assurance of the entire solution.**

#### Testing

Benefitfocus maintains numerous environments that are designed and dedicated for specific purposes, including internal test environments, implementation test environments, release test environments, BCP/Disaster recovery environments, user test environments, and more.

Multiple test environments can be made available for customers to use during implementation and throughout their relationship with Benefitfocus. Benefitfocus will work with PEIA to establish a testing schedule and determine the best test system for PEIA's needs.

Test options include the following:

- a. A test site that refreshes daily with the previous day's production data, which provides a replica of PEIA's system configuration and data. We recommend using this environment for testing immediate results that may not need to be preserved.
- b. A biweekly refresh site, which allows for more static testing in case PEIA requires several days to initiate test scenarios. This environment is recommended for incremental testing, where history should be preserved for a few days or weeks.
- c. Other test environments that are used during major releases when a customer wants to test features in advance. Most features are configuration-based, which means that the customer elects to turn on the feature. These test environments are running future code.

### **Quality Assurance**

Solution changes follow the Benefitfocus software development lifecycle (SDLC) which consists of software releases. The SDLC consists of a code cutoff date, internal testing in a development environment, user acceptance testing in a development environment and a release date.

We maintain several testing methodologies to manage software security and quality within the software development lifecycle including:

#### *Smoke Testing*

- Verify general functionality of the core product functionality after each build.
- Verify that the user interface matches the promised standard.

#### *Functional Testing*

- Verify and validate that new functionality is working to the signed-off requirements.
- Verify and validate that the user interface functions meet and/or exceed your standards and quality assurance standards of usability and reliability.
- Verify that there is no impact to existing share functionality.

#### *Integration and Security/Compliance Testing*

- Validate that Single Sign-On (SSO) is operating internally using testing tools.
- Work with customer to validate that our systems are in alignment with all agreements.
- Use role-based validation and user management, such as password reset and forgotten password validation.
- Verify that data encryption for all PHI, PCI and PII meets and/or exceeds standards.

#### *Negative Testing*

- Verify that error handling is useful and appropriate for that particular situation.
- Verify that error detail reporting matches agreed-upon standards.
- Validate that the system does not allow for bad data by the end user and/or by the data import process.

#### *Regression Testing*

- Validate that new functionality does not have a negative impact on existing functionality.
- Validate that all high priority defects have been fully resolved with no impact.

#### *Automation Testing*

- Automation testing is the creation and execution of scripts that run functional test cases and report results without human assistance and reduce the total cost of quality. This testing is done for regression testing and any functions that are repeatable and have long shelf life.
- **A warranty that starts with the rollout of the first functional capability and concludes, at a minimum, 12 months after the rollout of the final capability.**

Benefitfocus warrants our services through the use of performance guarantees (PG) or service level agreements (SLA) for the life of the contract. This is standard in the industry for Software-as-a-Service (SaaS) solutions. We expect PGs/SLAs to be an important part of the relationship. We track certain metrics related to performance, such as software system availability and processing of certain data as part of our comprehensive standard PGs/SLA's. Metrics are measured on a monthly basis. Benefitfocus will report and discuss these PGs/SLAs on regularly scheduled governance meetings and anytime PEIA believes a metric is missed to the point of escalation. We look forward to exploring all metrics PEIA believes fits this process.

- **Ongoing software support for the new system during the implementation and during the warranty period as provided herein.**

#### *Ongoing Support Team*

The team supporting you is just as important as the technology. We have invested heavily in both our platform and the teams supporting our Public Sector customers, to include a dedicated state government business unit, staffed by a team of associates from different areas of subject matter expertise. The cross functional team includes state government subject matter experts in product management, engineering (both web and data exchange), professional services, operations and customer service.

Specific areas of focus include:

- Management of federated models with centralized administrative tasks and leadership
- Hundreds of participating agencies
- Retiree benefits management and communications
- Large scale data exchange requirements
- State statute / local ordinance driven change management
- Multi-agency level reporting capabilities

During the implementation period, Benefitfocus will designate a cross-functional team to PEIA to ensure on time delivery, with quality. Core implementation roles, such as Delivery Managers and Solutions Consultants will be designated to develop deep subject matter expertise on requirements. Once the solution is live, we will provide a dedicated customer success team to provide ongoing support for PEIA based on the information in the RFP and our associated assumptions. The designated team will be composed of Customer Success Managers and Customer Success Support resources, in order to ensure strategic alignment of our organizations and a successful support model. The team will be supported by additional resources as well, which include but are not limited to, our Billing, Data Services, Product and Engineering teams. These supporting teams are generally shared across

customers since the nature of their role requires deep subject matter expertise in a specific functional area. As such, teams like our Billing, COBRA, Data Services, Product and Engineering teams are examples of resources that are shared across teams in a matrix based model, in order to drive as many efficiencies for our customers as possible.

Quantity of staff available to support PEIA will be generated based on conducting a detailed review of the level of effort to deliver the project scope on time, with quality.

#### *Ongoing Configuration and Communication*

Benefitfocus configures the platform to support our customer's business rules both during initial implementation and from an ongoing support perspective. These rules include such items such as plans, benefit offerings, plan attributes, eligibility rules, rates, and employee categories. Our best practice is to allow system configuration and maintenance to be performed by our teams, rather than our customers. This allows a relationship that not only ensures the highest quality of data accuracy, but also significantly reduces the time spent by our customer's building and maintaining their own solution.

After implementation, PEIA will have access to an intuitive and robust set of communication and content tools, with which they can manage their site throughout the entire year. The platform does not require PEIA to perform any back-end operations, such as coding. PEIA's process for updating the site is quick and easy, performed directly on your pages, wherein users will simply move text, images, videos and widgets. Teams can also add content, edit text and upload documents via our Content Manager, which also uses a drag-and-drop interface instead of HTML, etc.

We will provide you with additional resources to ensure your team is able to use our platform to its fullest potential. Your dedicated CSM will train PEIA users to utilize the Content Manager and will also provide ongoing assistance at no additional cost. PEIA's teams also have access to as many online training sessions as they desire.

#### *Ongoing Data Integration*

As part of our ongoing support model for you, our data and integration team assumes responsibility for interacting with integrated health plans and other benefits providers to validate that all data feeds from us are processed correctly. Your assistance may be enlisted to resolve questions of business process or eligibility rules.

The process to give you visibility into your data and ensure data accuracy is outlined below:

#### *Error Reporting*

Error reporting is performed after each eligibility file transmission. Authorized administrators will have access to the Data Exchange Dashboard. This provides visibility into all skipped, failed and successfully transmitted records. Administrators are able to customize their exploration of this information. In addition, the administrator will have access to the Payroll Deduction dashboard for the participant. This will allow easy visibility to see what the upcoming deductions will be for any given benefit election. The majority of our release features over the past several years were focused on driving data accuracy, timeliness, and visibility. Our goals with these investments were to not only ensure quality in

the file transmission process, but also to implement quality controls as early as possible in the data journey.

*How We Resolve File Errors with Health Plans and other Providers*

- **Reconciliation Audits:** We perform regular reconciliation audits with health plans and ancillary providers who have the capability of receiving audit reports and reconciling those files with the data in their membership systems. This process resolves any enrollment discrepancies between the insurance carrier membership system and our platform.
  - **Exception Reports:** During the implementation process, our platform will validate any inbound-to-Benefitfocus data that goes against the configured business rules and report this information and any exceptions to you via our standard exception reports.
  - **Data Health Scans:** Automatic health scans for customer specific settings and configurations provides results within a Data Health Dashboard. It provides a comprehensive group-level view of potential data health issues with a description of the problem and proactively addresses remediation instructions.
  - **Data Dashboards:** Authorized customer users can monitor data file scheduling and transaction flow via data dashboards, which provide visibility into transaction success, failure, pend and reasoning at the record level within each data file extracted and sent. Should an issue occur, our data analysts will work with the recipient to resolve data exceptions resulting from EDI data exchange and may solicit assistance from you, as needed, to achieve resolution.
- **Training for system users (including employers), and administrators (but not participants or retirees).**

*Training*

Because we believe that education is the cornerstone of success, we provide each of our customers with everything they need to train their HR teams, easily and efficiently, to leverage the entirety of our platform's wide-ranging potential. This suite, which is included at no extra cost, is housed in our customer relationship portal and includes both initial and ongoing training resources.

- **Training Plan:** We will tailor our training strategy to best meet your needs during annual enrollment and ongoing administration. To do this, our associates will create a detailed training plan, including Train-the-Trainer sessions, during the discovery and implementation processes.
- **Training Videos:** Our rich digital library grants users 24x7x365 access to training videos, which provide on-demand overviews of the platform's key features, and assessments, which promote comprehension and retention. In addition, should you desire custom resources, our Emmy Award-winning Video & Animation department can produce customer-specific training videos. Please note, however, that these custom videos require additional scoping and pricing.
- **Locations of Training:** Through our customer relationship portal, we offer 24x7x365 access to robust training modules. HR administrators can access a variety of training videos that explain our products and services.

The Resources tab, within the HR Administrator role, provides additional and helpful resources such as user guides, quick tips, software release notes and healthcare videos. Training resources are easily accessible from the HR Administrator role and contains the most recent versions of the HR Administrator User Guide, HR Administrator Quick Tips and latest software release notes documentation.



- **Agency-specific manuals and documentation for system users (including employers), administrators, and developers.**

#### *HR Administrator Training Overview*

Because we believe that education is the cornerstone of success, Benefitfocus provides each of our customers with everything they need to train their HR teams, easily and efficiently, to leverage the entirety of Benefitplace's wide-ranging potential. This suite is housed in One Place 365 (our customer portal) and includes both initial and ongoing training and education resources.

#### *Training Plan*

Benefitfocus will tailor its training strategy to best meet PEIA's needs during annual enrollment and ongoing administration. To do this, our associates will create a detailed training plan, including Train-the-Trainer sessions, during the discovery and implementation processes.

#### *Training Fees*

Our training suite is provided at no extra cost.

#### *Additional Assistance*

Should [Client Name] need additional assistance, PEIA can contact their Customer Success Manager (CSM) for support. Your CSM is responsible for day-to-day customer support operations, including the management of their customer's projects and requests, the distribution of software release details, the provision of product/best practices consultation and, in collaboration with other CSO associates, the planning and execution of open enrollment.

#### *Online Training*

Benefitfocus offers 24x7x365 access to robust training modules through our customer support portal, One Place 365. HR administrators can access a variety of training videos that explain our products and services.

#### *On-Site Training*

Prior to the outbreak of COVID-19, Benefitfocus offered in-person training at the customer's facility. Depending on current CDC guidelines and the comfort level of all involved, this option may be available for PEIA. Please note, though, that on-site training may be subject to additional scoping and pricing.

### **4.2.2.3 Security and Privacy Requirements**

- **Security and Audit capabilities that satisfy 2(c)(15) of the National Institute of Standards and Technology (NIST) Act and HIPAA EDI, Privacy and Security regulations as well as HITECH's Safe Harbor Provision.**

Benefitfocus employs numerous data audit and security controls that span our service offerings. These controls include applicable encryption, threshold auditing, annual security training, HIPAA 834 file transfers and annual SOC audits.

We have implemented technical, physical and administrative safeguards for the protection of Protected Health Information (PHI) as required by applicable HIPAA legislation. We follow the HIPAA compliance guidelines for security and privacy and maintains strict controls so that all PHI is kept confidential and secure. Systems responsible for audits, such as file integrity monitoring, are employed to regularly test specific, high-risk files for any changes. If a change is sensed and no coinciding approval is identified, a security incident is created and investigated to resolution.

We employ a defense in depth model to prevent intentional or inadvertent data leakage of Non-Public Information (NPI). Non-Public Information encompasses but is not limited to Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA), credit card data as defined by Payment Card Industry Data Security Standard (PCI-DSS), financial SEC reporting data and source code.

- All outbound and internal corporate email is subject to inspection and blocking, when found to contain NPI content, by Data Loss Prevention (DLP) technologies employed at all email servers.
- Device controls at all endpoints prevent the connection of unapproved media devices.

The Cybersecurity team administers a security incident and event monitor (SIEM), which incorporates event correlation rules and IDS alerts ran against packet capture and log collection from key information sources. All network traffic between our Enterprise Network and the customer-facing Software-as-a-Service (SaaS) network are subject to inspection and analysis. Sensor alerts are monitored 24x7x365 by operational analysts and engineers and after-hours incidents are reported to on-call engineers.

The Cybersecurity team is responsible for reviewing all security audit logs on a regular basis. These logs are collated within the Security Incident and Event Management system (SIEM) for analysis, correlation, and retention. Log information is employed by us for review, auditing and as forensic analysis.

We use a security configuration management tool to monitor and audit any unapproved file changes. Audit configuration changes or failures are recorded within the SIEM system and generate dashboard alerts when made. Critical system configurations are monitored and any changes are reviewed by Cybersecurity personnel.

Users that access audit logs and data are granted read-only permissions. To gain access requires a permission access request that must be approved by the manager through our security approval process.

- **Controlled, role-based access and functionality.**

#### *Access Control*

Benefitfocus has a Role Based Access Control (RBAC) process for management of access rights. RBAC is a method of controlling and regulating access to systems based on the roles of the user. Access rights are grouped by role name, and access to resources is restricted to users who have been authorized to assume the associated role.

The Benefitfocus RBAC is founded on the primary principle of least privilege access, which prescribes that users should only have rights to data, functions, and other resources that are absolutely necessary to perform their assigned role and tasks and no more.

The Benefitfocus Information Security Policy requires that access match the need of the role the associate fulfills and implementation of the Least Privilege security concept.

#### *Authorization*

- Benefitfocus implements RBAC by identification of a user code. User codes are equivalent to group roles because they describe a functional group within Benefitfocus. Access rights are applied to associates based on their membership in functional groups.
  - Elevation of rights requires users to create a ticket in our issue-management tracking system in the Permissions Access Request (PAR) project and to complete a documented process.
- **Full data audit trail including what, who, when (system timestamp) sufficient to satisfy HIPAA Privacy and Security regulations.**

Benefitfocus employs a three-dimensional point-in-time model, wherein all data additions, modifications and deletions are captured and stored in a set of audit tables with a separate parallel audit database. In turn, system reports, which read from these audit tables, provide customers with a complete Change History Report for each member record within the system, and do so at the field level (e.g., plan, coverage level and/or category changes). For example, an HR administrator can see that a coverage level has changed from Employee Only to Employee and Spouse, as well as the old/new values, member, date/time stamp and user's name associated with the change.

Additionally, our platform archives information by maintaining a full, chronological history of eligibility, employment, communication and benefit changes that are date- and time-stamped by a specific user. This information is always available to the client in the system and via the suite of reporting tools. Our audit log also indicates whether a transaction was made directly by an employee or by a CSR on an employee's behalf.

- **Password management capabilities that encompass NIST password guidelines and best practices.**

#### *Authentication and Password Management*

Authentication is provided via a traditional username and password pair. Benefitfocus' authentication standards are the same regardless of the user roles used. They are as follows:

- Password composition requirements:
  - Passwords must be at least eight characters in length.
  - Passwords must contain at least one number.
  - Passwords cannot have more than two of the same character in a row.
  - Passwords are required to be changed every 45 days.
- Password invalid login logout:
  - Passwords can be set to expire after a set number of invalid login attempts. The number of attempts is based on configured business rules and preferences. Administrators can unlock

and reset passwords if they are given the permissions to do so. However, they are never able to view a user's current password.

- Password reset/Forgotten password (user self-service or customer service):
  - If granted permission to do so, users can reset a password if it has been forgotten. Benefitfocus applications allow users to configure secret questions that can be used as part of the password recovery process.
- Password forced change after administrative reset or new user:
  - When an administrator resets a password or a new user is configured, the password must be reset upon initial login.
- Password periodic forced change (e.g. every 90 days):
  - Password management business rules can be configured to meet the customer's security requirements, including password change frequency.
- Password history retained:
  - The password history of a user can be maintained to prevent users from recycling passwords and Additional content restrictions can be enforced. Static passwords have greater requirements:
- Passwords must be at least 25 characters in length.
- Passwords must contain at least one number and one special character.

#### *Optional Multifactor Authentication Support*

Protecting our customers' data is our number one priority and we continue to evolve our solution to meet current and emerging threats.

Multi-Factor Authentications (MFA) provides an additional layer of protection against malicious attackers. For customers who already have established MFA through their existing identity management platform, we support a single sign-on (SSO) into our application leveraging the SAML 2.0 standard. This also includes a unique ability to support federated logins through our mobile app.

For customers who do not deliver their own MFA, we can provide an optional multi-factor authentication feature for employee and HR administrator access. Dependent upon the role, it will either send a code via SMS text or email to previously designated location. This code must be entered into the authentication screens for a successful login.

As an added level of security, remote access to our internal systems is allowed only by a VPN connection using a two-factor authentication system, which includes login ID/password combination and verification code.

- **Database encryption at rest and encrypted remote connection channels.**

All database access is restricted and secured according to our application security guidelines. All access is made by our application. There is no customer-side (or public) access to database objects.

Within the multi-tenant solution, data from different tenants is logically separated via controls centrally enforced within the business logic layer of the application as aligned to each user's security profile. Each system user's profile contains the unique association with authorized system tenants using tenant ID(s), such as a carrier and/or employer group unique system ID. This user profile may

also contain category attributes that limit the user's data access rights to a sub-group level within a particular employer group.

We adhere to a rule of least permission around all role-based permissions and routinely audits permissions to ensure no access is available without a clear, authorized, business need. This structure applies to data presented via the user interface, data presented via the reporting modules and data accesses via authorized web service (via a tokenization protocol that enforces security and data access controls). This approach maintains compliance with the HIPAA security requirement for protected health information (PHI).

All development and quality assurance environments are scrubbed for Protected Health Information (PHI). Benefitfocus does have customer-facing test environments that have PHI, which are copied from production environments; however, the customer-facing test environments are treated as production environments and are subject to the same security protocols as our production environment. Data can also be copied to the quality assurance environment, but prior to copying it, the data is scrubbed to remove PHI.

We use HIPAA's addressable standard to determine applicable data encryption requirements. Additionally, in accordance with our commitment to data security in all circumstances, we also encrypt all data at rest. We also meet all relevant legal and regulatory requirements, including:

- Only FIPS 140-2 compliant algorithms for encryption
- Full-disk encryption solutions at all our workstations
- Passwords are one-way hashed with SHA-2; hashing also includes a salting function, which further secures the password
- Our system never stores passwords in clear text
- Connection to our web servers requires TLS 1.1 or higher
- Minimum symmetric encryption is AES-128

All outbound and internal corporate email is subject to inspection and blocking, when found to contain NPI content, by Data Loss Prevention technologies employed at all email servers. Device controls at all endpoints prevent the connection of unapproved media devices.

- **All client data must be stored in the contiguous 48 United States.**

Benefitfocus confirms all PEIA data will be stored in the contiguous 48 United States.

#### 4.2.2.4. Required Deliverables

Benefitfocus will provide a finalized Implementation Plan and Schedule as agreed upon by both parties at the beginning of the project. We will work with PEIA to determine the exact due date of this deliverable assuming Discovery will be conducted first to produce the highest probability of success.

The Implementation Plan and Schedule will have its own deliverable expectation document (DED). Attached to this RFP response is a high-level Implementation Plan and Schedule that will be developed

further during implementation after a thorough discovery phase to ensure all requirements, dependencies, and expectations are captured and aligned. Benefitfocus confirms the Agency shall have the right as described in the contract to review and test, as applicable, the deliverable.

Benefitfocus confirms the Agency must have a minimum of eight (8) full business days to review the Implementation Plan and Schedule or updates to the document that require acceptance. The Agency will be granted extensions if the Vendor submits documents that the Agency deems as particularly lengthy.

#### 4.2.2.5. Data Conversion and Migration

Benefitfocus recognizes the criticality of data conversion and migration. This requirement will be detailed with appropriate resource allocation in our implementation plan. Below is a brief synopsis of how we approach this process with our customers today.

We approach customer migration and cutover depending on your timing and needs. Our migration and data conversion strategy is an iterative and incremental process that begins at the start of the implementation.

##### *Planning*

We will collaborate on a migration strategy at the start of implementation as a part of validating the implementation schedule. Benefitfocus will provide consultation and best practices based on our many years of experience. There are two main types of migration strategies.

For initial implementations with go-lives just prior to open enrollment, we recommend having two weeks (at minimum) before employees are granted access to the system. This provides administrators an opportunity to make final preparations prior to the start of open enrollment verifying there is ample time to make any last-minute adjustments, should they be needed.

An off-cycle implementation consisting of going live in the middle of the plan year prior to the open enrollment period allows you to use the system on a limited basis for new hires, life event changes and terminations. This also allows HR administrators time to become familiar with the platform prior to open enrollment, which is commonly a busy time of year.

In either strategy, Benefitfocus will assist with development of a full communication plan for system roll-out.

In addition, a data conversion strategy will be developed based on the migration and cut-over plan. Benefitfocus typically requires demographic and enrollment information to be provided via file, either from PEIA or a combination of PEIA and your vendors. File formats will be provided at the start of implementation to ensure all required elements for conversion are understood and available, and a comprehensive walkthrough of these formats will be conducted to ensure complete alignment on data mapping and conversion processes. Any issues with providing the required elements are identified up front so that we can work together on resolution plans. Benefitfocus will document a complete migration and data conversion plan, including our mutually agreed upon migration strategy and a detailed schedule with resources aligned to each task.

#### *Data Mapping & Conversion in Test*

Once we are aligned on the plan and at the point in time in the schedule when test data conversion is set to occur, we will perform a test data conversion to work out any unforeseen issues that were not identified during planning. The data is transmitted via secure FTP, and Benefitfocus provides data scrubbing and validation services against the business rules configured in the system before converting data into the database. Any new issues identified during this step in the process will be communicated and we will assist PEIA in resolving.

Data is then converted into the Benefitfocus test system, and various reports and queries are executed to validate that all information and elements were correctly loaded. A summary of findings is provided to PEIA and any exceptions will be reported within that summary. Benefitfocus and PEIA will work together to resolve all exceptions.

#### *Migration & Data Conversion in Production*

Based on the implementation schedule and migration plan, these steps are performed again in production in preparation for go live, after configuration and code has been promoted. Benefit Administrator and member access are then granted once all appropriate stakeholders have agreed in writing that all configuration, code and data has successfully been migrated to production.

### **4.2.2.6. Agency Policies**

Benefitfocus agrees to adhere to all Agency standards, policies, and procedures while on-site at the Agency and in all work performed with and for the Agency. We confirm any exceptions to this statement must be cleared, in writing, by the Agency. The signed Business Associate Agreement ("BAA") will supersede any of the vendor's existing policies and practices.

### **4.2.2.7. Vendor must sign the attached Data Management Addendum (Appendix 3) and the HIPAA Business Associate Addendum (Appendix 4) prior to contract award.**

Benefitfocus confirms this requirement and will comply.

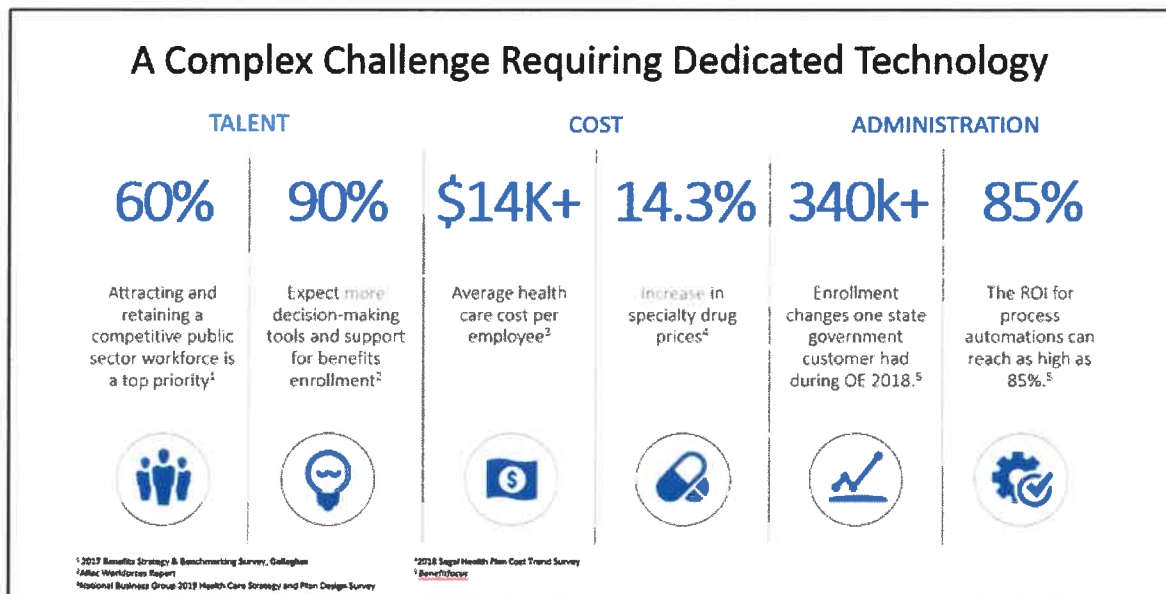
## 4.3. Qualifications and Experience:

### 4.3.1. Qualifications and Experience Information

Benefitfocus has extensive experience working with public sector employers, helping them accommodate the benefit administration challenges presented with aging populations and increasing health care costs. We understand that every state is unique in its structure, operations and benefit program goals. Our highly scalable technology is driven by the requirements of our customers, and backed by teams trained on the unique requirements of state governments.

Because of our history serving the public sector, Benefitfocus is confidently positioned to provide a platform that successfully manages PEIA's benefits administration, while also providing its members with world-class care. Currently, our platform's state government customer base includes two million lives from over 2,300 public sector agencies, seven of which are state governments or university systems.

Our goal in partnering with state governments is to streamline the unique complexities of their benefit administration. This understanding of such needs and challenges, earned over the course of our service of other state government customers, has prepared us to face the complicated scenarios public sector customers like PEIA may face.



In fact, we have an entire business unit dedicated to supporting state government and university system customers. This cross-functional team includes state government subject matter experts in product management, engineering (both web and data exchange), professional services, operations and customer service. Specific areas of focus include management of multi-employer models with centralized administrative tasks and leadership and hundreds of participating agencies, retiree benefit management and communications, large-scale data exchange requirements, and state statute-driven change management.



Our customers are in consensus that the Benefitfocus solution has helped them:

***Enhance Program Quality***

- Automated data exchange and entry
- Streamlined mobile and web enrollment for employees
- Analytics to support personalization through integrated claims-based health data

***Improve Understanding and Utilization***

- Smart Moments to engage and convey value at important decision points
- Decision support with key information positioned throughout enrollment
- Clear, concise and timely communication to promote healthcare literacy and instill proper habits

***Boost Attraction and Retention***

- Voluntary and supplemental benefit offerings to accommodate a multi-generational workforce
- Real-time analytics and participation updates
- Data and insights to back strategy to evolve with their population

***Staff Certifications/Degrees***

Below is a description of the experience and skills required for various teams:

***Account Management Team***

- Bachelor of Art (BA) or Bachelor of Science (BS) degree
- 4 to 6 years' experience in an account management or customer relationship management role
- Possess human resources background
- Must enjoy working as part of a team and providing ongoing anticipatory service
- Must be able to manage and prioritize multiple customer needs daily
- Excellent presentation skills
- Strong negotiation and consultative selling skills
- Good problem solving and follow-up skills
- Previous experience working with CRM or advanced database systems
- Previous knowledge of benefit plans/structures

***Customer Service Representative (CSR)***

- Bachelor of Art (BA) or Bachelor of Science (BS) or Associates degree preferred
- 2+ years of customer service or account management experience
- Successful track record providing anticipatory customer service
- A passion for helping others and resolving issues
- Excellent customer support and customer relationship skills
- Ability to handle multiple projects at once
- Familiarity with hospital systems/plans preferred

- Able to thrive in a fast paced and innovative work environment
- Excellent communication skills and working with customers over the phone
- Proficient in MS office applications – Excel, Word, Access, Outlook
- Experience in HR and/or benefits administration
- PHR or GBA certification preferred
- Individuals who fluently speak multiple languages is preferred

#### ***Eligibility and Data Management (Data Analyst)***

- Bachelor of Art (BA) or Bachelor of Science (BS) degree
- Previous work processing data files preferred
- Ability to analyze and identify concerns proactively
- Excellent communication skills
- Knowledge of SQL a plus
- Expert knowledge of Microsoft Office suite, especially Excel and Word
- Ability to handle multiple tasks simultaneously
- Exemplary organizational skills

#### ***Proposed Staffing Plan***

Benefitfocus' Project Management structure consists of a matrix organization in which the Program and Project Managers are accountable for project performance and delivery success, but the project resources and subject matter experts report to separate Functional Managers.

This structure allows Benefitfocus to be flexible to address the needs of our customers as they arise, while efficiently designating associates with the right skill sets and knowledge to a customer program. By reporting into functional areas focused on specific disciplines, each associate has access to, and is accountable for leveraging Centers of Excellence to maintain their expertise and bring best practices to each implementation.

Along with being accountable for overall project success, Program and Project Managers are accountable and responsible for applying our standard governance framework, driving alignment internally between Functional Managers and project stakeholders, and ensuring the project team is clear on roles and responsibilities and is executing to the established methodology, processes, tools, and rules of engagement.

#### ***Governance Structure***

The Benefitfocus governance structure encompasses three levels of governance to ensure partnership and alignment at every stage:

- Organizational level
- Program level
- Project level

### ***Organizational Governance Activities***

- Organizational governance focuses on driving long-term strategic outcomes through senior leadership direction and sponsorship of projects.
  - This level of governance is executed through quarterly Executive Steering Committee meetings to align long-term organizational goals, set direction for implementation leaders, and celebrate achievements
  - Review Product Roadmap to ensure technology advancements support organizational objectives
- 
- **Descriptions of Past Projects Completed (location/project manager name/contact info/type of project/projects goals and objectives and how they were met)**

Below is a brief synopsis of our history of successes serving public sector organizations, highlighting our ability to service complex structures, operations and multi-employer benefit program goals.

### ***The University of Texas System (UTS) – 14 Institutions and Administration***

UTS is Benefitfocus' most recent implementation of a large public sector entity. UTS began implementation in 2018 and successfully went live with all 14 institutions during their open (annual) enrollment period in 2020. This implementation within the last three years meets the similar scope and size requirements of this RFP. UTS is one of the largest public university systems in the U.S. The Office of Employee Benefits, an office under the Business Affairs arm of UTS, is responsible for the administration of benefits for 14 academic and medical institutions. From faculty members to health care professionals, researchers and support staff, a diverse group of more than 134,000 UT system employees and retirees with 156,000 dependents are covered under the system.

#### **Initial Challenge**

UTS was having ongoing discussions to evolve its benefit program as the team desired to be a model for higher education benefits on the national level, as well as deliver a better experience for its members. The aging, legacy mainframe enrollment system UTS had relied on for 26 years hindered the ability to be more innovative in its approach; it was being decommissioned. After receiving a phone call that the mainframe would be removed within a three-year period, The Executive Director of UTS' Office of Employee Benefits made the decision to move forward with the modernization project.

#### **Solution**

Following a rigorous RFP process, UTS ultimately chose to outsource, selecting Benefitfocus as its partner to modernize its eligibility and enrollment system with an approach to implement its 14 academic and medical institutions in three phases. The cloud-based, Software-as-a-Service model of Benefitplace enabled UTS to configure and scale its system to accommodate 16 separate instances – one for each institution, as well as system administration and the Office of Employee Benefits. The Office of Employee Benefits administers the retiree and COBRA billing and enrollment functions on behalf of the 14 institutions.

The intuitive user interface and the dedicated Benefitfocus customer success team allowed for easier knowledge transfer as 60 percent of the Employee Benefits staff became eligible for retirement within a year of implementation. Two staff members also had the opportunity to take on the more strategic role of data analysts as Benefitplace automated a significant amount of the benefits-related tasks.

Another reason that drove UTS to select Benefitfocus was not only our experience with large government and education customers, but also our commitment to innovation. “One of the things that was most impressive to us was the enormous commitment Benefitfocus has to research & development,” explained Laura Chambers, Executive Director. “That was critical to us because technology changes so quickly and if our vendors aren’t staying on that leading edge of that, in no time at all your enrollment system will become outdated.”

In addition to streamlining administration and reducing the strain on its shrinking team, Benefitplace also delivered the modern member experience that has made UTS a true national model for higher education programs. The step-by-step enrollment workflow with integrated decision support and educational videos empower employees as well as retirees to make more informed benefit elections for themselves and their families.

### **History of Success with UTS**

UTS made the decision to take a phased approach to implementing Benefitplace to better align with resource availability and competing projects across its institutions. This also enabled the UTS and Benefitfocus teams to apply lessons learned throughout for a more successful implementation and take into account certain nuances that varied across institutions. For example, academic institutions were on a nine-month payroll cycle, while the Health Science Centers were not. Additionally, there are nine different payroll platforms in use across the institutions so consideration for each platform was necessary.

Starting in May 2018, UTS and Benefitfocus partnered to configure and test the system to ensure each institution’s business rules were enforced and teams were trained appropriately. The teams had a tightly aligned testing schedule and more complete training materials for the timely launch of annual enrollment for all UTS employees and retirees in July 2020. More than 85,000 benefit elections were made during the annual enrollment and 80.7 percent of members gave the system a ranking of 7 or higher on a scale of 1 to 10.

### ***North Carolina State Health Plan (NC SHP) - Multi-Employer***

The NC SHP has been on our platform for ten years. Please see the evolution of our experience with the NC SHP below and hear about their experience in this video link: [video](#)

#### **Initial Challenge**

A suffocating amount of paper made employee benefits a completely different ballgame for the NC SHP, the agency in charge of administering benefits for North Carolina’s approximately 300,000 government workers from more than 400 government agencies, municipalities, universities,

community colleges and schools, as well as its population of more than 222,000 retirees. The sheer number of individuals gave them no choice but to make open enrollment completely passive year after year, and qualified life events took up to three months to process. While administrators were already wading through a sea of forms, faxes and scanned documents, the state government passed legislation requiring tobacco attestation. They realized there was no way to quickly meet this requirement for half a million members within the nine months leading up to open enrollment if they stayed that course. NC SHP realized they quickly needed to migrate to a commercially available online eligibility and enrollment platform that could help streamline the enrollment experience for both NC SHP employees and agency administrators.

## **Solution**

NC SHP selected the Benefitfocus platform for its scalability and extensibility, moving nearly all of their 400 groups onto the platform in time for open enrollment. The configurable, rules-based enrollment workflow within the platform gave the State Health Plan the ability to comply with state legislation while bringing a higher level of administrative efficiency, as well as powerful communication and planning tools. NC SHP was no longer drowning in paper, as Benefitfocus was able to remove that burden through seamless integration with their more than 20 health plans and vendors, removing manual human error and automating file transfer. Additionally, each of the state's 400 agencies were able to take advantage of the operationally configurable architecture of the platform to satisfy varying needs.

"If [one of our groups has] a different benefit offering they'd like to offer their employees, they are able to work with Benefitfocus to get those different benefits added to the platform," remarked Beth Horner, Director of Customer Experience and Communications for NC SHP.

Never before had the state's employees and retirees been able to engage in their benefits or rely on a fast turnaround with qualifying life event changes, such as a marriage or birth. NC SHP's health benefit representatives now take advantage of educational tools and content throughout the enrollment experience, such as embedding videos to help guide employees to the plans best suited for their needs.

Notable results the NC SHP observed using the platform, include:

- NCFlex, a division of North Carolina's Office of State Human Resources (OSHR), manages voluntary benefits for a large subset of the population. Voluntary benefits have taken on more prominence as the NC SHP aims to compete with private sector employers. Now, medical and voluntary benefits are part of a single enrollment experience.
- The state's HR teams have seen a reduction in enrollment and benefits questions, allowing them to devote more of their time to strategic initiatives.
- Targeted communication through email and SMS has helped educate employees. "Not every product is appropriate for every person," said Linda Forsberg, State Benefit Manager for NCFlex. "We don't want them to be over-insured, yet we want them to have the insurance coverage that they need." Leveraging the platform, "I looked at everybody this past year who had children under the age of 13 but were not enrolled in the Dependent Care FSA. We did a targeted communication to them, explained the value of having a DCFSA and we grew enrollment by 20 percent," said Linda, in reference to how she is leveraging the platform's

messaging capabilities.

- NC SHP also has a significant retiree population – roughly 222,000 retirees. In partnering with Benefitfocus, the NC SHP has been able to reduce the complexity of retiree administration through automatic enrollment for those that are Medicare eligible, allowing retirees to choose alternate plan options on their Medicare effective date.
- As a major state employer, the NC SHP takes their fiduciary responsibility seriously to ensure the taxpayer-funded insurance benefits are administered properly. They recently worked with Benefitfocus to conduct a dependent eligibility audit to help ensure that only eligible dependents are covered and to maximize the financial stability of the NC SHP. Ultimately, more than 600 ineligible dependents were discovered, and with an average spend of \$6,000 per person per year, the Plan estimates a savings of \$3.6 million annually. Additionally, it helps ensure their eligible plan members aren't paying more than necessary for their health insurance.
- The NC SHP also adopted the Benefitfocus Benefits Service Center (BSC) to act as an extension of its team. The BSC provides state employees and retirees access to telephonic enrollment and additional support for questions about their coverage, as well as fulfillment services. With a diverse population ranging from active employees that work in the field, such as correctional officers or Department of Transportation employees, to retirees that may not have access to a computer, the BSC offers access to a team of benefits specialists who are well-versed in the NC SHP's benefits.

### **History of Success with NC SHP**

Benefitfocus' phased implementation was governed by a comprehensive project plan that considered both NC SHP and its employing units/agencies. We have now completed ten successful open enrollments with this customer and the platform has become the centralized hub of their benefits program. With over 20 vendor integrations, 9 single sign-ons and 87 payroll integrations, we have taken what was once a very complex environment and distilled it into a unified platform where both medical and voluntary benefits reside all in one place for their employees. NC SHP has supported over 2.3 million logins and 30 million transactions for their employees.

This success includes management of benefit enrollment for the State Retirement System, where determination of Medicare eligibility, coordination with the Centers for Medicare and Medicaid Services (CMS), enrollment in Medicare Advantage and management of "split family" policies all occurs seamlessly for retirees in the platform.

### ***State of Florida***

With just over 350,000 active members and nearly 10,000 retirees across more than 50 individual agencies, the State of Florida has been on our platform since 2012. The group offers and manages a comprehensive package of health insurance benefits for active and retired employees and their families, including a variety of health insurance options, flexible spending and health savings accounts, dental, vision and a range of other supplemental insurance offerings.

## **Initial Challenge**

With members spread across the U.S., the group needed to use a variety of medical and pharmacy vendors to build a robust network of providers that could provide access to care when and where patients need it. With health care costs continuing to rise at an alarming rate (67% in the last decade), it was extremely important for them to assess cost drivers to mitigate this growing threat. However, with their data spread across multiple vendors, it was nearly impossible for them to analyze and monitor their health and benefits data to create a clear and complete picture of all health-related risks and costs. Additionally, this group saw their pharmacy costs grow 39% in four years.

## **Solution**

The group chose Benefitfocus for its business infrastructure, data integration expertise and health plan experience to bring all of their disparate data into one central location. With the robust reporting capabilities of the platform and the partnership of their support team, they were able to quickly and easily identify cost drivers, analyze trends, monitor chronic conditions and forecast future risk and associated cost implications.

Benefitfocus takes a unified approach to customer success, starting with our Data Quality and Import Teams who lead the comprehensive data validation process to ensure timely, complete, and error free data loads. This process includes compiling all of the claims and eligibility files each month, summarizing the numbers and sharing them with the group for approval before loading the data into production. Service continues with our dedicated Support Team. For tactical day-to-day support issues, we have an integrated, secure portal where the group can post any technical issues or questions they may have and view updates from the Support Team in real time. This eliminates the need for any secure emails or other communication methods when reviewing sensitive member information. The service model is rounded out by the Customer Success team, led by a dedicated Customer Success Manager (CSM). The CSM is a subject matter expert who serves as their strategic partner, providing them with the assistance needed to achieve their goals including unlimited training, population health analysis, and cost containment consultation and recommendations.

## **History of Success**

The integration of all of the groups' health care data in one place allowed the State of Florida to analyze their cost drivers, most notably, their prescription drug costs. With the help of their CSM, they dug into what was causing pharmacy costs to soar and developed data visualization dashboards to help surface insights from their pharmacy claims data. These insights revealed some suspicious claims activity that was adding a tremendous amount of spend to the plan. They worked closely with their Pharmacy Benefit Manager to turn off items that violated plan rules and implement reviews of suspicious claims. Using the integrated functionality of Benefitfocus, they were able to track the suspicious activity over time to see whether these efforts were being successful. In 2019, their pharmacy costs were projected to grow another 15%. At their mid-year review, they were amazed to see that their efforts resulted in a less than 1% increase over the same time period last year with a projected negative trend by the end of the year resulting in millions of dollars of savings for the plan.

- **References for Prior Projects**

See 4.3.2 below.

**4.3.1.1 Describe fully your organization's corporate or other business entity structure, including the state of incorporation or formation and list any controlling stockholders, officers, directors, general partners, members, managers, etc.**

**Incorporation**

We were incorporated in June 2000 as Benefitfocus.com, Inc., a South Carolina corporation. In September 2013, we reincorporated in Delaware as Benefitfocus, Inc.

**Ownership Structure**

Benefitfocus (Ticker: BNFT) has been traded on the NASDAQ stock market since Wednesday, September 18, 2013.

**Executive Officers**



Please see bios for some of the Benefitfocus Executive Leaders and our Chairman of the Board:

*Matt Levin, President & CEO*

Matt Levin was appointed President and Chief Executive Officer (CEO) of Benefitfocus May 10, 2021. He previously served as Chief Strategy Officer at ADP since 2018, and was responsible for strategy, corporate development, ADP Ventures and the ADP Research Institute. Before joining ADP, Levin was a managing partner at Psilos Group Managers, a growth equity firm, where he specialized in technology-enabled health care services investments.



Prior to Psilos, Levin was executive vice president and head of global strategy for Aon plc, a leading global professional services firm that provides a broad range of insurance and human capital solutions. Earlier in his career, Levin served as senior vice president of corporate development and strategy for Hewitt Associates, a leader in health, retirement and human capital consulting, and outsourcing services. Levin was a core member of the team that led the \$4.9 billion merger between Aon Consulting and Hewitt Associates, creating an industry-leading benefits and human resources solutions firm.

Levin began his career in the First Scholar Program at First Chicago NBD, now JP Morgan Chase. Levin holds a master's degree in business administration from the University of Chicago Booth School of Business and a bachelor's degree from Northwestern University. He was also named to Crain's Chicago Business 2011 "40 Under 40" and the World Economic Forum's "2013 Young Global Leaders" program.

*Alpana Wegner, Chief Financial Officer*

Alpana is Chief Financial Officer (CFO) at Benefitfocus. She joined the team in April 2017 bringing a renewed focus on accelerating growth for our health plan business. Leveraging her experience, she quickly saw an opportunity to provide financial leadership to the organization by moving into the VP, Corporate Controller role at the end of 2017. Appointed CFO in 2020, extending her role beyond typical bean counting, she uses her operational background to partner with our business leaders to influence smarter decision making and execution of key strategic initiatives. With more than 20 years of experience, she is a catalyst for driving operational and strategic improvements, constantly working on tangible ways to create better value for our stakeholders: customers, shareholders and associates alike.

*Suzanne Leary, Chief Customer Officer*

Sue joined our team in 2021 and leads our customer organization as the Chief Customer Officer (CCO). She oversees our customer growth, retention and most importantly operational excellence. Her incredibly deep background in the health plan segment, partnered with her extensive experience serving customers in growth-focused businesses makes her an invaluable asset to the team.

*Tina Provancal, Chief Product & Strategy Officer*

Tina joined the Benefitfocus team in 2021 and brings with her more than 25 years of in-depth benefits administration, health care consulting and clinical navigation experience. She has built herself a reputation for delivering on promises and draws energy from the discipline and conviction to execute. She strongly feels that through exceptional service and health care technology, we can improve individuals' experiences within our complex health care system, creating value for both employers and health plans.

*Craig Maloney, Chief Commercial Officer*

Craig is Executive Vice President (EVP) and Chief Commercial Officer (CCO) at Benefitfocus. He joined the Benefitfocus team in August 2021. With more than 30 years of experience in the insurance brokerage and benefits administration space, he has a strong passion for health care education, access and empowerment and is committed to disrupting the status quo. Leaning into his servant leadership style, Craig cultivates our growth teams with a holistic approach that focuses on client value and teamwork.

*Ana Perez, Chief Marketing Officer*

Ana Perez is our Chief Marketing Officer (CMO). Ana joined the team in August 2021 bringing a strong strategic focus on enhancing the Benefitfocus brand, accelerating growth, and cultivating customer engagement. She is a data-driven marketing leader and drives her teams to deliver tangible value to the business. Ana leads with authenticity, living by Brene Brown's words, "Authenticity is the daily practice of letting go of who we think we're supposed to be and embracing who we are." Her transparency and vulnerability as a leader inspire her teams to achieve success while contributing to a positive culture.

*Sean Wechter, Chief Information Officer*

Sean joined the Benefitfocus team in November of 2020 as Chief Information Officer (CIO) and brought with him an impressive portfolio of award-winning technical transformations. His passion is technology and he loves being able to apply technology to help people when they need it most. Sean is a consummate player-coach, ready to roll up his sleeves when he needs to, while leading his team to success.

*Doug A. Dennerline, Chairman*

Doug Dennerline has served as a member of our board of directors since August 2014 and Chairman of the board since June 2021. He is currently Chief Executive Officer and Executive Chairman of BetterWorks Systems, Inc. From January 2013 to March 2018, he was Chief Executive Officer of Alfresco Software, Inc. and was previously President and a director of SuccessFactors, Inc. Prior to joining SuccessFactors, Mr. Dennerline was Executive Vice President of Sales, Americas and EMEA for Salesforce.com, Inc. (NYSE: CRM). Mr. Dennerline holds a B.S. in Business Administration from Arizona State University.

**4.3.1.2. Attach an organizational chart showing principal officers, directors, general partners, members, managers and staff members who will be associated with providing services related to this RFP.**

See response above.

The structure of all associates providing services to the West Virginia Public Employees Insurance Agency (PEIA) is run from within our dedicated cross-functional State Government team. Staffed from different areas of expertise, each team member, tenured in their own right, undertakes culture, brand, process and requirement training for each client they serve, all while staying abreast of public sector industry trends and changes.

**4.3.1.3. What year was your organization established? Is your organization a subsidiary or affiliate of another organization?**

Benefitfocus was founded in 2000.

Benefitstore, Inc., a licensed brokerage, is a wholly owned subsidiary of Benefitfocus, as may be indicated within this proposal through the Benefit Catalog offering or through other strategic, non-affiliate partners as may be indicated within this proposal.

4.3.1.4. Describe any acquisitions and/or mergers or other material developments (e.g., changes in ownership, key personnel, etc.) pending now or that occurred in the past five (5) years with your organization. Disclose any potential mergers or acquisitions that have been recently discussed by senior officials and could potentially take place within three (3) years after the Contract starts.

From time to time, Benefitfocus may evaluate certain business combinations or material changes to its business. To the extent that any material business combinations or material changes are undertaken, Benefitfocus would disclose such undertaking as required by the Securities Exchange Commission regulations.

**Tango Health**

In Q4 of 2021, Benefitfocus acquired Tango Health, an innovative software and services company offering Affordable Care Act (ACA) compliance and benefit decision support solutions. The acquisition of Tango Health enables us to provide customers with a best-in-class ACA compliance and reporting solution.

**Connecture**

In Q1 of 2019, Benefitfocus announced the acquisition of Connecture's commercial assets, which became official on February 25 of that year. This strategic acquisition enriches the total market offering to include a product repository and build tool, enhanced broker tools to include new, renewal and maintenance features, as well as a full individual on/off exchange offering.

4.3.1.5. List any relevant websites for your organization and its offerings.

[www.benefitfocus.com](http://www.benefitfocus.com)

4.3.1.6. Indicate the size of your organization's book of business.

Number of participants	Number of Clients in your organization's Book of Business
0-10,000	Due to the public nature of this RFP, we are not able to disclose this confidential information at this time. If we are selected as a finalist, we will be able to share more information.  See below.
10,001 to 100,000	
Over 100,000	

Benefitfocus creates configurable solutions for all of our customers and markets, which range in size from under 1,000 to over 700,000 employees.

Our customer base, which supports over 25 million consumer lives, is comprised of employers, medical health plans, life & ancillary carriers, specialty suppliers and brokers. This includes:

- 150,000 Employer Groups
- 800 Brokers
- 140+ Health Plans
- 50 Benefit Catalog Suppliers

**4.3.1.7. Provide detailed and specific information regarding all situations where your organization has been investigated, cited, or threatened with a citation or disciplinary action, by any state or federal regulatory agency within the last five (5) calendar years. Provide a detailed description of any litigation. The response must include all such situations including the date such action was initiated and how the matter was resolved.**

From time to time, Benefitfocus might become involved in legal or regulatory proceedings arising in the ordinary course of our business, which we do not believe have a material adverse effect on our business, operating results, financial condition or cash flows. Material disclosures regarding current litigation would be included in Benefitfocus' public filings with the Securities Exchange Commission as made available on our website:

<https://investor.benefitfocus.com/sec-filings>.

**4.3.1.7.1. Has your organization been subject to any litigation alleging breach of contract, fraud, breach of fiduciary duty, or other willful or negligent misconduct? If so, provide details including dates and outcomes.**

StoneMor GP LLC filed a civil action against Benefitfocus.com, Inc. (the "Company") in the United States District Court for the District of Eastern District of Pennsylvania and Benefitfocus asserted certain counterclaims. The Parties negotiated a confidential settlement agreement without admission of liability by either party.

**4.3.1.7.2. Provide certification that your organization has not been in bankruptcy and/or receivership within the last five (5) calendar years.**

There has not been a bankruptcy or receivership. Any such material business changes would be disclosed as required by Securities Exchange Commission regulations.

Please see the Benefitfocus SEC filings page at <https://investor.benefitfocus.com/sec-filings>.

**4.3.1.8. Provide a statement as to the extent to which your organization can perform the proposed Services using only present staff and computer equipment/software/technology, and the extent to which additional resources will be needed and how that will be addressed.**

After extensive review of the RFP documentation, Benefitfocus anticipates the ability to support West Virginia Public Employees Insurance Agency (PEIA) with existing computer equipment, software and technology including our existing relationships with our third party, Certifi, who will support the Benefitfocus billing and payment solutions.

We understand the complexity of implementing and supporting State Government clients. In a multi-employer environment, it is important to engage Benefitfocus associates who are not only trained in State Government requirements, but also fluid in Benefitfocus operations. We will be adding a total of five new resources for the State of Wisconsin project; we will look to pull those resources from within the organization and the new assignments will be considered promotions.

**4.3.1.9. Submit information regarding your organization's past contract performance. Include specific detailed information regarding the following:**

**4.3.1.9.1 All situations where your organization has defaulted on a contract.**

Not applicable.

**4.3.1.9.2. All litigation involving your organization regarding contracts.**

From time to time, Benefitfocus might become involved in legal or regulatory proceedings arising in the ordinary course of our business, which we do not believe have a material adverse effect on our business, operating results, financial condition or cash flows. Material disclosures regarding current litigation would be included in Benefitfocus' public filings with the Securities Exchange Commission as made available on our website: <https://investor.benefitfocus.com/sec-filings>.

**4.3.1.9.3. All situations where a contract has been canceled or where a contract was not renewed due to alleged fault on the part of your organization.**

Service cancellations or terminations post-activation are a normal course of business for software and professional services offered on a subscription basis. In general, the reasons for which clients have terminated their relationships with Benefitfocus are due to industry changes such as mergers and acquisitions. We are very proud of our ongoing customer renewals and our extremely high customer retention rates.

**4.3.1.10. Describe in detail the computer and data processing facilities your organization currently uses (owned or otherwise used) and would make available. Include a description of any mainframe, network structures, vendor hosted or cloud solutions that you will use for providing the Services.**

**Cloud Solution**

Benefitfocus offers a Software as a Service, cloud solution to our community of clients.

**Data Centers**

*Locations*

Application hosting services are provided securely through multiple separate logical networks. Benefitfocus has a primary data center located in Charlotte, NC with a warm site data center in Raleigh, NC for DR fail-over, and a new data center recently opened in Virginia. Our data is replicated to Raleigh, NC in real time via SFRD/A.

Designed to augment our already-robust data and security infrastructure, Benefitfocus' \$3.5 million Ashburn, Virginia facility is the third and newest of our data centers, one which has allowed us to reach a number of key milestones, including:

- Unlimited, on-demand computational capacity
- Optimized cost efficiency
- Dramatically faster execution speeds
- 24x7 monitoring and integrated mission control
- Upgraded cybersecurity posture
- Largely automated daily operations

*Compliant*

The Benefitfocus SSAE 18 Type II audited data centers are PCI compliant and have the following features:

- Building strategically located outside of severe weather and seismic zones
- Building is rated to withstand hurricane force winds
- Ballistics-proof walls, doors and windows

*Physical Components*

Key features of each data center design include advanced fire suppression, uninterruptible power systems (UPS), diesel generators, automated transfer switches (ATS) and redundant power infrastructures. Each facility is also equipped with redundant, dedicated air conditioning systems so the correct atmospheric conditions required by the equipment are maintained. Routine and periodic maintenance is performed to reduce the frequency and impact of failures. Emergency changes that require immediate action are completed as required with ad hoc approval followed by formal post-event documentation and review.

### *Backup Power Supply*

The Benefitfocus data centers have multiple power supply feeds, including two diesel generators, redundant uninterruptible power systems (UPS), power distribution units (PDU), static transfer switches, and a 72+ hour fuel supply. Provisions are made for the continuous replenishment of generator fuel from multiple vendors.

### **Disaster Recovery Information**

If a disaster disables one data center, there will be an automated redirection of the production environment to the backup data center, which remains on warm standby. Benefitfocus data centers are constructed with true-floor/true-ceiling walls to prevent access above the ceiling and below the floor. Our LAN walls extend to the ceiling and beneath the floor to the concrete foundation. This architectural design makes sure that these rooms are secure but also prevents a breach by fire in the event of a building-wide fire.

#### **4.3.1.11. What additional computer or other resources would your organization need to acquire in order to provide the Services, if any?**

None. Benefitfocus is prepared to support you today.

#### **4.3.1.12. Provide a copy of your organization's standard agreement concerning employee confidentiality and intellectual property rights. Does the Vendor agree that all work products developed by them as part of the Services described in this RFP (e.g., all written reports, drafts, presentations, data, and meeting materials, etc.) shall become the property of the Agency?**

Benefitfocus' Employment Agreements for both Exempt and Non-exempt associates are confidential and proprietary. Due to the public nature of this RFP, Benefitfocus is unable to produce a copy. Benefitfocus will provide PEIA a redacted copy of each if selected vendor of choice.

#### **4.3.1.13. Confirm that all employees who will work on the Agency's project will have signed your organization's confidentiality and intellectual property right agreement.**

Confirmed.

#### **4.13.1.14. Describe and provide examples of the training your organization's employees have received concerning handling of a client's confidential information and protected health information.**

Benefitfocus requires all Benefitfocus associates and contractors to complete new-hire and annual security training with a grade of 100% on the final training exam or provide a pass/fail attempt on the applicable test. Security training modules within include:

- Information protection and compliance
- Securing individual workstations



- Emergency procedures
- Security event reporting
- Security procedures at Benefitfocus facilities
- Physical access controls

Annual security and compliance training includes sections on access and data management. Additional awareness programs include monthly security newsletters, security alerts, in-house briefings and webinars on specific security concerns.

Benefitfocus has developed extensive ongoing training and development processes led by the staff of our training team. Compliance with training is tracked and reported. Consultants and contractors are subject to the same training requirements as Benefitfocus associates.

**4.3.1.15. Do your organizational privacy and security policies meet the Administrative Safeguards provisions of the HIPAA Security Rule (for reference: <https://www.hhs.gov/hipaa/for-professionals/security/laws-regulations/index.html>)? Provide copies of your policies.**

Yes. As a Covered Entity Clearinghouse and a Business Associate to many of our customers, Benefitfocus treats all Protected Health Information (PHI) with the utmost care. We have implemented each technical, physical and administrative safeguard recommended by industry regulators, as well as those required by applicable Health Insurance Portability and Accountability Act (HIPAA) legislation. To further meet HIPAA security requirements, Benefitfocus also takes every precaution to protect its network, hardware and software from viruses, malware, adware, attacks and other forms of intrusion.

Due to the public nature of this RFP, we are not able to disclose confidential organizational policies at this time. We will be able to share more information in an onsite or virtual meeting.

**4.3.1.16. Provide a copy of the organization's privacy policies and a copy of the organization's Breach Response Plan. Have you received external or independent certification regarding your HIPAA compliance?**

Due to the public nature of this RFP, we are not able to disclose confidential organizational policies or our SOC Reports at this time. We will be able to share more information in an onsite or in a virtual meeting.

In the meantime, note we have recently become HITRUST certified and we have both SOC 1 and SOC 2 Type II unqualified reports.

Please see Attachment 4: HITRUST Certification Letter.

**Breach Response Plan**

As a matter of security, Benefitfocus does not externally disclose our Incident Response Plan. We follow applicable HIPAA requirements with respect to unauthorized breaches of confidential information. For data processing exceptions that may occur as a part of the



standard data validation protocols applied for data exchange, Benefitfocus data analysts address the issue, enlisting assistance as needed to resolve the data exception.

**4.3.1.17. Provide a copy of the organization's Notice of Privacy Practices, paper and electronic.**

See <https://www.benefitfocus.com/legal/privacy-policy>

See <https://www.benefitfocus.com/legal/terms-of-use>

**4.3.1.18. Provide a copy of the organization's Change Management policies and PHI workflows as required by the HIPAA Security Rule 45 CFR 164.308(a)(4)(ii)(C) "Access Establishment and Modification"; and 45 CFR 164.308(a)(7)(ii)(D) "Testing and Revisions Procedures".**

Due to the public nature of this RFP, we are not able to disclose confidential organizational policies at this time. We will be able to share more information in an onsite or virtual meeting.

We are HITRUST certified which includes HIPAA compliance. HITRUST addresses all HIPAA requirements and addresses Change Management Policies, PHI workflows, Access Establishment and Modification, and Test Revisions and Procedures policies.

**4.3.1.19. Provide written confirmation that the organization's workforce completes annual privacy and security training.**

Confirmed. Benefitfocus associates and contractors must complete their new-hire and annual security training with a grade of 100% on the final training exam or provide a pass/fail attempt on the applicable test. Additional awareness programs offered throughout the year include monthly security newsletters, security alerts, in-house briefings and webinars on specific security concerns.

Additional policy and process training is provided to associates granted administrative access to Service and Data components that is specific to their role(s) within Benefitfocus' operation and support as required to maintain compliance and certifications.

**4.3.1.20. Provide the name, contact information, and job description of the organization's Privacy officer(s) and Security officer(s).**

**Privacy Officer**

Monique Brown, Senior Corporate Counsel and Privacy Officer,  
[monique.brown@benefitfocus.com](mailto:monique.brown@benefitfocus.com)

Monique is responsible for data privacy matters, reporting directly to the Benefitfocus General Counsel.

## Security Officer

Kevin Heineman, Chief Information Security Officer

[kevin.heineman@benefitfocus.com](mailto:kevin.heineman@benefitfocus.com)

Kevin is responsible for all information security matters at Benefitfocus. Data privacy and other items regarding the classification of data are under the purview of the Benefitfocus General Counsel & Chief Legal Officer with support from the Chief Information Security Officer.

### 4.3.1.21. Provide the following information regarding the organization's business partners:

#### 4.3.1.21.1. List of business partner names specifically denoting the number of partners

All aspects of the Benefitfocus Cybersecurity program are managed under the direction of the Benefitfocus Chief Information Security Officer and are performed by a dedicated team of full-time employees. We have contracted engagements with third-party vendors for certain functions as part of our security program. These vendors, that we do not disclose publicly, are not provided access to customer data as part of their duties.

#### 4.3.1.21.2. Copy of the organization's business associate agreement

Please see *Attachment 5: Benefitfocus Sample Business Associate Agreement*.

#### 4.3.1.21.3. Provide the details of any privacy breach involving or caused by a business associate.

Benefitfocus has not experienced any privacy breach involving or caused by a business associate.

### 4.3.1.22. Provide the following information regarding privacy breaches or impermissible information disclosures:

#### 4.3.1.22.1. Total number of privacy incidents reported in the last calendar year. Describe the type, cause and number of individual's affected for each event.

Benefitfocus has not suffered a breach of its systems housing personal information.

4.3.1.22.2. Total number of incidents that escalated to the level of a reportable privacy breach as outlined in the HIPAA Privacy Rule. Describe the type, cause and number of individual's affected for each event.

Benefitfocus has not suffered a breach of its systems housing personal information.

4.3.1.22.3. Has the organization ever experienced a privacy breach involving over 500 individuals? Provide detailed explanation including cause, scope, investigation process, and reporting to members, media, law enforcement and/or OCR.

On June 5, 2019, 827 letters containing a NC State Health Plan for Teachers and Employee member's name were inadvertently sent to a wrongly addressed member. These letters stated that the recipient would soon be eligible for Medicare and indicated that the recipient is or was a member of the NC State Health Plan for Teachers and Employees. Please note that no personally identifying information beyond first and last name was included in the letter, nor any clinical, claims or other payment or benefit information was contained within the letter.

Individual notices and correction letters were immediately sent to all affected members, and Benefitfocus has no reason to believe that any information has been misused. Benefitfocus self-reported to OCR and the matter was closed by OCR on January 28, 2020. No further action is being taken or is required.

4.3.1.22.4. Has the organization ever been fined or sanctioned by a regulatory agency for a violation of information privacy practices, and if so, the reason, description of action taken, the amount or sanction, scope and outcome?

No.

4.3.1.23. Has the organization ever been fined or sanctioned for any other type of federal law or regulation (i.e., US DHHS OCR, Stark Law, or inclusion on the OIG Exclusion List (LEIE))? Provide details.

No.

4.3.1.24. Provide a copy of your organization's Code of Conduct, including but not limited to requirements for ethical and compliant business practices, and fraud, waste and abuse prevention activities.

Benefitfocus has formalized its commitment to ethical behavior by adopting a code of conduct to ensure lawful and ethical behavior on the part of its board and associates. We will comply with policies that are applicable to the services being provided and that can be supported by Benefitfocus' standard business operations. Moreover, all Benefitfocus associates, including

officers and directors, are required to comply with the Benefitfocus Code of Conduct and the Benefitfocus Code of Ethics located on our investor relations website

<https://investor.benefitfocus.com/static-files/b820b40f-1e2d-4b52-b650-8d5fd02e82da>

**4.3.1.25. How frequently do you conduct an analysis of the risks and vulnerabilities to protected health information (PHI) in your system and networks? When was the last assessment?**

Application assessments and remediation occurs on a quarterly basis. We consider vulnerability information confidential.

**4.3.1.26. Does your system produce sufficient audit trails to satisfy the HIPAA Privacy and Security regulations?**

Yes. To protect data to the utmost degree, our production systems and network devices are logged to a centralized logging solution.

**4.3.1.27. How is access security set up in the system between a client's different user roles? What are the different levels of security access or roles?**

The Benefitfocus Platform uses user-defined, role-based control, security and permission settings for users. These permissions and security settings are comprehensive and available within a parameter-driven, user-friendly web interface. Not all Benefitfocus associates are granted access to secure data. Access is granted via a production data access request process, and the level of access (read only, write access, administrative) is based on role, responsibility and need. To gain approved access to systems, a Permission Access Request (PAR) must be submitted and approved. The role-based Access Control Matrix, which governs the PAR process, is maintained by the Cybersecurity department.

User codes are equivalent to group roles because they describe a functional group within Benefitfocus. Access rights are applied to associates based on their membership in functional groups. Group membership is defined by the senior-most management in a functional group, which defines the access that may be granted to a member of that group. On a quarterly basis, the group's senior-most management will re-certify the access rights of all members of the group. This process requires sign-off by each level of senior/executive management and ultimately is reported to the CEO.

**4.3.1.28. Can your system produce reports for a specific user's system, screen, or data accesses or attempted accesses?**

Yes. The platform employs a three-dimensional point-in-time model, wherein all data additions, modifications and deletions are captured and stored in a set of audit tables with a separate parallel audit database. This audit trail is always available on the individual's record in the system and via the suite of reporting tools. Audit history can be stored indefinitely.

**4.3.1.29. Provide a list of formats in which data may be exported by the system (as required by the health information portability rules under HIPAA).**

Standard Reports and Advanced Reports (ad hoc) can be produced in PDF, CSV or Excel format, which allows the user to export the data into other applications.

**4.3.1.30. Is your system's database encrypted in accordance with NIST 800-53 Rev 5 and 800-66 Rev 2 requirements as cited by the US DHHS for compliance with the HIPAA Security Rule(s)? Are data backups encrypted?**

Yes. As audited in our HITRUST certification for NIST 800-53, we use HIPAA's addressable standard to determine applicable data encryption requirements. We also meet all relevant legal and regulatory requirements.

**4.3.1.31. Are all electronic transmissions of PHI, including eligibility files, authorizations, reports, etc., encrypted or sent via secure means? Which encryption methods do you support for e-mails and file attachments? Please describe.**

Yes. All electronic transmissions are encrypted.

Secure file transfer is performed using one or more of the following cryptographic controls:

- Secure File Transfer Protocol (SFTP)
- Hypertext Transfer Protocol Secure (HTTPS)
- PGP encrypted and/or signed files

Data exchange is transferred via SFTP or FTPS connection requiring Transport Layer Security (TLS) version 1.1 or higher. PGP encryption of files transmitted over SFTP is also supported. Minimum symmetric encryption is AES-128.

**4.3.1.32. Explain how unauthorized attempts to access PEIA files will be monitored and controlled.**

We are committed to the security of our customers' data. Testing for rogue or unauthorized Wireless Access Points (WAPs) is done on an ongoing basis as part of our wireless network infrastructure. Systems are configured to alert the security team automatically and logs are reviewed regularly. This is done both as a data center security sweep and as a penetration testing function. We configure systems to alert the security team automatically and they review logs regularly.

**4.3.1.33. Do you have intrusion detection and monitoring tools, and are you conducting penetration testing and vulnerability scans? Please explain.**

Yes. The Cybersecurity team administers a security incident and event monitor (SIEM), which incorporates event correlation rules and IDS alerts ran against packet capture and log

collection from key information sources. All network traffic between the Benefitfocus Enterprise Network and the customer-facing Software-as-a-Service (SaaS) network are subject to inspection and analysis. Sensor alerts are monitored 24x7x365 by operational analysts and engineers and after-hours incidents are reported to on-call engineers.

On a quarterly basis, vulnerability assessment and penetration testing activities are completed by a third-party vendor. Testing is performed using a combination of manual and automated processes.

Benefitfocus can provide summary results of that testing to customers on an annual basis.

**4.3.1.34. Do you have a dedicated team to assess and respond to security vulnerabilities reported in your IT systems?**

Yes. The Benefitfocus Information Security department, led by the Chief Information Security Officer is the central point-of-contact for all security compliance matters at Benefitfocus. This department reports to the Benefitfocus Chief Technology Officer.

**4.3.1.35. Do you have an incident response plan for network intrusions and virus incidents?**

Yes. Benefitfocus has a documented Security Incident Response Plan to guide response processes for all security events and define a path for escalation into a Cybersecurity incident. The Benefitfocus Cybersecurity Incident Response Team (CIRT) is an internal emergency response group, made up of members of the Cybersecurity department. In situations when other resources are needed, the team is expanded to include personnel with the required skill set specific to an incident. Expansion of the team can include non-Benefitfocus associates, such as third-party incident response firms with which Benefitfocus holds retainers.

**4.3.1.36. Do you have a business continuity plan and a disaster recovery plan? If so, how frequently is it tested?**

Yes. The Benefitfocus Business Continuity Plan (BCP) is tested annually during the second quarter of each year.

**4.3.1.37. Provide a proposed staffing plan for the full length of the contract duration. The plan must include any and all subcontractors used. Also include the roles and responsibilities for your proposed staff along with the roles and responsibilities anticipated for PEIA.**

The team supporting you is just as important as the technology. As such, we have invested heavily in both our platform and the teams supporting our Public Sector customers, to include a dedicated Public Sector business unit, staffed by a team of associates from different areas of expertise. The cross functional team includes state government subject matter experts in product management, engineering (both web and data exchange), professional services, operations and customer service.

Each team member undertakes culture, brand, process and requirement training for each customer they serve, all while staying abreast of industry trends and changes, which in turn uniquely enables them to establish the most intuitive, effective account management/governance model for each customer's unique needs.

While each CSO team member's ongoing responsibilities are distinct to their roles, as a whole, the organization undertakes monthly, quarterly and annual procedures to ensure that each customer's needs are served and goals are aligned. These procedures include:

- **Monthly/Quarterly:** Account health review to evaluate operational performance, SLAs and receive customer's feedback on overall account health and satisfaction.
- **Annually:** Stewardship meeting for strategic and long-term planning. Allows the team to recap the prior open enrollment and prepare for the upcoming year.

We employ a world-class customer success model that ensures all of our clients receive the support need to be successful. This begins with your Customer Success Manager (CSM), who will serve as your primary contact and advocate. More specifically, each customer's CSM is responsible for ensuring a high-quality experience throughout the year.

Below please find an overview of the support team:

- *Customer Success Manager (CSM), Customer Support:* The associate responsible for daily customer operations, including the management of their customer's projects and requests, the distribution of software release details, the provision of product/best practices consultation and, in collaboration with other CSO associates and the planning and execution of open enrollment.
- *Customer Support Specialist (CSS):* The associate who oversees case management, and acts as a subject matter expert (SME) responsible for application-related consultation, production support issue resolution and configuration needs.
- *Data Analyst:* The associate who is responsible for timely/accurate customer file transmissions, and acts as a data SME responsible for supporting production issue resolution impacting EDI.
- *Manager, Customer Management:* Responsible for the training of CSMs and CSS. Managers are tasked with prioritizing work and efficiencies, overseeing customer health, providing project management/support and planning and executing your open enrollment.
- *Application Consultants:* A team consisting of representatives highly skilled in user support, which typically involve login/password issues.
- *Senior Director, Customer Management:* Accountable for the overall implementation success and service quality. Also responsible for allocating the personnel and resources necessary to deliver the solution within schedule, this executive-level contact serves as a resource to a health provider's project sponsor.

From a training perspective, new user training is suggested for new users that PEIA authorizes to access the system, which will be jointly created to ensure effectiveness. Additionally, feature highlight documents and trainings can be provided for new features that PEIA wishes to commercialize within the system.



If it is determined that subcontractors/partners will be used in the final scope of this RFP, they will be provided to PEIA and Benefitfocus shall remain responsible and liable for their performance of the Services.

**4.3.1.38. Submit resumes (limited to 1 page each) of individuals who may perform the activities described in this RFP. Also identify a list of key personnel who will be dedicated full-time to this project.**

Please see Attachment 6: Benefitfocus Account Team Bios.

**Key Personnel**

Key Benefitfocus personnel responsible for various areas of the relationship are noted below. This list accounts for key personnel but is not exclusive of all contacts necessary for overall success.

- *Sue Leary, Chief Customer Officer, Customer Success:* Responsible for overall account relationship.
- *Tyler Jenkins, Sr. Director, Public Sector:* Provides oversight over all PEIA functions and represents PEIA throughout the Benefitfocus organization.
- *Amy Winters, PMP, Director, Professional Services:* Provides oversight and governance over all Professional Services projects and implementation scope.
- *Jeffrey Stark, Manager of Customer Success Management:* Responsible for production operations, including but not limited to, daily operations, Open Enrollment planning, vendor management and custom solutions.
- *Damon Haycock, AGM:* Responsible for contractual deliverables, overall relationship functions and advocates for PEIA across the organization.

**4.3.2. Mandatory Qualification/Experience Requirements**

The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any areas where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.



- 4.3.2.1. The Vendor must have itself, not as a sub-contractor, been in the benefits administration system solution delivery business for the past five (5) years. Please provide an overview of the number of years your company has been in business and the number of years you have provided a solution and performed associated services specified by this RFP.

Benefitfocus was founded in 2000 and has been providing benefits administration services for nearly 22 years.

- 4.3.2.2. Provide a list of the three (3) largest clients for which your organization implemented benefit administration services. Provide name and numbers for one or more points of contact for each client. Submission of a Proposal constitutes your organization's consent for PEIA and/or its agents to contact any or all of these points of contact to discuss their experience with your organization. Identify which client is in the warranty period or later.

<b>Client / Contact Name, Phone, and Email</b>	University of Texas Systems  Laura Chambers, Executive Director, (512) 499-4616, <a href="mailto:lcchambers@utsystem.edu">lcchambers@utsystem.edu</a>	Dollar Tree  Jonathan Theroux Director of Benefits (757) 321-5925 <a href="mailto:jtheroux@dollartree.com">jtheroux@dollartree.com</a>	North Carolina State Health Plan (SHP)  Caroline Smart Senior Director (919) 814-4454 <a href="mailto:Caroline.smart@nctreasurer.com">Caroline.smart@nctreasurer.com</a>
<b>Client's number of employees</b>	123,800	203,096	
<b>Client's number of participants</b>	150,000 subscribers and retirees	185,000	520,000
<b>Implementation Time – in months and year implemented</b>	6/18/2018 (3.5 years)	10/1/2013	9/15/2015
<b>List of all services provided to Client</b>	Benefitplace (enrollment & eligibility), Navigational Phone Support, Consolidated Billing	Benefitplace, Benefit Service Center (Employee Services with Administration), Custom Fulfillment, COBRA	Benefitplace, Benefit Service Center, Custom Video, Dependent Eligibility Audit

		Administrative services, Payroll Reconciliation, Health Insights, Guided Shopping	
In warranty period or later?	Outside of warranty period	Contract renewed on 12/1/2021 through 01/31/2027	Contract renewed October 2020.

**4.3.2.3. Vendor must have implemented insurance administration systems with two or more clients of similar size and scope as the project contemplated herein, at least one of which must be complete, i.e., the project is in the warranty period or later. These references must be for implementations that are no older than five (5) years. Submission of a Proposal constitutes your organization's consent for PEIA and/or its agents to contact any or all of these points of contact to discuss their experience with your organization.**

<b>Client / Contact Name, Phone, and Email</b>	<i>University of Texas Systems</i>  Laura Chambers, Executive Director, (512) 499-4616, <a href="mailto:lchambers@utsystem.edu">lchambers@utsystem.edu</a>	<i>Dollar Tree</i>  Jonathan Theroux Director of Benefits (757) 321-5925 <a href="mailto:jtheroux@dollartree.com">jtheroux@dollartree.com</a>	<i>North Carolina State Health Plan (SHP)</i>  Caroline Smart Senior Director (919) 814-4454 <a href="mailto:Caroline.smart@nctreasurer.com">Caroline.smart@nctreasurer.com</a>
<b>Client's number of employees</b>	123,800	203,096	
<b>Client's number of participants</b>	150,000 subscribers and retirees	185,000	520,000
<b>Implementation Time – in months and year implemented</b>	6/18/2018 (3.5 years)	10/1/2013	9/15/2015
<b>List of all services provided to Client</b>	Benefitplace (enrollment & eligibility), Navigational Phone Support,	Benefitplace, Benefit Service Center (Employee Services with Administration), Custom	Benefitplace, Benefit Service Center, Custom Video, Dependent

	Consolidated Billing	Fulfillment, COBRA Administrative services, Payroll Reconciliation, Health Insights, Guided Shopping	Eligibility Audit
In warranty period or later?	Outside of warranty period	Contract renewed on 12/1/2021 through 01/31/2027	Contract renewed October 2020.

4.3.2.4. The Project Manager shall be responsible for the day-to-day operations of the solution implementation, manage the activities of the Vendor's resources and work with the PEIA Project Director and Project Management Oversight vendor to lead the overall project. Project management responsibilities include but are not limited to:

- Periodic attendance and reporting at the PEIA Steering Committee, Board, and project team meetings during the project, as required by the Agency.
- Report project status to the project director at intervals during the project work, including findings and recommendations as follows:
  - Regular written reports which must include information on work completed, work planned for the following week, identified risks, and any issues to be addressed.
  - At scheduled deadline dates for the identified deliverables; and
  - At other times as needed at the discretion of the Agency.
  - Develop Work Plan in coordination with the Agency for each major phase as defined in the Scope of Work.
- Provide weekly metrics against the Implementation Plan to measure the progress of the project.
- Assign resources and their effort for each project phase with the Agency and further understand that the Agency has the right to modify the amount of effort needed for each phase of the implementation process for project monitoring, quality assurance, and project management purposes.
- Provide minutes for meetings related to Vendor's services and deliver the minutes to the Agency within the time period as specified in the Project Charter. The minutes shall, at a minimum, list the attendees, summarize the major topics discussed, and include any action items and decision points; and
- Provide an overall Work Plan with key milestone dates within 21 days of contract execution.

Confirmed.

- 4.3.2.5. The Vendor's proposed project manager must hold a current PMP certification and must have completed at least one (1) full implementation of the Vendor's proposed solution in the role of project manager.

Confirmed.

- 4.3.2.6. The Architect/Solution Manager is responsible for the overall design and configuration of the delivered benefit administration solution. The proposed Architect/Solution Manager must have completed at least two (2) full implementations of the Vendor's proposed solution.

Confirmed.

- 4.3.2.7. The Lead Business Analyst is responsible for the overall requirements confirmation process and leading the team that will work with the Agency business stakeholders and subject matter experts to design and configure the benefit administration solution. The proposed Lead Business Analyst must have completed at least two (2) full implementations of the Vendor's proposed solution.

Confirmed.

- 4.2.3.8. The Vendor must identify any sub-contractor who will be used and include the name of the company, telephone number, contact person, type of work subcontractor will perform, and the percentage of the contract value, time, and work hours that are anticipated to be performed or provided by the subcontractor.

Confirmed.

- 4.3.2.9. Any change in the key project team members or subcontractors named in the proposal must be approved, in advance and in writing, by the project director or procurement officer. Personnel changes that are not approved by PEIA will be a material breach of the contract and may be grounds for PEIA to terminate the contract.

Benefitfocus confirms this requirement and will comply.

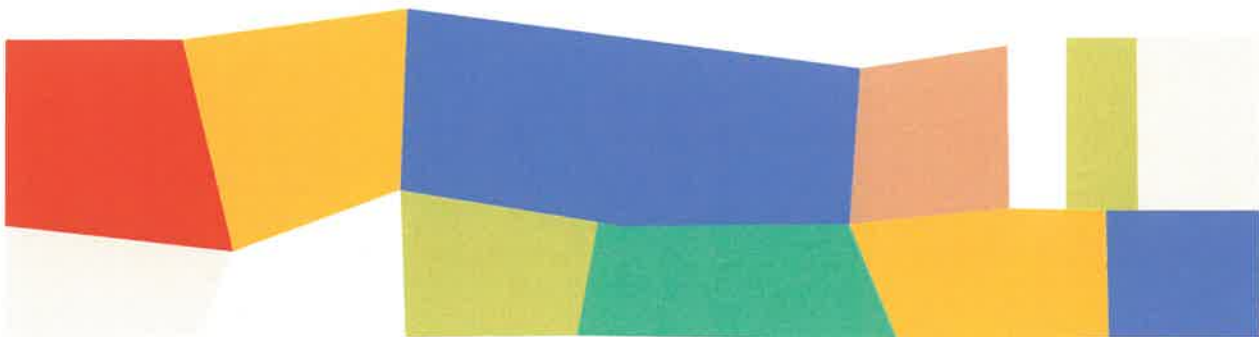
- 4.3.2.10. Any and/or all work performed by the vendor under this Agreement shall be performed on machines owned, operated, configured, and managed by the vendor. The use of personal devices owned by subcontractors or individual employees is strictly prohibited.

Confirmed. Benefitfocus does not allow the use of personally owned systems (phones, laptops, etc.) for business purposes.

# Attachment 6

## Benefitfocus Account Team Bios

**Benefitfocus** for *life*™



Tyler Jenkins



Director,  
Customer Success  
Management

– Professional Experience

**Tyler Jenkins will oversee the functional team that provides implementation and ongoing services to West Virginia Public Employees Insurance Agency (PEIA) and their vendors to ensure operational excellence.**

In his role as lead for Public Sector customer success, Tyler Jenkins ensures that customers have the best possible experience relative to implementation, relationship management, and customer health.

Tyler’s expertise includes his strong knowledge of benefits, the Benefitfocus Platform, and operational best practices relating to data exchange quality, business rules to meet objectives and the open enrollment process. His experience and success in these areas allows Tyler to be a valuable leader and operational partner. Since joining Benefitfocus in 2010, Tyler’s experience includes launching and leading the customer management function for 200+ employing units that are part of the Mercer private-labeled enrollment system representing 1.4 million members. Tyler has also held various roles within operations including direct client support for large insurance carriers as well as managing customer support teams for large employers that require project management of large-scale annual enrollments and other customer initiatives.

Education

Tyler received a Bachelor’s Degree in Marketing Science in Marketing from Clemson University.

Location

Charleston, SC

Contact Information



(843) 981-8603



Tyler.Jenkins@benefitfocus.com



# Accountability Chart

Team will be assigned once the final scope of work and timeline has been decided.

	Benefitfocus Associate	Accountability	# and size of other Accounts	% of Time during Implementation	% of Time during Ongoing Service
Account	Vice President, Customer Success	Executive Sponsor	Oversees entire employer customer base at Benefitfocus	Weekly internal project reviews and governance meetings with PEIA	Weekly internal service reviews and governance meetings with PEIA
Account	Tyler Jenkins, Sr. Director, Public Sector	Accountable for end-to-end experience including implementation and ongoing service. Tyler leads the dedicated business unit focused on state government customers.	7 total accounts including PEIA, ranging in size from 30k to 500k members.	10%	10%
Primary	Director, Professional Services	Provides oversight and governance over all Professional Services projects and implementation scope.	3 total accounts including PEIA ranging in size from 30k to 110k members	33%	33%
Primary	Manager of Customer Success Management	Responsible for production operations, including but not limited to, daily operations, Open Enrollment planning, vendor management and custom solutions.	2 total accounts including PEIA – other customer is 120k members	25%	25%
Primary	Program Manager, Professional Services	Accountable for providing oversight and governance for the project and end to end solution.	2 total accounts including PEIA – other customer is 40k members	50%	25%
Primary	Project Manager, Professional Services	Responsible for success of the overall project plan and delivery.	1 account including PEIA	100%	0%
Primary	Benefitfocus Solutions Consultant, Professional Services	Responsible for discovery, defining the overall solution for PEIA.	1 account including PEIA	100%	25%

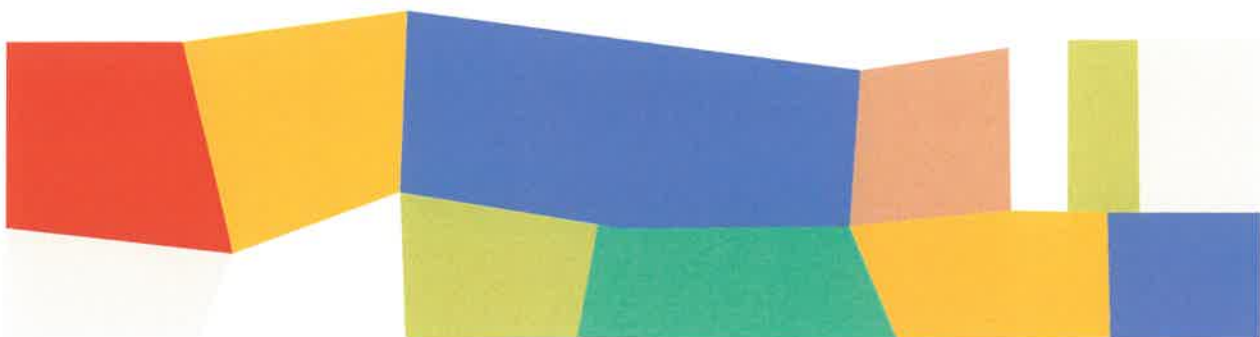
**Benefitfocus**



# Attachment 5

Benefitfocus Business Associate Addendum

**Benefitfocus** for *life*<sup>™</sup>





This HIPAA Business Associate Addendum ("Addendum") is made as of **DATE** (the "Addendum Effective Date") by Benefitfocus.com, Inc. ("Benefitfocus"), with a principal place of business at 100 Benefitfocus Way, Charleston, SC 29492 and **CLIENT** ("Client"), with a principal place of business at **ADDRESS** (each individually a "Party" and collectively the "Parties"). This Addendum, supplements, is made a part of, and is incorporated by reference into any Agreement (individually & collectively, the "Agreement") between Benefitfocus and Client.

## I. DEFINITIONS

Capitalized terms used in this Addendum and not otherwise defined herein shall have the meanings set forth in the then-current Privacy and Security Rules.

- A. Access shall have the limited meaning set forth within 45 CFR § 164.304.
- B. Breach shall have the meaning set forth within 45 CFR § 164.402.
- C. Business Associate shall have the meaning set forth within 45 CFR § 160.103.
- D. Designated Record Set shall have the same meaning as the term "designated record set" in 45 CFR § 164.501.
- E. Electronic Health Record shall have the meaning set forth in Section 13400(5) of the HITECH Act.
- F. Electronic PHI shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 CFR § 160.103, as applied to the information that a Party creates, receives, maintains or transmits from or on behalf of Covered Entity.
- G. Individual shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
- H. HIPAA means the Health Insurance Portability and Accountability Act of 1996, Public Law No. 104-191.
- I. HIPAA Regulations means those regulations promulgated under HIPAA by the U.S. Department of Health and Human Services.
- J. HITECH Act means Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5, 42 USC 17921 *et seq.*) ("ARRA"), also known as the Health Information Technology for Economic and Clinical Health Act, which becomes effective as of February 18, 2010, or such other date or dates as finally specified.
- K. Law Enforcement Official shall have the meaning set forth in 45 CFR § 164.103.
- L. Privacy Rule shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Parts 160 and 162 and Part 164, Subparts A and E.
- M. PHI shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, as applied to the information created or received by a Party from or on behalf of Covered Entity.
- N. Required by Law shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
- O. Secretary shall mean the Secretary of the Department of Health and Human Services or his or her designee.
- P. Security Incident shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 CFR § 164.304.
- Q. Security Rule shall mean the Security Standards at 45 CFR Parts 160 and 162 and Parts 164, Subparts A and C.
- R. Unsecured Protected Health Information shall have the meaning set forth within 45 CFR § 164.402.

## II. PERMITTED USES AND DISCLOSURES OF PHI

- A. **Uses and Disclosures of PHI:** Except as otherwise limited in this Addendum, each Party may use or disclose PHI to perform functions, activities or services for, or on behalf of, the other Party as specified in the Agreement, provided that such use or disclosure would not violate the Privacy Rule or Security Rule if done by the other Party.
- B. **Permitted Uses of PHI:** Except as otherwise limited in this Addendum, each Party may use PHI for its proper management and administration or to carry out its legal responsibilities. A Party may also use PHI to provide Data Aggregation subject to the provisions of II.D herein.
- C. **Permitted Disclosures of PHI:** Except as otherwise limited in this Addendum, each Party may disclose PHI for the proper management and administration of the Party, provided that the disclosures are required by law or the disclosing Party obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person (which purpose must be consistent with the limitations imposed pursuant to this Addendum), and that the person agrees to notify the disclosing Party of any instances of which it is aware in which the confidentiality of the information has been breached. A Party may use PHI to report violations of law to appropriate federal and state authorities, consistent with 45 CFR Section 164.502(j)(1).
- D. **De-identification of PHI:** Except as otherwise limited in this Addendum, a Party may de-identify PHI provided that the de-identification conforms to the requirements of the Privacy Rule and further provided that a Party provides to the other Party the documentation required by the Privacy Rule. Data so de-identified does not constitute "PHI" and is not subject to the terms of this Addendum.

## III. OBLIGATIONS

- A. **Appropriate Safeguards:** Each Party shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by the Agreement and this Addendum. Each Party shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Electronic PHI, as defined by the Security Rule. Each Party shall

comply with the provisions of 45 CFR Sections 164.308, 164.310, 164.312 and 164.316 relating to implementation of administrative, physical and technical safeguards with respect to Electronic PHI in the same manner that such provisions apply to a HIPAA Covered Entity.

- B. **Reporting of Improper Use or Disclosure, Breach or Security Incident:** Each Party shall report to the other Party any use or disclosure of PHI not provided for by the Agreement and this Addendum, including a Breach, within five (5) calendar days of becoming aware of such incident. Such notification shall include the identification of each individual whose Unsecured PHI has been, or is reasonably believed to have been, accessed, acquired or disclosed during the Breach. Each Party shall cooperate with the other Party in investigating the Breach so that each Party may meet its respective obligations under the HITECH Act, any other security breach notification law, or as required by contracts with other parties, including Covered Entities. Each Party shall report any Security Incident upon becoming aware of such incident; provided, however, that neither Party shall be required to report an immaterial incident consisting solely of trivial incidents that occur on a daily basis, such as scans, "pings," or an unsuccessful attempt to improperly access Electronic PHI that is stored in an information system under its control.
- C. **Mitigation:** Each Party agrees to mitigate, to the extent practicable, any harmful effect that is known to it as a result of a use or disclosure of PHI in violation of this Addendum's requirements or that would otherwise cause a Breach of Unsecured PHI.
- D. **Agents:** Each Party shall ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the other Party, or on behalf of Covered Entity, agrees to restrictions and conditions no less stringent than those that apply through this Addendum to the Parties with respect to such PHI. Each Party shall ensure that any agent, including a subcontractor, to whom it provides Electronic PHI, agrees to implement reasonable and appropriate safeguards to protect such information.
- E. **Access to PHI:** Each Party shall provide access, at the request of a Covered Entity, and in the time and manner designated by a Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 CFR Section 164.524 and, if and when applicable, Section 13405(e)(1) of the HITECH Act.
- F. **Amendment of PHI:** Each Party shall make any amendment(s) to PHI in a Designated Record Set that a Covered Entity directs or agrees to pursuant to 45 CFR Section 164.526 at the request of Covered Entity or an Individual, and in the reasonable time and manner designated by the Covered Entity. Any denial of amendment of PHI by a Party or its agents or subcontractors shall be the responsibility of Covered Entity.
- G. **Documentation and Accounting of Disclosures:** Each Party agrees to document disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528 and, if and when applicable, Section 13405(c) of the HITECH Act. Each Party agrees to provide to Covered Entity, in the time and manner reasonably designated by Covered Entity, information collected in accordance with the first sentence of this Section, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528 and, if and when applicable, Section 13405(c) of the HITECH Act. In the event that the request for an accounting is delivered directly to a Party or its agents or subcontractors, a Party shall forward such request to Covered Entity in writing. It shall be Covered Entity's responsibility to prepare and deliver any such accounting requested.
- H. **Governmental Access to Records:** Each Party shall make its internal practices, books and records relating to the use and disclosure of PHI received from, or created or received by a Party on behalf of a Covered Entity available to the Secretary and, at the request of Covered Entity, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule and the Security Rule.
- I. **Additional HITECH Act Requirements:** To the extent applicable, each Party shall comply with the provisions of the HITECH Act set forth below, and any additional obligations imposed upon Business Associates by the HITECH Act, commencing on the date that compliance with each such provision is required by the HITECH Act:
1. A Party shall take reasonable steps to cure a breach of this Addendum if it knows of a pattern of activity or practice by the other Party, or a subcontractor or agent thereof that violates this Addendum, in accordance with Section 13404(b) of the HITECH Act.
  2. Each Party (or its agents or subcontractors) shall only request, use and disclose the minimum necessary amount of PHI necessary to accomplish the purpose of the request, use or disclosure, in accordance with Section 13405(b) of the HITECH Act.
  3. Each Party shall comply with the prohibition on the sale of Electronic Health Records and PHI set forth in Section 13405(d) of the HITECH Act.
  4. Each Party's notification of a Breach of Unsecured Protected Health Information shall comply in all respects with each applicable provision of Section 13402 of HITECH, 42 U.S.C. 17932.

#### IV. TERM AND TERMINATION

- A. **Term:** The term of this Addendum shall commence as of the Addendum Effective Date, and shall terminate when all of the PHI provided by one Party to the other Party, or created or received by a Party on behalf of Covered Entity, is returned to Covered Entity or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the Effect of Termination Section.
- B. **Termination:** Upon knowledge of a material breach by a Party of this Addendum, the non-Breaching Party shall either (i) provide an opportunity for the breaching Party to cure the breach or end the violation within the time reasonably specified by the non-breaching Party, or (ii) immediately terminate this Addendum and the Agreement if cure is not possible; or (iii) if termination is not feasible, file a report with the Secretary and the Covered Entity providing the PHI, and provide copies of such reports to the breaching Party.

- C. **Effect of Termination:** The respective rights and obligations of the Parties under this Section shall survive the termination of the Addendum and the Agreement.
1. Except as provided in paragraph 2 of this Section, upon termination of the Agreement or this Addendum for any reason, each Party shall return or destroy all PHI received from the other Party, or created or received by a Party on behalf of Covered Entity pursuant to the Agreement, and shall retain no copies of the PHI. This provision shall apply to PHI that is in the possession of subcontractors or agents of a Party.
  2. In the event that a Party determines that returning or destroying the PHI is not feasible, that Party shall provide to the other Party notification of the conditions that make return or destruction not feasible. Upon mutual agreement of the parties that return or destruction of PHI is not feasible, a Party shall extend the protections of this Addendum to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as that Party maintains such PHI.
- D. **Indemnification:** The parties agree and acknowledge that, the indemnification obligations contained under the Agreement shall govern each party's performance under this Addendum.
- E. **Amendment and Interpretation:** The parties acknowledge that this Addendum is intended to reflect the requirements of the Privacy Rule and Security Rule, as amended by the HITECH Act, upon the date they become finally effective. The Parties agree to take such action to amend this Addendum from time to time as necessary for the Parties to comply with the requirements of the Privacy Rule and the Security Rule, or any contractual requirements imposed by such Privacy or Security Rule or any reasonable amendment thereof. Any ambiguity in this Addendum shall be resolved in favor of a meaning that permits the parties to comply with the Privacy Rule and the Security Rule as applicable to such party.
- F. **Mandatory Change Process:** To the extent that a Party is required to materially alter its services, processes or procedures as specified in the Agreement in order to comply with the provisions of the Privacy Rule and/or Security Rule as they may be amended after the Addendum Effective Date, the Parties agree to mutually negotiate any required adjustment in fees or services.
- G. **No Third Party Beneficiaries:** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than the Parties and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.
- H. **Prior Agreement:** Except as expressly amended herein, all other terms and conditions as set forth in the Agreement shall remain in full force and effect. The Agreement, as amended by this and other Amendments, and Addenda shall remain and continue in full force and effect, and shall continue to be binding on the parties hereto. To the extent that there is any inconsistency between this Addendum and any Agreement, this Addendum shall control.

**IN WITNESS WHEREOF,** the Parties have caused this Addendum to be executed by their respective authorized representatives, in multiple counterparts, each of which when executed will be deemed to be an original but all of which taken together will constitute one and the same agreement.

**BENEFITFOCUS.COM, INC.**

**CLIENT**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

March 25, 2021

Benefitfocus  
100 Benefitfocus Way  
Charleston, SC 29492

Based upon representation from management as to the accuracy and completeness of information provided, the procedures performed by an Authorized External Assessor to validate such information, and HITRUST's independent confirmation that the work was performed in accordance with the HITRUST® CSF Assurance Program requirements, the following systems and supporting infrastructure of the Organization ("Scope") meet the HITRUST CSF® v9.3 certification criteria:

Benefitfocus: Benefitplace for Employers, Benefitplace for Health Plans, and IA Classic.

The certification is valid for a period of two years assuming the following occurs:

- A monitoring program is in place to determine if the controls continue to operate effectively over time,
- Annual progress is being made on areas identified in the Corrective Action Plan(s) (CAPs),
- No data security breach reportable to a federal or state agency by law or regulation has occurred,
- No significant changes in the business or security policies, practices, controls, and processes have occurred that might impact its ability to meet the HITRUST CSF certification criteria, and
- Timely completion of the interim assessment as defined in the HITRUST CSF Assurance Program Requirements.

HITRUST has developed the HITRUST CSF, a certifiable framework that provides organizations with the needed structure, detail and clarity relating to information protection. With input from leading organizations, HITRUST identified a subset of the HITRUST CSF control requirements that an organization must meet to be HITRUST CSF Certified. For certain HITRUST CSF control requirements that are were not being met, the Organization developed a CAP that outlined its plans for meeting such requirements.

HITRUST performed a quality assurance review to ensure that the control maturity scores were consistent with the results of testing performed by the Authorized External Assessor. Users of this letter can refer to the document [Leveraging HITRUST CSF Assessment Reports: A Guide for New Users](#) for questions on interpreting this letter and can contact HITRUST customer support at [support@hitrustalliance.net](mailto:support@hitrustalliance.net). Users of this letter are assumed to be familiar with and



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Frisco, TX 75034

understand the services provided by the organization listed above, and what specific services are being used by the user organization.

A full HITRUST CSF Validated Assessment Report has also been issued by HITRUST which can also be requested from the organization listed above directly. Additional information on the HITRUST CSF Assurance Program can be found at the HITRUST website at <https://hitrustalliance.net>.

A handwritten signature of the word "HITRUST" in black ink, written in a stylized, cursive-like font.

HITRUST

Enclosures (2):

- Assessment Context
- Scope of Systems in the Assessment

## Assessment Context

<b>Prepared for</b>	Benefitfocus 100 Benefitfocus Way Charleston, SC, 29492
<b>Contact</b>	Allyson Carter Senior Manager Information Security Assurance allyson.carter@benefitfocus.com
<b>Assessment Option</b>	HITRUST CSF Security Assessment
<b>Company Background</b>	Benefitfocus.com, Inc. (the “Company” or “Benefitfocus”) is a provider of cloud-based benefits management software for consumers, employers, health plans, and brokers. Benefitfocus has served more than 25 million consumers on its platform that consists of integrated solutions, enabling clients to more efficiently compare, enroll, manage, and exchange benefits information. With a user-friendly interface and consumer-centric design, Benefitfocus provides one place for consumers to access all their benefits. Benefitfocus solutions support the administration of all types of benefits including core medical, dental, and other voluntary benefits plans as well as wellness programs.
<b>Number of Employees</b>	2000
<b>Geographic Scope of Operations Considered</b>	Multi-State
<b>Organizational Risk Factors</b>	
Number of Records that are currently held	Between 10 and 60 Million Records
<b>Systematic Risk Factors</b>	
Is the system(s) accessible from the Internet?	Yes
Is the scoped system(s) (on-premise or cloud-based) accessible by third-party personnel (e.g., business partners, vendors, cloud providers)?	Yes
Does the system(s) transmit or receive data with a third-party?	Yes



<b>Is the system(s) publicly positioned?</b>	No - Benefitfocus systems are not public facing. We are a SaaS based subscription model for Health Plans and Employers.
<b>Number of interfaces to other systems</b>	25 to 75
<b>Number of users of the system(s)</b>	Greater than 5,500
<b>Number of transactions per day</b>	Greater than 85,000
<b>Is any aspect of the scoped environment hosted on the cloud?</b>	No - Benefitfocus is not currently hosted in a public cloud environment. Our offerings are hosted in colocation data centers with a Tier 3 rating.
<b>Does the scoped environment allow dial-up/dial-in capabilities (i.e., functional analog modems)?</b>	No - Benefitfocus does not use dial-up nor dial-in capabilities.
<b>Is scoped information sent and/or received via fax machine (i.e., an actual machine, excluding eFax or scan to email)?</b>	No - Benefitfocus does not allow information to be sent via fax machine.
<b>Do any of the organization's personnel travel to locations the organization deems to be of significant risk?</b>	No - Benefitfocus policy prohibits associates from traveling to high risk locations.
<b>Are hardware tokens used as an authentication method within the scoped environment?</b>	No - Benefitfocus only utilizes software tokens.
<b>Does the organization allow personally owned devices to connect to scoped organizational assets (i.e., BYOD - bring your own device)?</b>	No - Benefitfocus does not allow personally owned devices (BYOD) to connect to company assets nor data.
<b>Are wireless access points in place at any of the organization's in-scope facilities?</b>	No - Our third-party co-location Data Centers do not allow for wireless access points.
<b>Does the organization use any part of the scoped systems, system components, or system services to sell goods and/or services?</b>	No - Benefitfocus does not sell goods nor services.
<b>Does the organization allow the use of electronic signatures to provide legally binding consent within the scoped environment, e.g., simple or basic electronic signatures (SES), advanced electronic or digital signature (AES), or qualified advanced electronic or digital signatures (QES)?</b>	No - Benefitfocus do not allow use of electronic signatures for legally binding consent.

---

**Is scoped information sent by the organization using courier services, internal mail services, or external mail services (e.g., USPS)?**

No - The organization does not utilize internal or external mail services within the scope of this assessment.

---

**Does the system allow users to access the scoped environment from an external network that is not controlled by the organization?**

Yes

---

**Does the organization perform information systems development (either in-house or outsourced) for any scoped system, system service, or system component?**

Yes

---

## **Regulatory Risk Factors**

Subject to HIPAA

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## Scope of Systems in the Assessment

### Organization and Industry Segment Overview

Benefitfocus.com, Inc. (the “Company” or “Benefitfocus”) is a provider of cloud-based benefits management software for consumers, employers, health plans, and brokers. Benefitfocus has served more than 25 million consumers on its platform that consists of integrated solutions, enabling clients to more efficiently compare, enroll, manage, and exchange benefits information. With a user-friendly interface and consumer-centric design, Benefitfocus provides one place for consumers to access all their benefits. Benefitfocus solutions support the administration of all types of benefits including core medical, dental, and other voluntary benefits plans as well as wellness programs.

### Service(s) / Product(s) Provided

The Benefitfocus Product Portfolio includes the following which are the subject of this report:

Benefitplace for Employers is a cloud-based benefits management platform that facilitates online enrollment, employee communication and benefits administration. Benefitplace provides a single location for employees to enroll in, manage and review their employer-sponsored benefits and related information. Benefitplace for Employers runs on the Enrollment and Exchange platforms to provide the core capabilities. The Enrollment platform provides the business logic and functionality to drive the customer interactions, handle appropriate calculations and services, and execute administrative services as needed. The Exchange platform provides the capability to identify, store, and communicate data for employers both inbound and outbound related to enrollments, HCM, and payroll data. Both platforms handle PHI for Benefitplace members.

Benefitplace for Health Plans provides a single, integrated, end-to-end platform through which health plans can streamline administration and deliver a seamless benefits experience for their customers and members. Benefitplace for Health Plans also runs on the Enrollment and Exchange platforms as Benefitplace for Employers. In addition, Benefitplace for Health Plans also uses the Billing platform. The Billing platform provides the logic and data handling for bill presentment and reconciliation. All three platforms handle PHI for Benefitplace members.

The IA Classic product provides quoting, enrollment, and retention capabilities to health plans for the following market segments: small group and individual and family. Primary users of the solutions include brokers / internal sales reps, employers, employees, and anonymous consumers.

### Primary System(s)

*Benefitplace for Employers* is hosted in our primary data center managed by TierPoint and located in Charlotte, NC. The system and services are developed by Benefitfocus personnel and is primarily built in Java with some aspects running on Node.JS. The system and services run on Oracle WebLogic Server on Windows and Apache Tomcat on Linux. The primary data storage for the system is Oracle RDBMS with some supporting data also being stored in MySQL and PostgreSQL.



The Health Insights service uses MS SQL Server and Hadoop as data storage. Apache AMQ and Apache Membrane are used by the system to facilitate communications within the system and between the services listed below. Global Scape is used for Secure File Transfer Protocol (SFTP) interactions with external partners.

The Eligibility and Enrollment service is written in Java supported by Oracle RDBMS. It leverages Apache AMQ and Apache Membrane to communicate with the Benefit Catalog for Employer service.

The Communication and Engagement service is written in Java and Node.JS and is supported by Oracle RDBMS. It leverages Apache AMQ and Apache Membrane to communicate with the other services.

The Benefit Catalog for Employer service is written in Java supported by Oracle RDBMS and MySQL.

The Data Management/Payroll service is written in Java supported by Oracle RDBMS. It also leverages real time APIS and the Global Scape technologies to provide secure data transfer between the service and appropriate external partners.

The Administrative service is written in Java supported by Oracle RDBMS. It leverages Apache AMQ and Apache Membrane to communicate with the Eligibility and Enrollment service. The Health Insights service is written in Java and is supported by Hadoop and MS SQL Server. It utilizes Apache AMQ and Apache Membrane to communicate with the Eligibility and Enrollment service, the Data Management/Payroll service, and the Communication and Engagement service.

*Benefitplace for Health Plans* is hosted in our primary data center managed by TierPoint and located in Charlotte, NC. The system and services are developed by Benefitfocus personnel and is primarily built in Java with some aspects running on Node.JS. The system and services run on Oracle WebLogic Server on Windows and Apache Tomcat on Linux. The primary data storage for the system is Oracle RDBMS with some supporting data also being stored in MySQL, Mongo, and PostgreSQL.

The Health Insights service uses MS SQL Server and Hadoop as data storage. Apache AMQ and Apache Membrane are used by the system to facilitate communications within the system and between the services listed below. Global Scape is used for Secure File Transfer Protocol (SFTP) interactions.

The Billing service is written in Java and is supported by Oracle RDBMS. It leverages Apache AMQ and Apache Membrane to communicate with the Enrollment and Quoting service.

The Exchange service is written in Java supported by Oracle RDBMS. It also leverages real time APIS and the Global Scape technologies to provide secure data transfer.

The Benefit Catalog for Health Plans service is a robust catalog of leading products that are pre-vetted and easy to implement, with support to optimize strategy. This service is written in Java supported by Oracle RDBMS, MySQL and Mongo.



The Enrollment and Quoting service is written in Java and Node.JS and is supported by Oracle RDBMS. It leverages Apache AMQ and Apache Membrane to communicate with the Benefit Catalog for Health Plans service.

*IA classic* is an Enterprise application hosted in our Ashburn, VA data center managed by Digital Reality. The system is developed primarily in Java/JavaScript technologies and deployed on Wildfly, Apache Tomcat servers running on Linux and utilizing MS SQL server, PostgreSQL and MongoDB for Persistence

### Service(s) Outsourced

Benefitfocus utilizes third-party colocation Tier 3 data centers hosted by TierPoint for Benefitplace product offerings and services and Digital Reality for the IA Classic product offering. CenturyLink is our fully redundant telecom service provider for our data centers. Benefitfocus also outsources media destruction to Ingram who provides a certificate of data destruction for destroyed and sanitized data bearing devices that satisfies regulatory compliance requirements to include HIPAA, PCI, NIST and the California Security Breach Notification Act.

Benefitfocus outsourced service providers are SOC compliant and assessed annually as part of the company's third-party vendor assurance review.

### Scope Overview

The scope of validated assessment includes all Benefitfocus product and service offerings to both our employers and health plans through Benefitplace; as well as, our IA product offering. The environments that support these products and services were also included in the scope of this assessment.

System Name	Components	Service Offering	Full	Partial	With Exclusions	Description of Exclusions
Benefitplace for Employer	Windows	Eligibility and Enrollment service	X			
	Linux					
	Oracle RDBMS	Communication and Engagement service (Smart Moments)	X			
	MS SQL Server					
	PostgreSQL	Benefit Catalog for Employer	X			
	MySQL					

System Name	Components	Service Offering	Full	Partial	With Exclusions	Description of Exclusions
	Mongo	Data Management / Payroll	X			
	Hadoop					
	Apache AMQ	Administrative services (Vista)	X			
	Apache Membrane					
	Apache Tomcat	Health Insights	X			
	Oracle WebLogic					
	Oracle Java					
	Global Scape					
	Node.JS					
Benefitplace for Health Plans	Windows	Billing	X			
	Linux					
	Oracle RDBMS					
	MS SQL Server	Exchange	X			
	PostgreSQL					
	MySQL					
	Mongo	Benefit Catalog for Health Plans	X			
	Hadoop					
	Apache AMQ					
	Apache Membrane	Enrollment (includes Quoting)	X			
	Apache Tomcat					
	Oracle WebLogic					
	Oracle Java					
	Global Scape					

System Name	Components	Service Offering	Full	Partial	With Exclusions	Description of Exclusions
	Node.JS					
IA Classic	MS Window	Quoting				
	Linux		X			
	.Net	Enrollment				
	MS SQL Server		X			
	MySQL					
	Oracle Java	Renewals				
	Wildfly					
	Apache Tomcat		X			
	PostgreSQL					
	Mongo					

## Scope Description

The Benefitfocus Product Portfolio includes the following which are the subject of this report:

### *Benefitplace (Employer)*

Benefitplace for employers is a portfolio of offerings for the employer market. Within Benefitplace are a set of key competencies that help employers optimize the impact of their benefits investments to attract and retain talent and functions such as payroll services that help with controlling cost and reducing administrative burden

### Eligibility & Enrollment:

- The Eligibility & Enrollment competency describes how Benefitfocus enables employers to guide the right employees to the right benefit decisions with a personalized enrollment experience. This competency comprises of all the enrollment-related features and functionality of Benefitplace.

### Communication & Engagement:

- The Communication & Engagement competency describes how Benefitfocus enables employers to drive year-round, high-impact employee engagement with a comprehensive suite of communication tools and services. This competency compares all of the way's customers can use Benefitfocus to communicate with and educate employees.

## Health Insights

- The Health Insights competency describes how Benefitfocus gives employers the actionable intelligence they need to create a cost-effective benefit strategy, measure performance, and improve employee health. This competency comprises Benefitfocus' claims data-driven reporting and analytics tools, formerly known as Core and Advanced Analytics, plus some additional functionality that doesn't require claims integration.

## Benefit Catalog

- The Benefit Catalog competency describes how Benefitfocus enables employers to expand their benefits package with a robust catalog of leading products that are pre-vetted and ready to implement, with support to optimize their strategy and drive adoption. This competency comprises everything associated with what was formerly called BenefitsPlace.

## Administrative Services:

- The Administrative Services competency describes how Benefitfocus enables employers to offload tedious data activities and administrative tasks so they can focus their time and attention on benefit strategy. This competency comprises any of Benefitfocus' services that an employer would use to outsource different areas of benefits administration (with the exception of billing services and call center, which are represented in other competencies). These were previously described collectively as MarketPlace Administrative Services.

## Data Management (includes payroll):

- The Data Management competency describes how Benefitfocus enables employers to increase data accuracy, quality, and timeliness.

## *Benefitplace (Health Plans)*

Benefitplace for Health Plans is a portfolio of offerings for the health insurance market. Within Benefitplace are a set of key competencies that give them a unique opportunity to optimize, grow and transform their business while serving the diverse needs of their customers.

## Enrollment (includes Quoting) competency:

- The Enrollment competency streamlines enrollment and administration for commercial groups as they move toward increasingly complex benefit strategies, new funding models, and more plan options and eligibility rules. Quoting simplifies carriers and brokers selling and distribution using automation and intuitive broker tools that orchestrate the complex set of tasks required to quote, close, and install both prospective and existing groups.

## Billing competency:

- The Billing competency enables health plans (carriers and brokers) to automate their invoice consolidation and distribution and billing adjustments, while creating a simple, more convenient way for customers across all markets to securely receive their bills.



Exchange competency:

- The Exchange competency accelerates enrollment and renewals for even the most complex file submitting groups, for expedited insurance card turnaround times and reduced administrative expense.

Benefit Catalog competency:

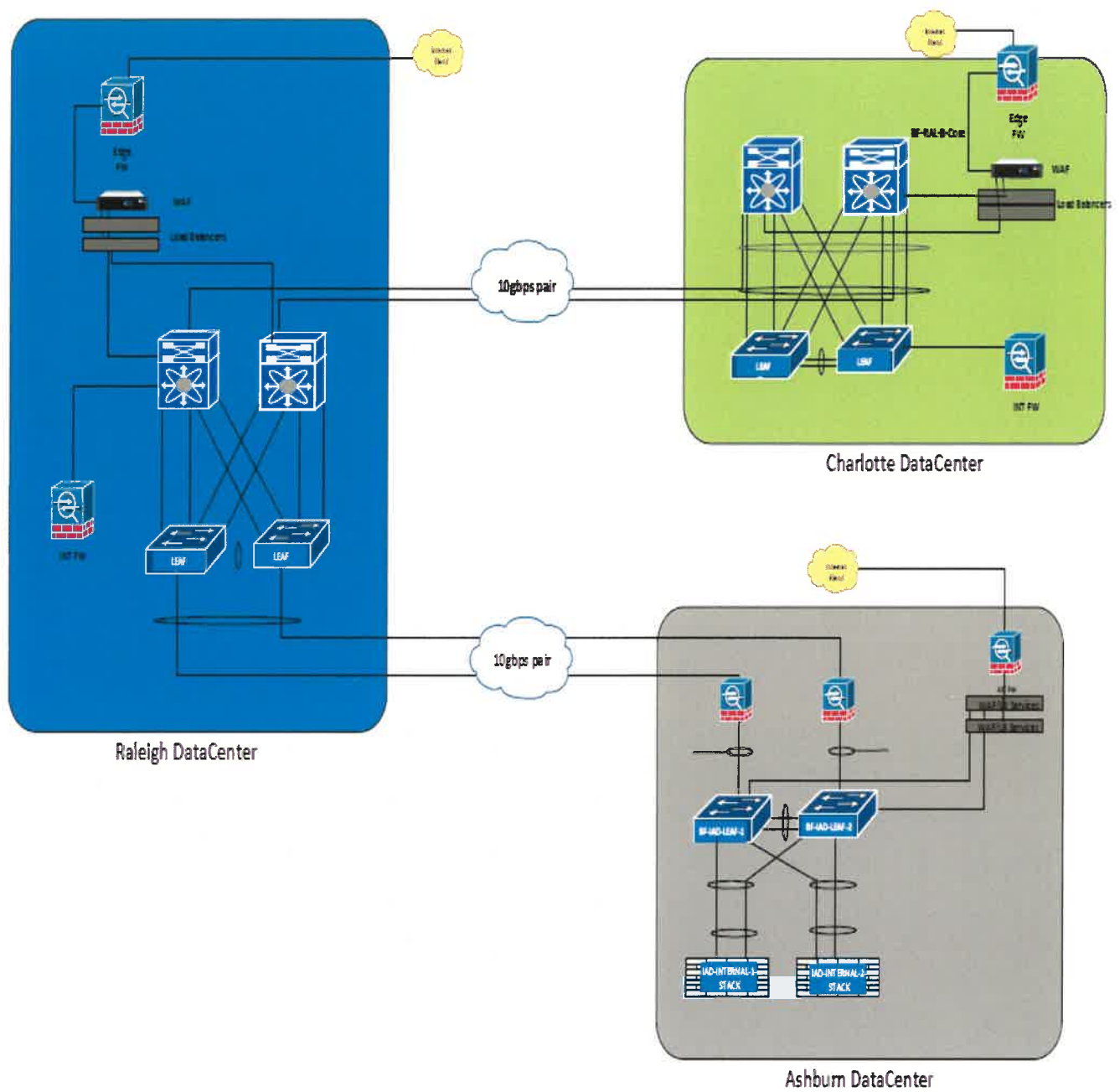
- The Benefit Catalog competency is a robust catalog of leading products that are pre-vetted and easy to implement, with support to optimize strategy.

*IA Classic:*

The IA Classic product provides quoting, enrollment, and retention capabilities to health plans for the following market segments: small group and individual and family. Primary users of the solutions include brokers / internal sales reps, employers, employees, and anonymous consumers.



## Scope Diagram





# Attachment 3

## Sample Training Plan

**Benefitfocus** for *life*<sup>™</sup>

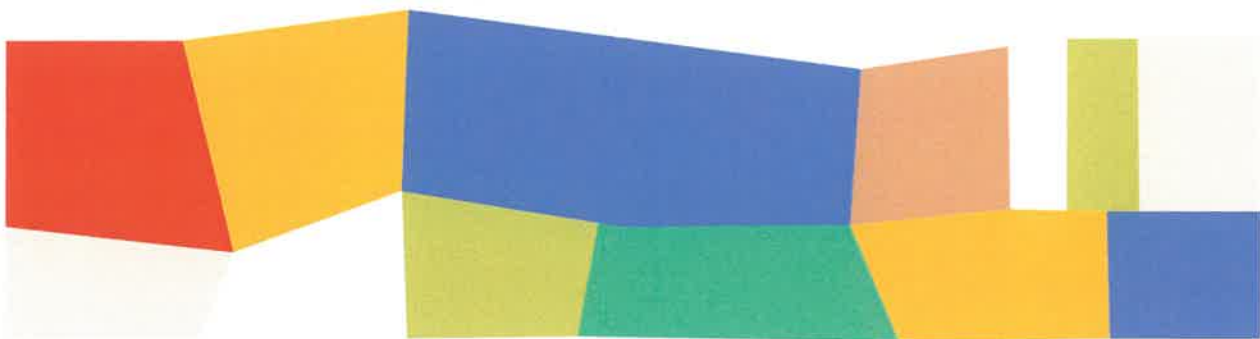


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# Overview

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This document outlines the plan to ensure all end users for the State of West Virginia project are set up for success with the Benefitplace implementation. It will include the assessment of the key stakeholders, topics, and logistics of the training execution. This effort is key to ensure alignment on how the system will work and ensure a flawless transition to ongoing support.

## Timeline

---

- TBD

## End User Communities

---

- Members
  - 120,000
- Agent Reps (training for the below will be consolidated)
  - AR Role (can only access their own pay center)
- PEIA Users (training for the below will be consolidated)
  - PEIA Member Services Unit (can access all members)
  - PEIA Operations' & Eligibility, (can access all members)
  - PEIA Accounting Unit (can access all members)
  - PEIA IT (can access all members)
  - Other PEIA Staff (Quality Control, Executive Officer) (can access all members)

## PEIA Staff

---

PEIA staff will need a comprehensive understanding of the end-to-end processes. The goal is for PEIA to become Benefitplace SMEs.

We will need to understand how we want to break down the topics between – Member Services, Operations & Eligibility, Accounting, IT and other staff. They need to understand the flow of the enrollment experience, backend tasks and operational items. Also they will need to understand key production activities like case management, secure messaging, etc.

- Training Approach:
  - Online Training for generic Benefitplace topics
  - Training Webinars (broken down per topics)
  - Provide hands on experience in test environment
  - Additional Process Training specific to their current processes – transfers, retiree process, cases etc.
  - Provide guides and other tips
  - Immediate Post go live – QA Webinar / office hours?
  - Post go live – quarterly training webinars

## Agent Reps

---

ARs will need to understand how the member enrollment experience occurs and how they access the system. Detailed training needed on all the permissions that are available to them. Need to understand the data flow.

*PEIA will most likely provide webinar for ARs.*

- Training Sessions:
  - Benefitplace 101 – intro, flow of data, how to access
  - Managing Member Data – Review of how to execute the system permissions – edit member data, term add for “all other agencies”
  - Tools – How to review the member history of changes and pay center level reporting, case / task management as applicable
- Training Approach: Will change material for ARs with payroll integration versus NSHE and Central Payroll:
  - Recorded Training Videos
  - Training Webinars (broken down per topics)
  - Provide guides and other tips

## Members

---

Members need to understand how to access, enroll, manage documents, be aware of smart moments, and know how to make qualifying life events.

- Training Approach:
  - Short FAQs
  - Updates on the PEIA site
  - Townhalls
- Approach Questions:
  - Understand the best member approach
  - Does PEIA need to make any updates to their site?

# Proposed Sessions for PEIA

The below will be live Benefitfocus led sessions.

Main Topic	Additional Topics	Audience	Material Prep Owner	Training Date
Intro - Kickoff	<ul style="list-style-type: none"> <li>• Scope overview – solution diagram</li> <li>• Production Support Overview</li> <li>• Milestones and go-live expectations</li> <li>• OnePlace365 Overview</li> <li>• Overview</li> </ul>	All PEIA Staff		
Member Role	<ul style="list-style-type: none"> <li>• Member Role Self Registration Process</li> <li>• Mobile App</li> <li>• Member Role Components and Navigation</li> <li>• New Hire Enrollment</li> <li>• Life Event Change</li> <li>• Uploading a Document</li> <li>• Smart Moment Overview</li> </ul>	All PEIA Staff		
Payroll and Vendor File Processes	<ul style="list-style-type: none"> <li>• Demo and Demographic Files</li> <li>• Variance Manager</li> <li>• Vendor File Transmission Overview</li> <li>• Error report processing</li> </ul>	All PEIA Staff		
Operational Processes	<ul style="list-style-type: none"> <li>• Transfers</li> <li>• Rehires</li> <li>• Terminations</li> <li>• EOI Process</li> <li>• Leave of Absence</li> <li>• Retiree Process</li> <li>• PEIA Case Management</li> <li>• Secure Messaging</li> <li>• Dependent Verification</li> <li>• Documentation Center</li> <li>• Date Rules and QLEs</li> </ul>	All PEIA Staff		
OP365 and Benefitfocus Case Management	<ul style="list-style-type: none"> <li>• Document storage</li> <li>• Case Management</li> </ul>	All PEIA Staff		
Flex Query Training	<ul style="list-style-type: none"> <li>• Deep dive review</li> </ul>			
Consolidated and Direct Billing	<ul style="list-style-type: none"> <li>• Consolidated Billing Overview</li> <li>• Preview and Final Invoice Demo</li> </ul>	All PEIA Staff		

	<ul style="list-style-type: none"> <li>Member Direct Bill experience and how they move into that state</li> </ul>			
COBRA Overview	<ul style="list-style-type: none"> <li>COBRA Solution Overview</li> <li>Benefitplace COBRA data flow</li> </ul>	All PEIA Staff		

The below topics are covered in the Benefitfocus created Training Videos at the link provided.

Main Topic	Additional Topics	Audience	Training Link
Admin Role	<ul style="list-style-type: none"> <li>Admin Access</li> <li>Role Components and Navigation</li> <li>Enrolling a member</li> <li>Making a life event</li> <li>History of Changes</li> <li>Category overview and impacts to changes</li> </ul>	All PEIA Staff	<a href="https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos">https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos</a>
Task Management	<ul style="list-style-type: none"> <li>Types of tasks</li> <li>How are they generated and what they do</li> <li>Ways that tasks generate and how to clear them</li> </ul>	All PEIA Staff	<a href="https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos">https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos</a>
Reports Overview	<ul style="list-style-type: none"> <li>Standard available reporting</li> <li>Best practices and tips</li> <li>History of Changes Deep dive</li> </ul>	All PEIA Staff	<a href="https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos">https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos</a>

# Proposed Sessions for ARs

The below topics are covered in the Benefitfocus created Training Videos at the link provided.

Main Topic	Additional Topics	Audience	Training Link
Admin Role	<ul style="list-style-type: none"> <li>Admin Access</li> <li>Role Components and Navigation</li> <li>Enrolling a member</li> <li>Making a life event</li> <li>History of Changes</li> <li>Category overview and impacts to changes</li> </ul>	All ARs	<a href="https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos">https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos</a>
Task Management	<ul style="list-style-type: none"> <li>Types of tasks</li> <li>How are they generated and what they do</li> <li>Ways that tasks generate and how to clear them</li> </ul>	All ARs	<a href="https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos">https://www.benefitfocusmedia.com/content/benefitfocus/benefits-administrator-role-training-videos</a>
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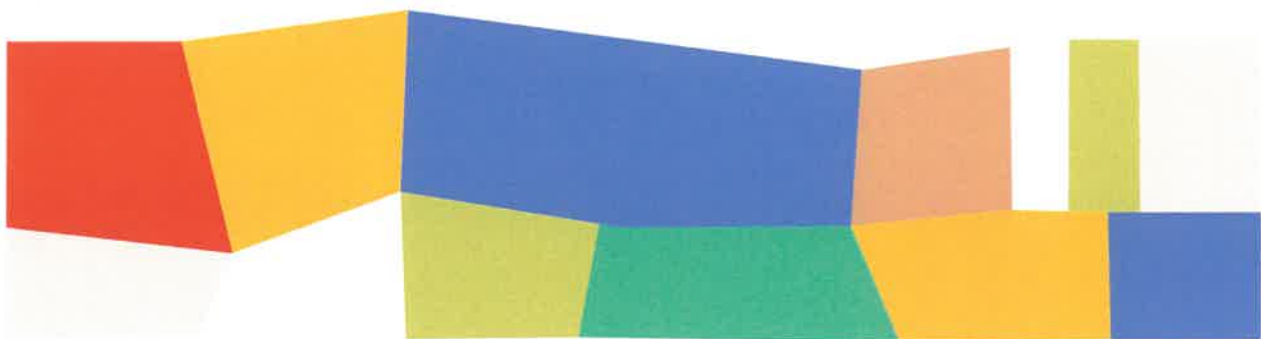
The below will be live Benefitfocus led sessions.

Main Topic	Additional Topics	Audience	Material Prep Owner	Training Date
Intro - Kickoff	<ul style="list-style-type: none"> <li>Scope of plans included in OE</li> <li>Member self-registration and user experience</li> <li>Direct Bill Member Experience</li> <li>Introduction to Agent Rep Admin Role</li> </ul>	All PEIA Staff		

# Attachment 2

## Sample Testing Plan

**Benefitfocus** for *life*<sup>™</sup>





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## Revision History

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Document Name	Version	Updates	Author/Owner	Date

## Approvals

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Stakeholder	Role	Name	Email	Date

## Welcome!

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Welcome to Benefitfocus!

This document is intended to give you an overall view of how a new public sector implementation will be tested. The focus is primarily on User Acceptance Testing, but it also gives insight into Benefitfocus Consulting, Engineering and Internal Testing processes to ensure we release a high-quality product. Together, our ultimate goal is to ensure we provide a successful experience for all end users, vendor partners, and stakeholders.

## 1.0 Definitions

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Before we dive into the details, let's review some definitions:

### 1.1 UAT ROLES:

- **Benefitfocus Test Manager** – Coordinates the UAT effort. Works with the public sector client to define the testing strategy, schedule, and test cases. Assists in triaging UAT questions/issues

and reporting progress to stakeholders. Tracks issues to resolution, raising risks and escalating when necessary.

- **Benefitfocus Test Analyst** – Assists in preparing environments and test data. Assists in test case execution. Assists in file validation, exporting, importing, and issue research.
- **Customer Testing Lead** – Works with the Benefitfocus Test Manager on testing logistics. Provides scheduling and resourcing advice. Shares Customer expectations. Assists in triaging UAT questions/issues and reporting progress to stakeholders.
- **Customer Testing Resources** – Executes test cases and validates results. Reports issues and questions to Benefitfocus Test Manager and Customer Testing Lead.

## 1.2 TESTING DOCUMENTATION:

- **Test Plan** – A detailed document that describes the scope, strategy, and logistics for testing a project or specific scope item in a project.
- **Test Schedule** – A document that lists tasks and timeline for testing a project or specific scope item in a project.
- **Test Case** – A set of steps that a user completes to verify that a product or service behaves according to a specific requirement.
- **Testing Discovery Questionnaire** – A set of questions to learn more about the external testing team's roles, responsibilities, and expectations.
- **UAT RACI** – A matrix of tasks and resources, identifying who will be Responsible, Accountable, Consulted, and Informed during a project.
- **Testing Metrics** – A report of the status of testing, including quality, resourcing, and scheduling. See the 9.2 Metrics section.
- **Progress/Test Validation Report** – A report that summarizes testing status and go-live readiness. See the 9.2 Metrics section.
- **Approval** – Acknowledgement in writing from a stakeholder that a deliverable is accepted and complete.
- **Issue** – A problem with the software or operational process such that expectations and needs are unmet. Issues can be categorized as any of the following:
  - **Defect** – Deviation between the actual and expected result, per an approved requirements document.
  - **Enhancement** – Deviation between the actual and expected result, such that the expected result it is not described in an approved requirements document.
  - **Deployment Issue** – Deviation between the actual and expected result, in which the root cause is a failed deployment task (ex: configuration was not promoted to the UAT environment, and therefore the functionality is not working as expected.)

## 1.3 TYPES OF TESTING:

- **Industry Terms:**
  - **Unit Testing** – Testing the smallest test-able part of an application. For example, in a specific field in the platform, validate all expected values are present.
  - **Scenario Testing** – Testing an action or “story” that could occur to an end user. For example:
    - Identify a member
    - Add a child dependent for that member
    - Expected result: The child record saves.

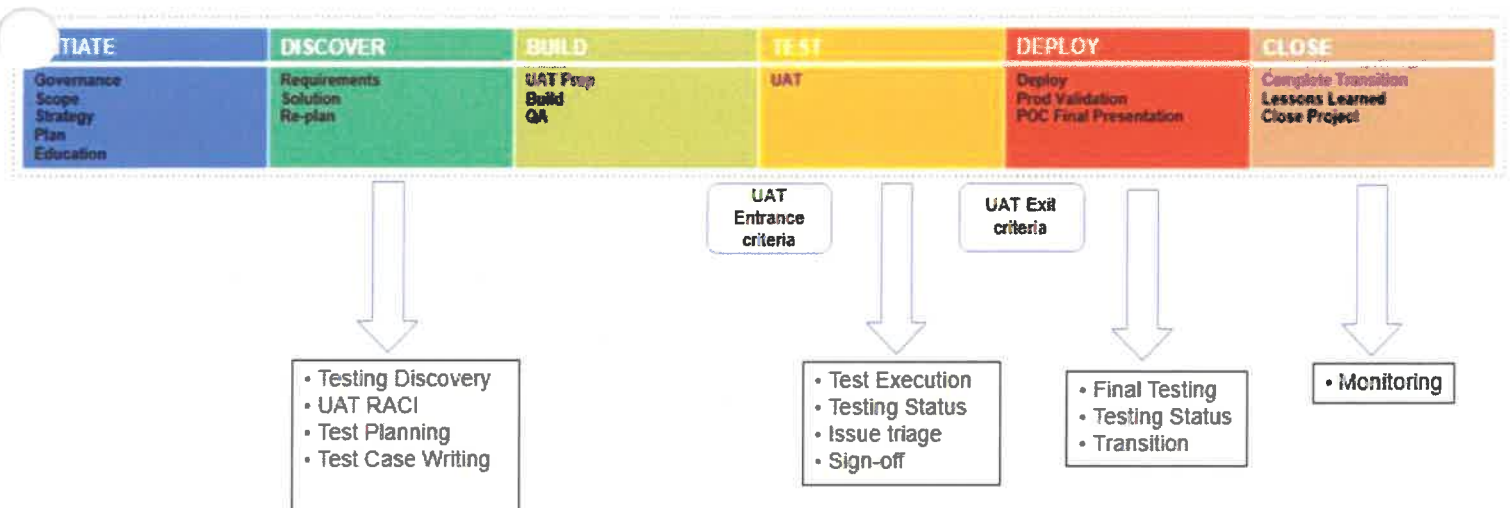
- **End-to-End Testing** – Testing a complete end-to-end process to simulate “what happens next?” after a scenario is completed. For example:
    - Identify a member
    - Add a child dependent for that member
    - Expected result: The child record saves
    - Extract all EDI files.
    - Expected result: This member extracts with a new coverage level and is sent to the EDI vendor
    - Extract a payroll deduction file.
    - Expected result: This member extracts with a new rate and is sent to the HRIS stakeholder
  - **Regression Testing** – Testing of previously existing functionality to ensure that as a result of adding/changing new functionality, the previously existing functionality has not changed or been degraded.
  - **Deployment Testing** – When a fix or change is made in production, we will test a subset of test cases to ensure that the change was deployed successfully, and test cases still meet the desired outcome
  - **Performance Testing** – Testing how a system performs in terms of responsiveness and stability under a large workload. For example:
    - A file extraction contains 700,000 records
      - Does it process in a timely manner that meets the Customer's SLA?
    - A user clicks a link in Benefitplace during the enrollment process
      - Does the page load within the expected amount of time?
  - **Concurrency Testing** – Testing with multiple users in the system, including some doing the same action simultaneously.
    - For example, many members will enroll at a time during Open Enrollment.
  - **Security Testing**
    - Testing the platform's security for confidentiality, integrity, and authentication.
    - Testing user-level security for various permissions of different user roles
  - **Browser Testing** – Testing different browsers for readability and functionality
  - **Mobile Testing** – Testing different mobile environments for readability and functionality
  - **Accessibility Testing** – Testing the application to ensure it is usable by people with disabilities and is ADA-compliant.
  - **Data Conversion Testing** – Testing the ability to convert data from one format/system to another
  - **Manual Testing** – Completing Test Execution with manual steps performed by a tester
  - **Automation Testing** – Completing Test Execution with automation software tools, so that is completely automatically without manual assistance
- **Benefitfocus Testing Terms and Considerations**
    - **Benefitplace Testing (Member Role)** – Testing the Benefitplace platform for usability, functionality, and member experience. For example:
      - A new hire logs in.
      - The new hire can enroll in benefits
      - Expected result: The employee can select benefits and complete enrollment.
    - **HR Role Testing** – Testing the HR view of the Benefitplace platform for usability, functionality, and HR Admin experience. For example:
      - The HR admin logs in
      - He/she opens the new hire's record

- Expected result: He/she can view the benefits that the new hire elected.
- **Participation Period Testing** – Also called Plan Year Testing. Testing the enrollment process at different points in the benefit year. For example:
  - During Open Enrollment, validate a member can view both Current period and Open period benefits.
- **Report Testing** – Testing employer-level and aggregate-level reports for accuracy of data
- **“Automatic Process” Testing** – Testing business processes that are set up to occur automatically on a large-scale basis. For example:
  - Each day, a process should run that identifies members with dependents who are aging out. The process puts a task on the member record and generates an email to be sent to the member to request a change in plan or cancellation.
- **EDI File Testing**
  - Testing the ability to process data from one system to another using an agreed upon format
  - File Format Testing – Validating the format of a file is correct per requirements.
  - Scenario-based Testing – Execution of a test scenario in the front-end software application, and validation of the result once a file is processed either into or out of the application
  - Audit Testing – extraction and validation of a file containing the full, current population, ensuring that the EDI vendor and the Benefitplace platform can be reconciled.
  - SFTP Testing – Testing the ability to send and receive files securely
  - Performance Testing – Described in the previous section, but extremely important for EDI File Testing.
- **Payroll/HRIS Testing**
  - Deduction File Testing - Validating the ability to exchange data between the Benefitplace platform and send an HRIS system.
  - Reconciliation Testing – Testing the ability for Benefitplace to ingest the actual deductions taken out of pension or pay checks.
  - SFTP Testing – Testing the ability to send and receive files securely
  - Performance Testing – Described in the previous section, but extremely important for Payroll File Testing.
- **Billing Testing** – Testing the consolidated and direct bill invoices and billing platform capabilities.
- **Test Environment** – A secure platform or system that can be used for testing.
- **Production Environment** – A platform or system that is used by end users once software is deployed for live use.

## 2.0 Testing Lifecycle

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The testing process begins during Discovery and continues until after go-live.



## 2.1 DISCOVER

During Project Discovery, consultants work with the stakeholders to discuss and identify various requirements and determine how to configure the platform.

The Benefitfocus UAT Team participates in Discovery so we can learn about Customer business needs. As the consultant discusses use cases and business processes with the client, the Test Manager starts developing the testing strategy:

- What do we need to test?
- How will we test?
- Who will do the testing?
- Where will we test?
- When will we test?
- How do we track results?
- How will we transition the testing knowledge to Production and Operational Support?

We gather all of this information, analyze it, and organize it into a Test Plan and tentative Test Schedule for a particular scope item or multiple scope items. In addition, the Benefitfocus testing team will go ahead and create test cases in an Excel format and present them to external stakeholders for review and approval. Depending on the size of the project, we may divide the work into several testing cycles, each with its own set of test cases.

By working through these testing questions early, we can identify areas of ambiguity and resolve them more quickly.

Once test cases are approved, Benefitfocus and the Customer can import the test cases in their respective Zephyr systems (or other tool). See Section 7.0 Testing Tools for more information about tools for this project.

## 2.2 BUILD

The Build step in a project may take several different paths.

### **1. Configuration-Only Changes**

After a Consultant completes Project Discovery, the Consultant will “build” your platform. This means they will select various configurations to represent your business needs. By having the approved test cases from the Discover step, the Consultant will have a more complete picture of how users will use the system and how to do some initial testing.

These changes are available to the Customer as soon as the Consultant completes them (and they are internally tested by a Test Analyst in the Test step).

### **2. Platform code change**

During Project Discovery, the Consultant may identify certain features or scope items needed by the Customer but are not present today. The Consultant provides technical requirements to the Engineering and internal QA teams to create the features and then test it (using de-identified data). UAT test cases are provided to internal QA so that this team can test the scenarios prior to the Test step. The QA team uses a combination of manual testing and automation testing.

### **3. Outbound EDI File code changes**

During EDI Project Discovery, the Consultant may identify certain features needed in EDI outbound files. Similar to #2, the Consultant provides technical requirements to the Engineering and internal QA teams to create the features and then test it (using de-identified data). UAT test cases are provided to internal QA so that this team can test the scenarios prior to the Test step.

## **2.3 TEST**

After a Consultant or Engineering/QA completes their building/testing, the Test Manager works with them to ensure their work passes certain quality criteria. After all criteria pass, they make the changes available to the Benefitfocus UAT team in a test environment, which will later be available to the external testers. See Section 6.0 Entry and Exit Criteria for the “entry” criteria for this project and where it will be stored.

The change is deployed to the Test environment as described below:

- Configuration changes made by the Consultant are available immediately in the Test environment. For example, we will change a configuration item. You can log out/log back in and see the change.
- Platform code changes from Engineering are deployed to test environments on a monthly basis, assuming they pass the Entry criteria. When we create the testing schedule, we schedule UAT to start at the time of deployment. If an issue is found, the fix is assessed for complexity and risk. If it is easy/critical to fix by a certain date, we will request a fix as soon as possible. If it can wait, it may be deferred to the following month. Monthly deployments occur at night.
- Outbound EDI File code changes from Engineering can be deployed to the test environment nightly, assuming they pass the Entry criteria. If an issue is found, the fix could be deployed in this nightly deployment schedule.

Benefitfocus Test Analysts will complete one more internal run-through of the test cases to make sure the planned testing scope is working. This is important, for example, because it is possible for multiple Engineering/QA teams to work on several features that are deployed at the same time in the test environment. The Test Analysts make sure all the features work together before we turn it over to the Customer for external testing.

If all quality criteria still pass, the Customer's testing resources can begin external testing. Depending on the scope being tested, we may complete multiple types of testing, which will be represented in the test cases. The Test Manager will work with the Customer's testing resources to determine the order of work and expected number of test cases to complete each day/week. Please see the Definitions and the Customer Strategy section for a summary of how various scope items will be tested.

Like the Build step, the Test step can take several different paths. Here are some possible workflows that occur in test case execution:

1. A Test Case result matches the expected result. The testing resource will mark the scenario as **Pass**.
2. A Test Case result does not match the expected result. The testing resource will mark the scenario as **Fail**. We then triage with the following questions:
  - Is this expected result documented in the requirements?
    - Yes – We will file a defect
    - No – We will follow the change request process
  - Is this a code issue? Or a configuration issue?
    - Configuration – We will work with the Consultant.
      - Sometimes the change is easy and quick.
      - Sometimes the change needs further discussion and requirements clarification.
    - Code
      - We will send the issue to Engineering to fix. They triage and determine an estimated fix date so we know when we can retest this Test Case (and other similar ones as part of regression testing)
      - See Section 8.0 Issue Reporting Process for the process for filing an issue.
  - What is the priority of the issue?
    - Urgent or blocking issues will be resolved with highest priority.
    - During the Test step, the Test Manager works with the Customer Testing Lead to track/re-prioritize issues.
    - Less severe issues will be ordered lower in priority for them to be worked
    - Section 8.0 Issue Reporting Process for examples.
3. Sometimes a Test Case result needs feedback from others. Please mark the scenario as **Waiting for Feedback**.
4. Sometimes a Test Case can get **Blocked**. This is most common when we conduct end-to-end testing. For example, if we can't enroll a member successfully, we will be blocked on a later test to extract the member on an EDI file.



During the Test step, the Test Manager works with the Customer Testing Lead to track metrics and report on progress. See Section 9 Communications and Metrics for examples and more details on the communication plan.

After all testing is completed, the Test Manager and Customer verify that the testing results pass certain quality criteria. If all items pass, we will move forward with deployment to Production. Please see Section 6 Entry & Exit Criteria for the “exit” criteria for completing the Test step.

## 2.4 DEPLOY

We made it to deployment of our scope item! However, testing is not done. Two types of deployment testing occur:

1. **Pre-deployment testing** – We will move the configuration or code change into one final test environment that is most like Production (refreshed daily). We will then complete a subset of test cases to make sure all scope items are still working as expected.
2. **Post-deployment testing** – We will monitor changes that occur in Production to make sure all scope items are working as expected. For example, if we are working with a nightly EDI Import, we will validate production members for 1 week, to make sure that the change is visible on the member record. The amount of time for monitoring will be identified in the scope item’s test plan.

If issues are found within the warranty period (generally 60 days after go-live), the UAT team will continue to own the triage, progress reporting, and final resolution of the issue. After the warranty period, the Benefitfocus Operations team will own triaging and resolving issues.

The Test Manager and Consultant will work together to transition support of the new feature to the Operations team. For example, we may document manual processes (hopefully there are none!) or create an EDI import exception catalog (for exceptions that need to be reviewed manually).

### A note about Production Releases:

Benefitfocus releases features on a monthly or weekly basis.

Platform code changes are deployed on a monthly basis in Production. If necessary, they may be hidden until a Customer is ready to have it turned on. Note: Other Customer changes and Benefitfocus changes are released in the monthly release. These changes are communicated via email in Release Notes. Your Operations Manager can help you get subscribed to this email distribution.

Outbound EDI changes are released on a weekly basis. They are Customer-specific. The Test Manager helps in determining deployment dates for project scope items. Post-implementation, the Operations Manager helps in scheduling these items.

If a critical issue is found in Production, we will escalate the issue and work to resolve it immediately. As soon as it is fixed and passes testing, it can be deployed on a one-off basis at any time day or night. We want to resolve this as quickly as possible.

## 2.4 CLOSE

In our goal of continuous process improvement, the UAT team will continue to monitor issues that were found after go-live. We want to prevent this type of issue from occurring in future test execution efforts (either phases during this implementation or future projects after go-live). We also want to be part of “lessons learned” discussions so that we can further improve our testing processes.

# 3.0 Scope and Implementation Strategy

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For reference, the Project Scope and Implementation Strategy are listed below.

## 3.1 <CUSTOMER> SCOPE

- Enrollment & Eligibility Aggregate Role
- Health Insights Claims Integration & Flex Query Reporting
- Consolidated Billing
- Single Sign-On
- Advanced Branding
- File Integrations
- COBRA Administration
- Content Management Self-Service Tool

## 3.2 EMPLOYER-SPECIFIC SCOPE

- Configuration of enrollment application w/ standard + advanced reporting functionality
- Health Insights Cost Estimator (Member Role) and Core Dashboards (Benefits Administrator Role)
- Direct Bill
- Demographic & Deduction Files
- Data Conversion
- ACA Management & Reporting

## 3.3 ITEMS NOT IN SCOPE

- Content Management Consulting Services (CMS)
- Benefit Service Center (BSC)
- Total Compensation App
- Verification Services (Dependent Verification)
- Fulfillment Services
- QMCSO Services
- Custom Reports
- Business Restructuring Services
- Open Enrollment / Reservation Services

## 3.4 IMPLEMENTATION STRATEGY

The <CUSTOMER> project scope will be implemented in <XX> distinct phases.

- In Phase 1, we will focus on designing, building, and validating the core solution with <CUSTOMER> that will be rolled out to all employers.
- In Phases 2-X, we will focus on incrementally defining, building, and validating requirements unique to the employers within each phase.

#### Phase 1 (<CUSTOMER> Standards)

- Enrollment and eligibility requirements
- UAT strategy only (no execution):
  - Health Insights
  - Direct Bill, Billing & Payment
  - COBRA
  - Vendor/Carrier/TPA integrations
  - Payroll file integrations
  - Data Conversion
  - SSO
  - API
  - Content Manager

#### Phase 2 (<Employer(s)>)

- Configuration of enrollment application
- Health Insights with Flex Query Tool
- Direct Bill, Billing & Payment
- COBRA Administration (pending decision)
- Vendor/Carrier/TPA integrations
- Payroll file integrations
- Data Conversion
- SSO
- API
- Content Manager
- Advanced Branding
- Platform Usage Stats
- Cost Estimator
- Browser/Mobile
- As if Medicare
- Dependent Enrollment
- New Hire Rules Employer Contribution

## 4.0 UAT Strategy

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The testing strategy will mirror the overall implementation strategy.

- In Phase 1, we will validate the core <CUSTOMER> enrollment and eligibility configuration requirements with <CUSTOMER> stakeholders, according to the Configuration Requirements Document and the Change Reason Permission Document.
- In Phase 2, we will validate:
  - Additional <CUSTOMER> employer-specific enrollment and eligibility requirements for <Customer>
  - A subset of core <CUSTOMER> enrollment features for regression purposes
  - Vendor/partner solutions, such as EDI, Payroll/HRIS, Billing, and COBRA
  - Analytical solutions
- In Phases X-X, we will validate the additional <CUSTOMER> employer-specific requirements and solutions added within each subsequent project phase.

In general, testing for each scope item will be divided into cycles, including:

- Unit testing and Basic functional testing

- Detailed scenario testing
- End-to-end testing. After we confirm each scope item is working as expected, we will put all of phase items together in end-to-end test scenarios
- Data conversion/reconciliation testing. We will work with EDI Vendors on data reconciliation, to make sure each partner's membership data matches.
- Ongoing Audit process
- SFTP testing for files
- Performance testing

Please see the table below for the following:

- An overview of each phase
- Who will be involved
- How different scope items will be tested

As a reminder, for each scope item, a more detailed test plan will be written and provided to <CUSTOMER> for approval. Our goal is to provide a test plan within 2-3 weeks of requirements being signed off.

## 4.1 PHASE 1 (<CUSTOMER> STANDARDS)

Scope item	Stakeholders	Scenarios	How it will be tested
<b>Enrollment and eligibility requirements</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>This testing mimics the various steps that a subscriber and HR Admin may take in the platform. For example:</p> <p><b>New members:</b></p> <ul style="list-style-type: none"> <li>• Completing an enrollment</li> <li>• Verifying members are allowed/prevented in selecting certain offers and plans</li> <li>• Plan Details and workflow are correct</li> <li>• Profile information and dependent/beneficiary information can be added/edited</li> <li>• Document storage</li> <li>• HR admins can research enrollments and communicate to members</li> </ul> <p><b>Existing members:</b></p> <ul style="list-style-type: none"> <li>• Plan changes</li> <li>• Terminations, Rehires</li> <li>• Transfers</li> <li>• Cancellations</li> <li>• Life changes, such as birth, marriage, divorce, death</li> <li>• Category changes</li> <li>• Demographic changes</li> </ul> <p>During Phase 1, we will test "standard" basic enrollment scenarios that apply to all employing units. Employer-specific scenarios and some more complicated enrollment scenarios will be deferred to Phase 2.</p>	<p>&lt;CUSTOMER&gt; Testers will key the test cases and validate results. In our 8 weeks, we will have the following themes:</p> <p>Weeks 1 and 2 – Enrolling new members. Providing HR support to new members. Unit testing field-level values. Scenario testing.</p> <p>Weeks 3 and 4 – Keying life changes on members. Providing HR support for changes.</p> <p>Weeks 5 and 6 – Deeper testing of new members and life changes. Retesting issues as needed. Scope to be determined based on success of Weeks 1-4</p> <p>Week 7 – User permissions</p> <p>Week 8 – end-to-end testing, regression testing</p>
<b>UAT strategy development</b>	<ul style="list-style-type: none"> <li>• Benefitfocus Test Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Health Insights</li> <li>• Direct Bill</li> <li>• Billing &amp; Payment</li> <li>• COBRA (pending decision)</li> <li>• SSO</li> <li>• API</li> <li>• Payroll</li> <li>• Data Conversion</li> <li>• Content Manager</li> </ul>	<p>We will participate in discovery sessions and research the testing strategy. We will begin working on test plans, test cases, and a test schedule, which will be presented to &lt;CUSTOMER&gt;.</p>

## 4.2 PHASE 2 (<CUSTOMER>)

Scope item	Stakeholder	Scenario	How it will be tested
<b>Configuration of enrollment application</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>This testing mimics the various steps that a subscriber and HR Admin may take in the &lt;Customer&gt; platform.</p> <p>We will retest a subset of &lt;CUSTOMER&gt; Standards functionality, plus add any other unique, employer-specific scenarios.</p> <p>We will also test plan rates (if available), advanced salary, and automated business processes, such as dependent age-out, benefit transfers, and Previous-Current-Open enrollments. A more comprehensive list of business processes will be provided in the Phase 2 Enrollment Test Plan, after discovery.</p>	We will repeat a subset of test cases from Phase 1 for Enrollment and eligibility testing. We will execute test cases for employer-specific member and HR scenarios.
<b>Health Insights with Flex Query Tool</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Health Insights team</li> </ul>	Data is mapped from carrier files to the Health Insights database. This testing will review database structure & interoperability, financial amounts, member population counts, and claims data.	<p>(Tentative based on discovery)</p> <p>We will generate sample data that represents the Customer's database. We will validate the summarized and detailed data provided via the Health Insights and Flex Query tool. Client UAT is generally 2 weeks.</p>
<b>Direct Bill, Billing &amp; Payment</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Billing Vendors</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>We will test the Billing and Payment process</p> <p>We will repeat a subset of the Member Portal testing and then extract the changes on Billing files. The Billing team will generate an invoice to show the billing impact.</p>	<p>We will test scenarios through multiple steps:</p> <ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; testers will stage members for testing</li> <li>2. Benefitfocus will extract the file and send to the Billing team for seeding their test environment</li> <li>3. The Billing team will provide an invoice</li> <li>4. &lt;CUSTOMER&gt; testers will change the members</li> <li>5. Benefitfocus will extract the file and send to the Billing team for validation</li> <li>6. The Billing team will provide an invoice</li> </ol>

			<p>Cycles:</p> <ol style="list-style-type: none"> <li>1. Enrollment testing as needed (some may have been completed in prior phases)</li> <li>2. File Format Testing</li> <li>3. "Current Period" Scenario Testing</li> <li>4. OE Scenario Testing</li> <li>5. Prior Year Scenario Testing if applicable</li> <li>6. Repeat cycles as needed</li> <li>7. Data reconciliation (for existing EDI Vendors)</li> <li>8. Ongoing Audit process</li> <li>9. SFTP Testing throughout (with PGP Encryption)</li> <li>10. Performance testing</li> </ol>
<b>COBRA Administration</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>We will test the COBRA process.</p> <p>We will repeat a subset of the Enrollment and eligibility scenario testing</p>	<p>We will test scenarios through multiple steps:</p> <ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; testers will stage members for testing</li> <li>2. &lt;CUSTOMER&gt; testers will change the members</li> </ol> <p>Cycles:</p> <ol style="list-style-type: none"> <li>1. Enrollment testing as needed (some may have been completed in prior phases)</li> <li>2. File Format Testing</li> <li>3. "Current Period" Scenario Testing</li> <li>4. OE Scenario Testing</li> <li>5. Prior Year Scenario Testing if applicable</li> <li>6. Repeat cycles as needed</li> <li>7. Data reconciliation (for existing EDI Vendors)</li> <li>8. Ongoing Audit process</li> <li>9. SFTP Testing throughout (with PGP Encryption)</li> <li>10. Performance testing</li> </ol>
<b>Vendor/Carrier/TPA integrations (Extractions)</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• EDI Vendors</li> </ul>	<p>We will test each EDI Vendor's files, outbound from Benefitfocus.</p>	<p>We will test scenarios through multiple steps:</p> <ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; testers will key a variety of members according to test cases.</li> </ol>

	<ul style="list-style-type: none"> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>We will repeat a subset of the Enrollment and eligibility scenario testing and then extract the changes on EDI files.</p> <p>Benefitfocus extracts/sends a test file to the EDI Vendor. The EDI Vendor will validate each field in an EDI file against the requirements' file layout and use cases.</p>	<ol style="list-style-type: none"> <li>2. Benefitfocus will extract/send a file to the EDI Vendor to import into their system and validate</li> <li>3. &lt;CUSTOMER&gt; testers will key changes</li> <li>4. Benefitfocus will extract/send a file to the EDI Vendor to import into their system and validate</li> <li>5. We will repeat steps 3 and 4.</li> </ol> <p>Cycles:</p> <ol style="list-style-type: none"> <li>1. Enrollment testing as needed (some may have been completed in prior phases)</li> <li>2. File Format Testing</li> <li>3. "Current Period" Scenario Testing</li> <li>4. OE Scenario Testing</li> <li>5. Prior Year Scenario Testing if applicable</li> <li>6. Repeat cycles as needed</li> <li>7. Data reconciliation (for existing EDI Vendors)</li> <li>8. Ongoing Audit process</li> <li>9. SFTP Testing throughout (with PGP Encryption)</li> <li>10. Performance testing</li> </ol>
<b>Vendor/Carrier/TPA integrations (Imports)</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• EDI Vendors</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>We will test each EDI Vendor's files, inbound to Benefitfocus.</p> <p>We will import changes from EDI Vendors and validate.</p>	<p>We will test scenarios through multiple steps:</p> <ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; testers will key a variety of members according to test cases.</li> <li>2. Benefitfocus will extract/send a file to the EDI Vendor to import into their system</li> <li>3. The EDI Vendor will provide a file with changes</li> <li>4. Benefitfocus will import the file</li> <li>5. &lt;CUSTOMER&gt; testers will validate the changes were made (or exceptions handled)</li> </ol> <p>Cycles:</p> <ol style="list-style-type: none"> <li>6. Enrollment testing as needed (some may have been completed in prior phases)</li> <li>7. "Current Period" Scenario Testing</li> <li>8. OE Scenario Testing</li> <li>9. Prior Year Scenario Testing if applicable</li> <li>10. SFTP Testing throughout (with PGP Encryption)</li> </ol>



			11. Repeat cycles as needed 12. Performance testing
<b>Payroll/HCM file integrations</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• HRIS testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	We will test the Payroll/HRIS process for employers with automated payroll systems.	We will test scenarios through multiple steps: <ol style="list-style-type: none"> <li>1. The &lt;CUSTOMER&gt; Payroll Administrators will provide a test demographic file matching each test case.</li> <li>2. Benefitfocus will import the demographic files</li> <li>3. &lt;CUSTOMER&gt; testers will validate that members were added</li> <li>4. &lt;CUSTOMER&gt; testers will enroll members</li> <li>5. Benefitfocus will extract a payroll deduction file and send to the Payroll Administrator</li> <li>6. The &lt;CUSTOMER&gt; Payroll Administrators will provide a test demographic file changing some members.</li> <li>7. &lt;CUSTOMER&gt; testers will change members for each test case</li> <li>8. Benefitfocus will extract a payroll deduction file and send to the Payroll Administrator</li> <li>9. Repeat steps 6-8 with further changes</li> </ol> Cycles: <ol style="list-style-type: none"> <li>1. Enrollment testing as needed (some may have been completed in prior phases)</li> <li>2. File Format Testing</li> <li>3. "Current Period" Scenario Testing</li> <li>4. OE Scenario Testing</li> <li>5. Prior Year Scenario Testing if applicable</li> <li>6. Repeat cycles as needed</li> <li>7. Data reconciliation (for existing EDI Vendors)</li> <li>8. Future reconciliation process (audit files, adjustments)</li> <li>9. SFTP Testing throughout (with PGP Encryption)</li> <li>10. Performance testing</li> </ol>
<b>Data Conversion</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> </ul>	We will test the data conversion process, in which <CUSTOMER> will provide an iMax containing member data,	(Tentative based on discovery)  We will test scenarios through multiple steps:

	<ul style="list-style-type: none"> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	to ensure that it imports successfully into the Benefitplace platform	<ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; will provide a small iMax file containing a sample of members.</li> <li>2. Benefitfocus will import the file into a test environment.</li> <li>3. Both teams will review the members for accuracy and being able to use them in test cases.</li> <li>4. &lt;CUSTOMER&gt; will provide an iMax file containing the full population</li> <li>5. Benefitfocus will import the file into a test environment.</li> <li>6. Both teams will review for accuracy.</li> <li>7. Benefitfocus will extract EDI Vendor files and send them.</li> <li>8. The EDI Vendor will compare for accuracy.</li> <li>9. Repeat the above process as needed</li> </ol>
<b>SSO</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>We will test SSO's, such as:</p> <ol style="list-style-type: none"> <li>1. The ability to login from a Customer web site</li> <li>2. The ability to transfer to an EDI Vendor's web site during the enrollment process and back to the Benefitplace platform without having to log in separately.</li> </ol>	<p>(Tentative based on discovery)</p> <p>We will test the ability to login using a single-sign-on credential.</p> <p>We will test vendor SSO's where applicable.</p>
<b>Content Manager</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	We will verify that each page is formatted correctly.	<p>We will go through each page of Benefitplace and ensure that the custom content layout is correct.</p> <p>We will also test various browsers as well as accessibility.</p>
<b>Advanced Branding</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	We will verify that each page contains the correct branding.	We will go through each page of Benefitplace and ensure that the advanced branding is correct.
<b>Platform Usage Stats</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> </ul>	We will verify that the platform usage stats are correct	We will generate sample data that represents the Customer's database. We will verify the platform usage stats.

	<ul style="list-style-type: none"> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>		
<b>Cost Estimator</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	We will verify that the cost estimator is correct	<p>(Tentative based on discovery)</p> <p>We will repeat a subset of test cases from Phase 1 for Enrollment and eligibility testing and look specifically at the cost estimator data for various members.</p>
<b>Browser/Mobile</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	We will verify that members are able to enroll using a variety of browsers and mobile devices.	<p>(Tentative based on discovery)</p> <p>During enrollment scenario testing, we will use test on supported browsers. We will also test scenarios on mobile devices.</p>
<b>Dependent Enrollment</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	(TBD based on discovery)	(TBD based on discovery)
<b>New Hire Rules Employer Contribution</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers</li> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	(TBD based on discovery)	(TBD based on discovery)
<b>End-to-End Testing</b>	<ul style="list-style-type: none"> <li>• &lt;CUSTOMER&gt; testers,</li> <li>• All Vendors, HRIS testers,</li> <li>• Benefitfocus Test Manager</li> </ul>	After the above scope items are completed and passing, we want to test all of the pieces together.	<p>We will test scenarios through multiple steps:</p> <ol style="list-style-type: none"> <li>1. &lt;CUSTOMER&gt; Users will stage members for testing (or use a Payroll/HRIS demographic file)</li> <li>2. Benefitfocus will extract files and send to the EDI Vendor, COBRA</li> </ol>

	<ul style="list-style-type: none"> <li>• Test Analyst</li> </ul>	<p>We will repeat a subset of the Member Portal testing and then extract the changes on EDI Vendor files, Payroll files, COBRA files, and Billing files.</p>	<p>vendor, and Billing vendor for seeding their test environment</p> <ol style="list-style-type: none"> <li>3. &lt;CUSTOMER&gt; Users will change the members</li> <li>4. Benefitfocus will extract the file and send to the same group.</li> <li>5. Benefitfocus will extract the Payroll/HRIS files and send to the HRIS system.</li> <li>6. If the Vendor sends back an Acknowledgement or Changes file, Benefitfocus will import and validate.</li> <li>7. &lt;CUSTOMER&gt; Users will change the members a 2<sup>nd</sup> time.</li> <li>8. Benefitfocus will extract the file and send to the EDI Vendor for validation</li> <li>9. Benefitfocus will extract the Payroll/HRIS files and send to the HRIS system for validation.</li> </ol>
<b>Deployment testing</b>	<ul style="list-style-type: none"> <li>• Benefitfocus Test Manager</li> <li>• Test Analyst</li> </ul>	<p>When we are ready to go live, we will complete a subset of tests to ensure that the scope item was deployed to production successfully.</p> <p>We will validate production files for 1-2 weeks.</p> <p>We will validate the production inbound files to Benefitfocus for 1-2 weeks.</p>	<p>We will test internally and provide results.</p>

### 4.3 PHASE X-X

Phase X-X will repeat some of the above testing but will be customized for the specific entity being tested.



## 5.0 Test Schedule

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A month-by-month tentative schedule will be provided below so you can get a better idea of how the different pieces will be tested individually and then together in end-to-end testing. Please note that dates are subject to change based on discovery findings. Please see the Project Schedule for the latest timeline.

Each of the scope items to be tested will include the tasks below for planning and execution.

### 5.1 UAT PLANNING

- UAT kick-off call
  - Benefitfocus to set up and lead. <CUSTOMER> testers to participate and provide feedback
- UAT test plan and test scenario review meeting
  - Benefitfocus to set up and lead. <CUSTOMER> testers to participate and provide feedback
- UAT test plan and test scenario approval
  - Benefitfocus to write the test plan and scenarios and provide to <CUSTOMER>. <CUSTOMER> testers to review, provide feedback, and approve.
- UAT Demo meeting
  - Benefitfocus to provide a demo of areas to be tested

### 5.2 UAT ENVIRONMENT PREPARATION

- Sponsor configurations
  - Benefitfocus to set up
- Security access for external users/testers
  - Benefitfocus to set up and provide to <CUSTOMER>
- EDI-related:
  - Outbound file configurations
    - Benefitfocus to set up
  - Inbound file configurations
    - Benefitfocus to set up
  - SFTP connectivity
    - Benefitfocus to work with vendors and <CUSTOMER> to determine SFTP connectivity. <CUSTOMER> would provide URL's and credentials as needed. Vendors would provide URL's and credentials as needed.

### 5.3 UAT EXECUTION

- Entry Criteria Checkpoint
- Internal UAT start
- Internal UAT end

- Entry Criteria Checkpoint
  - Benefitfocus to provide Entry Criteria metric/status to <CUSTOMER>
- External UAT start
  - <CUSTOMER> testers execute test cases and report issues/questions
  - Benefitfocus and <CUSTOMER> Customer Lead provide metrics
- External UAT end
- Exit Criteria Checkpoint
  - Benefitfocus and <CUSTOMER> testers review Exit Criteria to determine go/no-go status
- UAT Approval
  - <CUSTOMER> provides approval that testing is complete, according to the Exit Criteria and is ready for deployment.

#### 5.4 PRODUCTION VALIDATION

- Pre-Deployment Testing
  - Benefitfocus and <CUSTOMER> execute a small set of test cases to ensure final readiness
- Production Deployment
  - Benefitfocus will deploy the change in Production.
- Post-Deployment testing
  - Benefitfocus and <CUSTOMER> execute a small set of test cases to ensure successful deployment.

The remaining sections of the Test Plan describe a few more testing logistics to support our testing effort.

## 6.0 Entry & Exit Criteria

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For each scope item being tested, we will require the following criteria to start and close UAT. At the end of a phase, we will complete end-to-end testing. We will ensure that all scope items within a phase meet the criteria.

### 6.1 ENTRY CRITERIA

- Test plan and test scenarios reviewed and approved
- Benefitfocus development complete for the specified feature or component
- Benefitfocus Quality Assurance (QA) complete for the specified feature or component
- Benefitfocus QA has no outstanding blocking or critical defects/issues
- Test environment(s) configured with platform changes and security access
- EDI and payroll files can be extracted/imported
- SFTP connectivity established between Benefitfocus and project partners
- Relevant training provided to <CUSTOMER> testers

### 6.2 EXIT CRITERIA

- Test scenarios executed
- Benefitfocus and the Customer agree on severity of open defects/issues

- No open Blocker or Critical defects/issues exist
- Open Major and Minor issues are agreed upon by all stakeholders with target resolution dates
- Workarounds clearly established and agreed upon by all stakeholders

## 7.0 Testing Tools

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We will use the following testing tools during the project.

- **Zephyr** – As mentioned earlier, we will create test cases in an Excel spreadsheet. After Customer approval, the Benefitfocus team will load the test cases into their Zephyr system for internal testing. The Customer will load the test cases into their Zephyr system for external testing. During test execution, the Customer will export their Zephyr testing results to Excel to communicate testing results. The Test Manager will analyze the results and create metrics in Zephyr and Excel and PowerPoint, depending on the audience.
- **One Place365** – Each Customer is given a secure sharepoint site. It will be used to share project and testing status reports, requirements, and process documentation. It will also be used for issue/defect reporting and tracking. See Section 8, Issue Reporting Process for more information.
- **Jira** – For issues that require coding fixes, the Benefitfocus team will file issues in Jira. The ticket number will be communicated in Issue metrics. When fixes are complete and deployed in a test environment, the Test Manager and Test Analyst will do internal testing before asking the Customer to retest.
- **Excel** – We will use Excel for analyzing metrics as needed. We will use Excel for EDI File Validation and Data Reconciliation where needed.
- **Notepad++/Text Pad** – We will use a text tool for EDI File Validation and Data Reconciliation where needed.
- **PowerPoint** – The Test Manager will use PowerPoint to share program-level metrics.
- **File validation** – We will run test 834 files through a HIPAA validator before sending to an EDI Vendor.
- **Test Environment** – The Test Manager will provide URL's and appropriate credentials to the appropriate test environment for testing each scope item. Test environments will contain data that is a copy of Production. Test environments are refreshed on a monthly basis with a newer copy of Production data.
- **Member Data** – We do not use real member data during initial testing. We will work with the Customer's testing resources on each scope item to determine how to key or stage members for testing.



## 8.0 Issue Reporting Process

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### 8.1 HOW TO REPORT AN ISSUE OR QUESTION

If an issue is found during test execution, please report it via One Place 365.

1. Login and locate the left-hand Navigation menu.



2. Select Project Management and select the project for which you are conducting validation.



3. Navigate to the Project Testing Logs at the bottom of the project layout page.

Name in Platform

Seahawk Sanctuary

Days to Go Live

134

+ Dates

+ Contacts

Project Milestones

+ Prep

+ Configuration

+ OE Validation

+ OE Period

+ Data Exchange Prep

+ Data Exchange

+ Project Completion

Project Testing Logs



Case # ▾

Subject ▾

Testing Type ▾

4. Select the (+) icon to create a new test case. The case will auto assign based on your designated account support team.
5. Select the drop-down testing type specific to the validation being completed

Project Testing Logs

  All

Issue Status <sup>+</sup>

Subject <sup>+</sup>

Benefit Type <sup>+</sup>

Appendix <sup>+</sup>



Member Name / Login ID <sup>+</sup>

Current Result <sup>+</sup>

Expected Result <sup>+</sup>

Steps to Reproduce <sup>+</sup>

Description of Testing Issue <sup>+</sup>

The Test Manager and Test Analyst will research issues and questions. If the issue can be resolved via a configuration, the above ticket will be routed to the Benefitfocus Consultant, and then routed back to the Customer for retesting. Responses to questions will be provided by either the Test Manager or Consultant. The tickets will be updated with actions taken by Benefitfocus to resolve the issue or explain how something may work.

If the issue requires a code fix, the Test Manager files a Jira and communicates the Jira number on the original ticket. When the issue is fixed and passes internal testing, the Test Manager will update the One Place 365 ticket and assign it to the Customer for retesting.

The Test Manager will work with the Customer Testing Lead to ensure correct prioritization of code-fix issues on a daily (or at least 3 times a week) basis. The Test Manager will update tickets regularly in One Place 365 for status information and routing. A list of Jiras can be provided by email on a daily basis as well.

## 8.2 PRIORITY

When the Customer Testing Resource files a ticket in One Place 365, he/she will select a value in the Priority field according to the table below.

The Benefitfocus Test Manager will monitor the incoming cases and will research issues and questions. Please use this table as a guide for prioritizing. When the Test Manager and <CUSTOMER> Customer Lead meet daily (2x a week with the larger team), they will review the open list. If any priority seems questionable, the TM will discuss it. As issues are discussed, they may be moved to a higher or lower priority, based on triage results.

Priority	Initial Response Time	Description	Example
Blocker	Same business day	Complete loss of service, or critical functionality is unavailable with no workaround, or data integrity issue affecting all users. If you run into a problem that blocks your testing, email or call the Test Manager immediately so we can resolve it as soon as possible.	All users are locked out of the test environment
Critical	Same business day	Significant loss in performance or functionality that affects one or more users, and a reasonable workaround is not available. Again, please email or call the Test Manager so we can resolve it as soon as possible.	Unable to extract files due to an error. Enrollment scenarios are still operable.
Major	24 hours	Loss in performance or incorrect functionality affecting some, but not all, users with an acceptable workaround available.	A member with a certain category isn't extracting. All other members extract.
Minor	48 hours	Minor user experience impact, visual impact, or cosmetic issue where a workaround is easily available and is not considered detrimental to the user experience or product perception.	When importing, the Payroll demographic inbound validation message needs to be more descriptive.

## 9.0 Communication and Monitoring

### 9.1 STATUS MEETINGS AND COMMUNICATION

Throughout test execution of a scope item, the Test Manager will meet regularly with the Customer's Testing resources by phone/Teams meetings to discuss testing status and questions. For scope items that include EDI integrations, we will include the EDI Vendor partners. For scope items that include HRIS/Payroll integrations, we will need guidance from the Customer on who to include.

The frequency of meetings will be identified in the scope item's individual test plan, with guidance from the Customer's testing resources. Ideally, it will be at least 2-3 times a week during test execution

Overall program-level testing status meetings will also be conducted regularly to ensure that the overall schedule is still on track and to discuss questions, concerns, and process. The audience is TBD based on Customer feedback.

For both meetings, the Progress/Test Validation Report will be our agenda. It will include:

- Checklist of test planning tasks
- Confirmation of testing criteria met
- Metrics/Status
- List of open issues (may be in a separate attachment)
- Checklist of test execution tasks
- Checklist for deployment tasks
- Risks/Impediments
- The Phase level version includes a checklist for all scope items

After meetings, Benefitfocus will share meeting notes and status information by email.

## 9.2 METRICS

We will monitor certain testing metrics to measure testing quality and schedule adherence. We will measure these per scope item and for the overall project.

- Test scenario statistics:
  - Counts: Not Started, Pass, Fail, In Progress, Waiting for Feedback, Blocked, Re-test
  - Percent complete
- Defects / issues:
  - Prioritized list including ETA for retesting
  - Counts: Open, In Progress, Closed/Resolved
  - Root Cause Analysis: Bug, missed requirement, requirement change, working as expected, duplicate, etc.
  - Priority: Blocker, Critical, Major, Minor,
  - Owner: Benefitfocus issue vs. EDI Vendor issue
- Schedule adherence
- Post-go-live monitoring

Metrics by scope item will be provided at least 2-3 times during test execution.

Statistics for the overall program-level testing will be provided weekly, bi-weekly, or monthly, based on Customer request.

# 10.0 Resource Lists

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## 10.1 TESTING RESOURCES

The following table lists individuals who will be participating in test planning and test execution.

Company	Role	Name
<CUSTOMER>	Testing Coordinator/Lead	
<CUSTOMER>	UAT Resources	
Benefitfocus	Lead Test Manager	
Benefitfocus	Test Managers	
Benefitfocus	Test Analysts	

## 11.0 Risk Management

Throughout the project, we will discuss risks during testing status meetings. Based on previous projects, I would like to make you aware of some known risks, along with their impact and mitigation strategy.

Risk Description	Impact	Mitigation Strategy
Environment data refresh schedule	The main Test environment we will use refreshes monthly. When the refresh occurs, we will lose test data that we have done in that timeframe	We will schedule test case execution to be done in small chunks so that we do not lose key data.
Environment code deployment schedule	This risk applies more to post-go-live changes or issues. Platform code changes are deployed monthly. The assigned UAT period is usually only a week.	We will hide features behind a feature switch so that we have a longer testing period. After UAT is fully complete, we will turn on the feature.

Risk Description	Impact	Mitigation Strategy
Environment stability	The Test environment does not have as many hardware resources as Production. It is also used by the entire company. Occasionally there may be outages or slowness.	<p>Please contact the Test Manager right away if you experience an outage or slowness. We will work with the Internal Systems Support team to restore stability.</p> <p>The Production environment has more powerful hardware resources to maintain speedy performance as members navigate through enrollment.</p> <p>The Benefitfocus Engineering team runs performance testing internally to ensure our average page response time in Production is less than 3 seconds. We scale our systems based on user traffic in order to keep our response time within acceptable limits.</p>
Delay of build deliverables	If build is delayed with a feature or fix, it will cause our testing to be delayed.	If build is delayed, we will revisit the schedule and see if we can adjust timing or resources.
Availability and response time of testing resources	Resource availability conflicts, sudden or planned outages may occur. This can impact the testing schedule.	During test planning, we will communicate the testing schedule and confirm resource availability. We will also plan for backups in case of outages.
Conflicting testing efforts	With many scope items being tested at a time, it is possible that a resource or SME will have conflicts. This includes meetings and testing tasks.	<p>During test planning, we will communicate the testing schedule and confirm resource availability. We may need to adjust or re-prioritize testing tasks.</p> <p>We will also check subject matter expertise availability.</p>

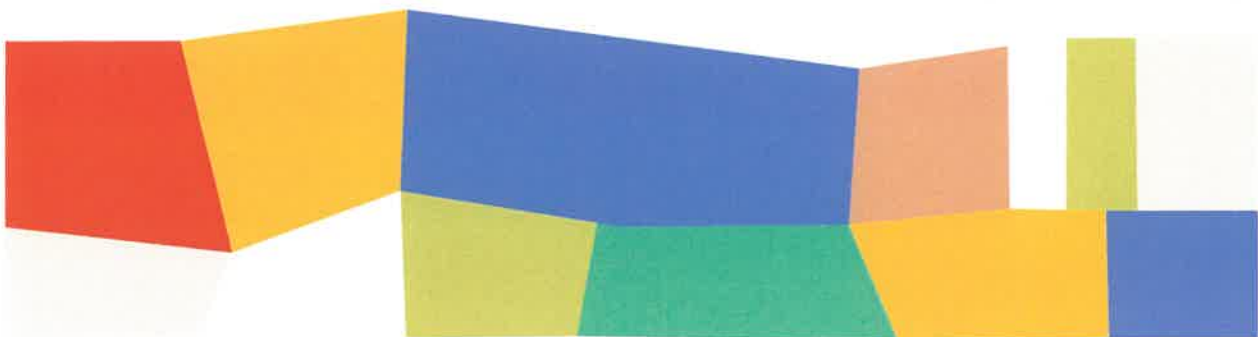
Risk Description	Impact	Mitigation Strategy
Availability and response time of vendors	Vendor availability conflicts, sudden or planned outages, or even attrition may occur. This can impact the testing schedule.	During test planning, we will communicate the testing schedule and confirm resource availability. We will also plan for backups in case of outages.



# Attachment 1

## Sample Implementation Plan

**Benefitfocus** for *life*™



ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
1		<b>Implementation</b>	<b>367 days</b>	<b>5/16/22</b>	<b>10/10/23</b>		
2	Sales	Vendor of Choice Decision	1 day	5/16/22	5/16/22		
3	Sales	Contract Signature	1 day	6/6/22	6/6/22		
4	<b>Initiation</b>	<b>Initiation &amp; Planning</b>	<b>40 days</b>	<b>5/17/22</b>	<b>7/11/22</b>		
5	Initiation	PM Introduction & Review Project Team Roster	1 day	5/17/22	5/17/22	2	Delivery Manager - Benefitplace[20%], Program Manager - Enterprise[20%], Delivery Manager - Billing & COBRA[20%], Customer Management Lead[20%], Delivery Manager - Analytics[20%], Delivery Manager - BSC[20%], Delivery Manager - Integrations[20%], Delivery Man...
6	Initiation	Benefitfocus Internal Project Structure/Framework Set-up	10 days	5/18/22	5/31/22	5	Delivery Manager - Benefitplace[10%], Delivery Manager - Analytics[10%], Delivery Manager - Billing & COBRA[10%], Delivery Manager - BSC[10%], Delivery Manager - Integrations[10%], Program Manager
7	<b>Initiation</b>	<b>Internal Project Kickoff</b>	<b>23 days</b>	<b>6/1/22</b>	<b>7/1/22</b>		
8	Initiation	Internal Project Kickoff Material creation	4 days	6/1/22	6/6/22	6	Sponsor[9%], Program Manager - Enterprise[9%], Sales[9%], Solutions Engineering[9%]
9	Initiation	Internal Project Kickoff Coordination	5 days	6/1/22	6/7/22	6	Program Manager - Enterprise[25%]

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
10	Initiation	Conduct Internal Project Kickoff	1 day	6/15/22	6/15/22	9FS+5 days	Delivery Manager - Billing & COBRA[50%], Delivery Manager - BSC[50%], Solutions Consultant - Benefitplace[50%], Customer Management Lead[50%], Delivery Manager - Benefitplace[50%], Delivery Manager - Integrations[50%], Scrum Master - EDI[50%], Engineering Man...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
11	Initiation	Internal Implementation Plan Reviews/Updates/Agreement	10 days	6/20/22	7/1/22	10FS+2 days	Delivery Manager - Billing & COBRA[2%], Delivery Manager - BSC[2%], Solutions Consultant - Benefitplace[2%], Customer Management Lead[2%], Delivery Manager - Benefitplace[2%], Delivery Manager - Integrations[2%], Scrum Master - EDI[2%], Sponsor[5%], Delivery M...
12	Initiation	Internal Project Governance Documentation Review	1 day	6/20/22	6/20/22	10FS+2 days	Delivery Manager - Analytics[50%], Delivery Manager - Billing & COBRA[50%], Delivery Manager - BSC[50%], Delivery Manager - Emp Entities[50%], Delivery Manager - Integrations[50%], Delivery Manager - Benefitplace[50%], Delivery Manager - Security & Compliance...
13	Initiation	Joint Project Governance Documentation Review	1 day	5/18/22	5/18/22	5	Program Manager - Enterprise[50%], Program Manager - Emp Entities[50%]

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
14	Initiation	Joint Implementation Plan Reviews/Updates/Agreement	10 days	5/18/22	5/31/22	5	Delivery Manager - BSC[5%], Customer Management Lead[5%], Delivery Manager - Benefitplace[5%], Program Manager - Enterprise[5%], Sponsor[5%], Delivery Manager - Analytics[5%], Delivery Manager - Billing & COBRA[5%], Delivery Manager - Integrations[5%], Deliver...
15	Initiation	Baseline Implementation Plan	1 day	6/1/22	6/1/22	14	Program Manager - Emp Entities[13%]
16	Initiation	Provide Project Plan, Organizational Change Mgmt Plan, and Data Conversion Plan within 30	1 day	6/2/22	6/2/22	15	Program Manager - Enterprise[13%]
17	Health Insights	Health Insights Planning	15 days	6/21/22	7/11/22	12	Health Insights Manager[67%], Data Analyst - Health Insights[67%], Delivery Manager -
18	Initiation	External Project Kickoff (Onsite)	13 days	5/18/22	6/3/22		
19	Initiation	External Project Kickoff Material Prep & Sandbox Creation	5 days	5/18/22	5/24/22	5	Sponsor[10%], AGM[5%], Customer Management Lead[2%], Delivery Manager - Analytics[2%], Delivery Manager - Billing & COBRA[2%], Delivery Manager - BSC[2%], Delivery Manager - Integrations[2%], Delivery Manager - Benefitplace[2%], Delivery Manager - Security & C...
20	Initiation	External Project Kickoff Coordination	5 days	5/18/22	5/24/22	5	Program Manager - Enterprise[19%]
21	Initiation	Conduct External Project Kickoff (Onsite)	3 days	6/1/22	6/3/22		

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
22	Initiation	Joint Project Team Introductions, Schedule Review& Scope Review	1 day	6/1/22	6/1/22	19FS+5 days	Admin Services Lead[25%],Sponsor[25%],AGM[25%],C Management Lead[25%],Delivery Manager - Analytics[25%],Delivery Manager - Billing & COBRA[25%],Delivery Manager - BSC[25%],Delivery Manager - Integrations[25%],Delivery Manager - Benefitplace[25%]...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
23	Initiation	Introduction to Benefitfocus products/services in scope (demos& deeper dives to prep for Discovery)	2 days	6/1/22	6/2/22	19FS+5 days	Sponsor[38%],AGM[38%],Customer Management Lead[38%],Delivery Manager - Analytics[38%],Delivery Manager - Billing & COBRA[38%],Delivery Manager - BSC[38%],Delivery Manager - Integrations[38%],Delivery Manager - Benefitplace[38%],Delivery Manager - Secur...
24	Initiation	Project Framework, Methodology, & Governance Review: PMP, RAID, Org Chart, Roles & Responsibilities, Status Report, Test Plan, Change Control, Organizational Change Management Plan	1 day	6/3/22	6/3/22	23	Sponsor[50%],AGM[50%],Customer Management Lead[50%],Delivery Manager - Analytics[50%],Delivery Manager - Billing & COBRA[50%],Delivery Manager - BSC[50%],Delivery Manager - Integrations[50%],Delivery Manager - Benefitplace[50%],Delivery Manager - Train...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
25	Initiation	OnePlace.365 Training	1 day	6/3/22	6/3/22	23	Customer Management Lead[13%],Delivery Manager - Analytics[13%],Delivery Manager - Billing & COBRA[13%],Delivery Manager - BSC[13%],Delivery Manager - Integrations[13%],Delivery Manager - Benefitplace[13%],Delivery Manager - Training[13%],Program Manag...
26		<b>Pre-Discovery</b>	<b>36 days</b>	<b>5/18/22</b>	<b>7/6/22</b>		
27	Benefitplace	<b>Benefitplace Pre-Discovery</b>	<b>24 days</b>	<b>5/18/22</b>	<b>6/20/22</b>		
28	Benefitplace	Discovery Onsite Scheduling & Coordination	5 days	5/18/22	5/24/22	5	Delivery Manager - Benefitplace[38%]
29		Discovery Onsite Agenda Creation/Finalization	5 days	5/18/22	5/24/22	5	Delivery Manager - Benefitplace[10%],Solutions Consultant - Benefitplace[10%]
30	Benefitplace	Preliminary requirements documentation build-out	3 days	6/16/22	6/20/22	10	Solutions Consultant - Benefitplace[83%]
31	Benefitplace	Update sandbox	2.5 days	6/1/22	6/3/22	23SS	Solutions Consultant - Benefitplace[50%]
32	Content Mgmt	Communications Portal documentation build-out	0.13 days	6/16/22	6/16/22	10	Solutions Consultant - Content Management
33	Benefitplace	Preliminary questions/additional information requests to central agencies	5 days	5/18/22	5/24/22	5	Delivery Manager - Benefitplace[25%]
34	Benefitplace	Solution overview creation and reviews	3 days	5/18/22	5/20/22	5	Delivery Manager - Analytics[10%],Solutions Consultant - Benefitplace[10%],Customer Management Lead[10%],Scrum Master - EDI[10%],Scrum Master - Import[10%],Solutions Consultant - EDI Integrations[10%],Delivery Manager - Integrations[10%],Test Manager -...
35	Advanced Branding	Advanced Branding Pre-Discovery	1 day	6/16/22	6/16/22	10	Solutions Consultant - Benefitplace[13%]
36	Billing & COB	Billing & COBRA Pre-Discovery	10 days	6/16/22	6/29/22	10	Delivery Manager - Billing & COBRA[25%]
37	Integrations	<b>Integrations Pre-Discovery</b>	<b>15 days</b>	<b>6/16/22</b>	<b>7/6/22</b>		
38	Integrations	Vendor authorization forms	5 days	6/16/22	6/22/22	10	Delivery Manager - Integrations[25%]



ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
39	SSO	SSO Pre-Discovery	1 day	6/16/22	6/16/22	10	Solutions Consultant - EDI Integrations[25%]
40	Import	Import Pre-Discovery	15 days	6/16/22	7/6/22		
41	Vendor 1 Inbound	Vendor 1 Import Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - Import Integrations[4%]
42	Vendor 2 Inbound	Vendor 2 Import Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - Import Integrations[4%]
43	Data Conversion	Data Conversion Pre-Discovery (Inbound iMax to load emp entity data)	15 days	6/16/22	7/6/22	10	Solutions Consultant - Import Integrations[4%]
44	EDI	EDI Pre-Discovery	15 days	6/16/22	7/6/22		
45	Vendor 3 Outbound	Vendor 3 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
46	Vendor 4 Outbound	Vendor 4 Export Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
47	Vendor 5 Outbound	Vendor 5 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
48	Vendor 6 Outbound	Vendor 6 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
49	Vendor 7 Outbound	Vendor 7 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
50	Vendor 8 Outbound	Vendor 8 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
51	Vendor 9 Outbound	Vendor 9 Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
52	Vendor 10 Outbound	Vendor 10 Outbound Export Pre-Discovery	15 days	6/16/22	7/6/22	10	Solutions Consultant - EDI Integrations[4%]
53	Health Insights	Health Insights Pre-Discovery	10 days	6/16/22	6/29/22	10	Delivery Manager - Health Insights[64%], Health Insights Manager[86%]
54	Operational F	Operational Readiness Pre-Discovery	10 days	6/16/22	6/29/22		Customer Management Lead[25%]
55	Operational Readiness	Transition/Organizational Change Management Documentation Prep	10 days	6/16/22	6/29/22	10	Delivery Manager - Training[19%], Sponsor[10%], Program Manager - Enterprise[10%], Delivery Manager - OCM[10%], Delivery Manager - OCM[19%]
56	BSC	BSC Pre-Discovery	10 days	6/16/22	6/29/22	10	Delivery Manager - BSC[25%]
57	Training	Training Pre-Discovery	10 days	6/16/22	6/29/22	10	Delivery Manager - Training[30%], Delivery Manager - OCM[5%]
58		Discovery	188 days	6/6/22	2/22/23		
59		System & Operational Requirements Discovery	188 days	6/6/22	2/22/23		
60	Benefitplace	Benefitfocus Benefitplace Discovery	19 days	6/6/22	6/30/22		
67	Advanced Branding	Advanced Branding Discovery	15 days	6/6/22	6/24/22	60SS	Solutions Consultant - Benefitplace[17%]

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
68	Billing & COBRA	Direct Billing, Consolidated Billing, COBRA Administration, Discovery	60 days	7/1/22	9/22/22	60	Delivery Manager - Billing & COBRA[5%], Solutions Consultant - Billing & COBRA[50%], Delivery Manager - Benefitplace[2%], Customer Management Lead[2%], Billing & COBRA CSM[2%], Solutions Consultant -
69	Integrations	Integrations Discovery	90 days	6/24/22	10/27/22		
84	Health Insights	Health Insights Discovery	15 days	6/24/22	7/14/22	63	Data Analyst - Health Insights[33%], Data Outreach - Health Insights[33%], Delivery Manager -
85	Operational F	Operational Readiness Discovery	170 days	6/30/22	2/22/23		
112		Technical Designs & Solutions	90 days	6/24/22	10/27/22		
113	Import	Import Tech Design	45 days	6/24/22	8/25/22		
114	Vendor 1 Inbc	Vendor 1 Import Tech Design	45 days	6/24/22	8/25/22	72SS	Engineer - Import[8%]
115	Vendor 2 Inbc	Vendor 2 Import Tech Design	45 days	6/24/22	8/25/22	73SS	Engineer - Import[3%]
116	Data Conversi	Data Conversion Tech Design	45 days	6/24/22	8/25/22	74SS	Engineer - Import[0%]
117	EDI	EDI Tech Design	90 days	6/24/22	10/27/22		
118	Vendor 3 Outl	Vendor 3 Export Tech Design	45 days	6/24/22	8/25/22	76SS	
119	Vendor 4 Outl	Vendor 4 Export Tech Design	45 days	6/24/22	8/25/22	77SS	Engineer - EDI[3%]
120	Vendor 5 Outl	Vendor 5 Export Tech Design	45 days	6/24/22	8/25/22	78SS	Engineer - EDI[3%]
121	Vendor 6 Outl	Vendor 6 Export Tech Design	45 days	6/24/22	8/25/22	79SS	Engineer - EDI[3%]
122	Vendor 7 Outl	Vendor 7 Export Tech Design	45 days	8/26/22	10/27/22	80SS	Engineer - EDI[3%]
123	Vendor 8 Outl	Vendor 8 Export Tech Design	45 days	8/26/22	10/27/22	81SS	Engineer - EDI[3%]
124	Vendor 9 Outl	Vendor 9 Export Tech Design	45 days	8/26/22	10/27/22	82SS	Engineer - EDI[3%]
125	Vendor 10 Ou	Vendor 10 Outbound Export Tech Design	45 days	8/26/22	10/27/22	83SS	Engineer - EDI[3%]
126		Testing Discovery	115 days	7/1/22	12/8/22		
127	Benefitplace	Initial Master Test Plan Creation & Approval	20 days	7/1/22	7/28/22	65	Test Manager - Enterprise[25%], Test Manager - Benefitplace[10%], Test Manager - Integrations[10%], Delivery Manager - Analytics[5%], Delivery Manager - Billing & COBRA[5%], Delivery Manager -
128	Benefitplace	Benefitfocus Benefitplace Testing Discovery	20 days	7/1/22	7/28/22	60	Test Manager - Benefitplace[33%], Test Analyst - Benefitplace[20%], Delivery Manager - Benefitplace[5%], Solutions Consultant - Benefitplace[5%], Customer Management Lead[5%], Test Manager
129		Integrations Testing Discovery	89 days	8/8/22	12/8/22		

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
130	SSO	SSO Testing Discovery	10 days	8/8/22	8/19/22	70	Test Manager - Benefitplace[11%], Test Analyst - Benefitplace[11%], Solutions
131	Import	Import Testing Discovery	30 days	8/26/22	10/6/22		
132	Vendor 1 Inbound	Vendor 1 Import Testing Discovery	30 days	8/26/22	10/6/22	114	Test Manager - Integrations[15%], Test Analyst - Integrations[30%], Solutions Consultant - Import Integrations[5%], Delivery Manager - Integrations[5%], Customer
133	Vendor 2 Inbound	Vendor 2 Import Testing Discovery	30 days	8/26/22	10/6/22	115	Test Manager - Integrations[10%], Test Analyst - Integrations[10%], Solutions Consultant - Import Integrations[5%], Delivery Manager - Integrations[5%], Customer
134	Data Conversion	Data Conversion Testing Discovery (Inbound iMax to load emp entity data)	30 days	8/26/22	10/6/22	116	Test Manager - Integrations[10%], Test Analyst - Integrations[10%], Solutions Consultant - Import Integrations[5%], Customer Management Lead[5%], Delivery
135	EDI	EDI Testing Discovery	75 days	8/26/22	12/8/22		
144		Construction	144 days	6/27/22	1/12/23		
145	Benefitplace	Benefitplace Configuration (update sandbox)	20 days	7/1/22	7/28/22	60	Solutions Consultant - Benefitplace[8%]
146		Content Management /Comm Portal	20 days	7/1/22	7/28/22	145SS	Solutions Consultant - Content Management[25%]
147	Advanced Branding	Advanced Branding Set-up	15 days	6/27/22	7/15/22	67	Solutions Consultant - Advanced Branding[10%]
148		Integrations	93 days	8/26/22	1/3/23		
149	Import	Import	48 days	8/26/22	11/1/22		
150	Vendor 1 Inbound	Vendor 1 Import Dev/QA	48 days	8/26/22	11/1/22	114	Engineer - Import[42%], QA - Import[52%], Connected
151	Vendor 2 Inbound	Vendor 2 Import Dev/QA	48 days	8/26/22	11/1/22	115	Engineer - Import[16%], QA - Import[16%], Connected
152	Data Conversion	Data Conversion Dev/QA (Inbound iMax to load emp entity data)	48 days	8/26/22	11/1/22	116	
153	EDI	EDI	93 days	8/26/22	1/3/23		
154	Vendor 3 Out	Vendor 3 Export Dev/QA	48 days	8/26/22	11/1/22	76,45,118	Engineer - EDI[21%], QA - EDI[21%]
155	Vendor 4 Out	Vendor 4 Export Dev/QA	48 days	8/26/22	11/1/22	46,119,77	Engineer - EDI[11%], QA - EDI[11%]
156	Vendor 5 Out	Vendor 5 Export Dev/QA	48 days	8/26/22	11/1/22	47,120,78	Engineer - EDI[21%], QA - EDI[21%]
157	Vendor 6 Out	Vendor 6 Export Dev/QA	48 days	8/26/22	11/1/22	48,121,79	Engineer - EDI[11%], QA - EDI[11%]
158	Vendor 7 Out	Vendor 7 Export Dev/QA	48 days	10/28/22	1/3/23	49,122,80	Engineer - EDI[11%], QA - EDI[11%]
159	Vendor 8 Out	Vendor 8 Export Dev/QA	48 days	10/28/22	1/3/23	50,123,81	Engineer - EDI[21%], QA - EDI[21%]

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
160	Vendor 9 Out	Vendor 9 Export Dev/QA	48 days	10/28/22	1/3/23	51,124,82	Engineer - EDI[11%],QA - EDI[11%]
161	Vendor 10 Ou	Vendor 10 Outbound Export Dev/QA	48 days	10/28/22	1/3/23	125,83	Engineer - EDI[11%],QA - EDI[11%]
162	Health Insight	Health Insights Dev/QA	130 days	7/15/22	1/12/23		
163	Health Insight	Set up site	5 days	7/15/22	7/21/22	84	Delivery Manager - Health Insights[50]
164	Health Insight	Data acquisition	60 days	7/15/22	10/6/22	84	Data Outreach - Health Insights[38%]
165	Health Insight	Mapping	120 days	7/29/22	1/12/23	166SS	Data Analyst - Health Insights[17%]
166	Health Insight	DBE Work	120 days	7/29/22	1/12/23	164SS+10 day	Engineer DBE - Health Insights[112%]
167	Health Insight	QA	60 days	9/9/22	12/1/22	165SS+30 day	Data Analyst - Health Insights[48%]
168		Test Execution	178 days	7/29/22	4/4/23		
169		Internal Testing	143 days	7/29/22	2/14/23		
170	Benefitplace	Benefitfocus Benefitplace Internal Test Execution (including Advanced Branding, Total Comp, and Comm Portal)	15 days	7/29/22	8/18/22	145	Solutions Consultant - Benefitplace[25%],Solutions Consultant - EDI Integrations[17%],Configuration Analyst[8%],Test Manager - Benefitplace[25%],Test Analyst - Benefitplace[42%],Delivery Manager - Benefitplace[10%]
171		Integrations Internal Test Execution	78 days	10/28/22	2/14/23		
172	Import	Import Internal Test Execution	10 days	11/2/22	11/15/22		
176	EDI	EDI Internal Test Execution	78 days	10/28/22	2/14/23		
185		UAT	163 days	8/19/22	4/4/23		
186	Benefitplace	Benefitfocus Benefitplace UAT Execution	30 days	8/19/22	9/29/22	170	Solutions Consultant - Benefitplace[50%],Solutions Consultant - EDI Integrations[34%],Configuration Analyst[16%],Test Manager - Benefitplace[50%],Test Analyst - Benefitplace[84%],Delivery Manager - Benefitplace[20%]
187		Integrations UAT Execution	100 days	11/16/22	4/4/23		
201	Operational F	Operational Readiness Execution	120 days	11/30/22	5/16/23		
202	Operational Readiness	Transition/Organizational Change Management Execution	120 days	11/30/22	5/16/23	229FS-120 days	Customer Management Lead[10%],Delivery Manager - Analytics[5%],Delivery Manager - Billing & COBRA[5%],Delivery Manager - Integrations[5%],Delivery Manager - Benefitplace[5%],Delivery Manager - Training[15%],Program Manager - Enterprise[5%],Delivery Man...
203	Employing En	Employing Entity Implementations & Data Conversion	237 days	8/8/22	7/4/23		

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
204	Employing Entity Deployments	Employing Entity Kick-off Prep	9 days	8/8/22	8/18/22	205FS-10 days	Delivery Manager - Emp Entities[5%], Program Manager - Emp Entities[5%], Program Manager - Enterprise[5%]
205	Employing Entity Deployments	Employing Entity Kick-off (Onsite)	1 day	8/19/22	8/19/22	170	Admin Services Lead[25%], Sponsor[25%], AGM[25%], Customer Management Lead[25%], Delivery Manager - Billing & COBRA[25%], Delivery Manager - BSC[25%], Delivery Manager - Emp Entities[25%], Delivery Manager - Benefitplace[25%], Delivery Manager - Training[25%],...
206	Employing Entity Deployments	Monthly Employing Entity Communications (video conference)	8.73 day	8/22/22	9/1/22		
207	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 1	1 day	8/22/22	8/22/22	205	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
208	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 2	1 day	8/23/22	8/23/22	207	Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Admin Services Lead[13%], Solutions Consult...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
209	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 3	0.96 days	8/24/22	8/24/22	208	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
210	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 4	0.96 days	8/24/22	8/25/22	209	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
211	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 5	0.96 days	8/25/22	8/26/22	210	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
212	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 6	0.96 days	8/26/22	8/29/22	211	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
213	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 7	0.96 days	8/29/22	8/30/22	212	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
214	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 8	0.96 days	8/30/22	8/31/22	213	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
215	Employing Entity Deployments	Monthly Employing Entity Communications (video conference) 9	0.96 days	8/31/22	9/1/22	214	Admin Services Lead[13%], Customer Management Lead[13%], Delivery Manager - Billing & COBRA[13%], Delivery Manager - Emp Entities[13%], Program Manager - Emp Entities[13%], Program Manager - Enterprise[13%], Solution Owner - Enterprise[13%], Solutions Consult...
216	Employing Entity Deployments	Review/Finalize Employing Entity Implementation Plans	20 days	8/22/22	9/16/22	205	Delivery Manager - Emp Entities[3%], Program Manager - Emp Entities[3%], Solutions Consultant - Emp Entities[3%], Solutions Consultant - Payroll[3%]
217	Employing En	Provide final implementation plan for Employing Entities	1 day	9/19/22	9/19/22	216	Delivery Manager - Emp Entities[13%]
218		Content Management /Comm Portal Set-up	5 days	8/22/22	8/26/22	205	Solutions Consultant - Content Management[79%]
219	Employing En	<b>Employing Entities w/Integrated Payroll</b>	<b>206 days</b>	<b>9/20/22</b>	<b>7/4/23</b>		
220	Employing Entity Deployments	Employing Entity 1	140 days	9/20/22	4/3/23	217	Delivery Manager - Emp Entities[21%], Solutions Consultant - Emp Entities[21%], Configuration Analyst[8%], Solutions Consultant - Payroll[21%], Test Analyst - Benefitplace[8%], Engineer - SSO[4%]
221	Employing Entity Deployments	Employing Entity 2	140 days	9/20/22	4/3/23	217	Delivery Manager - Emp Entities[21%], Solutions Consultant - Emp Entities[21%], Configuration Analyst[8%], Solutions Consultant - Payroll[21%], Test Analyst - Benefitplace[8%], Engineer - SSO[4%]
222		<b>Data Load/Conversion</b>	<b>20 days</b>	<b>4/4/23</b>	<b>5/1/23</b>		
223	Employing Entity	Load production data	20 days	4/4/23	5/1/23	220,221	Data Import Consultant[25%]
224	Employing Entity	Exception handling	20 days	4/4/23	5/1/23	223SS	Data Import Consultant[75%]
225		Plan mapping	10 days	5/2/23	5/15/23	224	Configuration Analyst
226	Training	<b>Training</b>	<b>170 days</b>	<b>9/20/22</b>	<b>5/15/23</b>		
227	Training	Content Creation	60 days	9/20/22	12/12/22	220SS	Content Developer - Training[38%]
228	Training	Training Execution	60 days	2/21/23	5/15/23	220FS-30 day	Trainer[11%]
229	Employing En	<b>Go Live for Entities w/Integrated Payroll</b>	<b>1 day</b>	<b>5/16/23</b>	<b>5/16/23</b>	<b>225</b>	
230		2021 Open Enrollment	10 days	5/17/23	5/30/23	229	



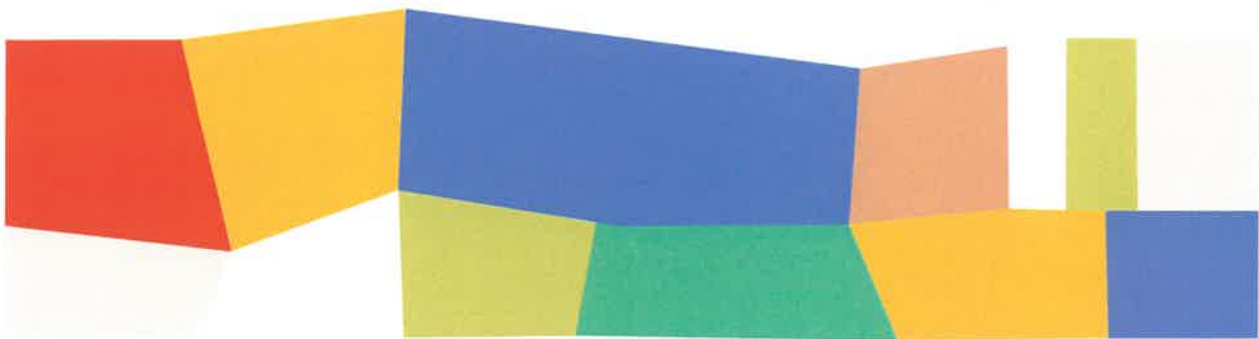
ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
231	Employing Entity	Send full files to vendors	5 days	6/14/23	6/20/23	230FS+10 days	Data Import Consultant[200%]
232	Employing En	Send full deduction files to employing entities	5 days	6/14/23	6/20/23	230FS+10 day	Solutions Consultant - Payroll[50%]
233	Employing Entity	Exception handling	10 days	6/21/23	7/4/23	232	Data Import Consultant[67%]
234	Employing En	<b>Employing Entities w/o Integrated Payroll</b>	<b>96 days</b>	<b>2/21/23</b>	<b>7/4/23</b>		
235	Employing En	Configuration of Employing Entities	30 days	2/21/23	4/3/23	221FS-30 day	Configuration Analyst[1,250%]
236		<b>Data Load/Conversion</b>	<b>20 days</b>	<b>4/4/23</b>	<b>5/1/23</b>		
237	Employing Entity	Load production data	20 days	4/4/23	5/1/23	235	Data Import Consultant[25%]
238	Employing Entity	Exception handling	20 days	4/4/23	5/1/23	237SS	Data Import Consultant[75%]
239		Plan mapping	10 days	5/2/23	5/15/23	238	Configuration Analyst
240	Employing En	<b>Go Live for Entities w/o Integrated Payroll</b>	<b>1 day</b>	<b>5/16/23</b>	<b>5/16/23</b>	<b>239</b>	
241		2021 Open Enrollment	10 days	5/17/23	5/30/23	240	
242	Employing Entity	Send full files to vendors	5 days	5/31/23	6/6/23	241,230	Data Import Consultant[200%]
243	Employing Entity	Exception handling	10 days	6/21/23	7/4/23	242,231,232	Data Import Consultant[67%]
244		<b>Project Administration &amp; Governance</b>	<b>365 days</b>	<b>5/18/22</b>	<b>10/10/23</b>		
245	Project Admin	Project Management Admin & Post Go Live Monitoring	365 days	5/18/22	10/10/23	5	Delivery Manager - Benefitplace[25%], Delivery Manager - Integrations[20%], Program Manager - Enterprise[25%], Sponsor[15%], Delivery Manager - Analytics[15%], Delivery Manager - Billing & COBRA[15%], Delivery Manager - BSC[15%], Delivery Manager - Emp Entiti...

ID	Deliverable	Task Name	Duration	Start	Finish	Predecessors	Resource Names
246	Project Admin	Project Team Admin & Post Go Live Monitoring	365 days	5/18/22	10/10/23	5	Solutions Consultant - EDI Integrations[5%],Solutions Consultant - Benefitplace[5%],Test Analyst - Benefitplace[5%],Test Manager - Benefitplace[5%],Solutions Consultant - Payroll[2%],Admin Services Lead[2%],Billing & COBRA CSM[2%],Content Developer - T...

# Attachment 4

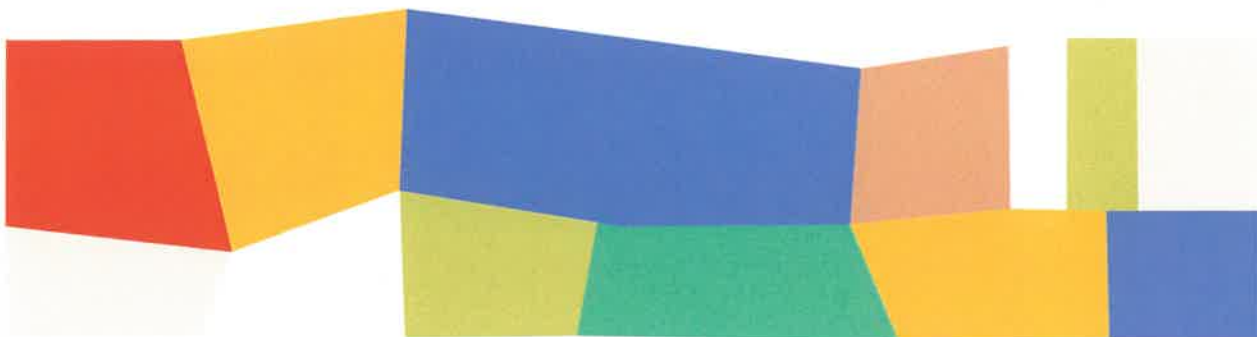
Benefitfocus 2021 HITRUST Certification Letter

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# Staffing, Scope and Schedule Assumptions

**Benefitfocus** for *life*<sup>™</sup>



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**ALL ASSUMPTIONS LISTED BELOW HAVE BEEN USED TO IDENTIFY THE PRICING PROVIDED WITHIN APPENDIX 2 – COST PROPOSAL WORKBOOK THE ASSUMPTIONS AND DEVIATIONS (WHETHER PROVIDED BY PEIA OR BENEFITFOCUS) ARE NOT EXCLUSIVE OR FIXED. ALL PEIA PROVIDED ASSUMPTIONS AND DISCLOSURES SHALL BE VALIDATED AGAINST BENEFITFOCUS' PROPOSED SCOPE AND PRICING. IN THE EVENT THAT A FINAL SCOPE OF IMPLEMENTATION SERVICES DEVIATES FROM THE FEES QUOTED BY BENEFITFOCUS, BENEFITFOCUS RESERVES THE RIGHT IN ITS SOLE DISCRETION TO REQUOTE AND REPRICE THE IMPLEMENTATION SERVICES. IN ADDITION, IN THE EVENT THAT A FINAL SCOPE OF ANY OTHER SERVICES DEVIATES FROM THE ASSUMPTIONS AS OUTLINED HEREIN, BENEFITFOCUS RESERVES THE RIGHT TO REQUOTE AND REPRICE THE APPLICABLE SERVICES RATES AND THESE CHANGES WOULD BE HANDLED THROUGH THE CHANGE CONTROL PROCESS.**

# 1. Staffing Assumptions

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## 1.1. *Offshore Staffing*

- 1.1.1. Pricing assumes all professional services and client application support is onshore.

# 2. Scope Assumptions

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## 2.1. *Branding*

- 2.1.1. Advanced branding includes development by Benefitfocus user interaction engineers who will design and code a single CLIENT theme and identity for the Benefitfocus platform that aligns to PEIA's brand and culture. The platform will be privately labeled, updated with company colors, fonts and styles throughout the member experience. Buttons and icons are also tailored to meet PEIA's branding palette. Advanced Branding will be a one-time setup during implementation. Any requested changes to Advanced Branding post discovery and/or go live will follow the change request process to be scoped and priced.

## 2.2. *Architecture*

- 2.2.1. Benefitfocus assumes up to five (5) employer instances will be set up. An employer instance (also called employer sponsor) is a unique set of business rules configured within Benefitplace to accommodate potential variances in requirements between employers or agencies. The configuration of these instances or sponsors is managed with templating tools to ensure consistency across instances where rules are the same. There are tools in place to handle needs such as cross-sponsor aggregate reporting and cross-sponsor SSN validation. Based on information provided within the RFP, Benefitfocus assumes the need to maintain five (5) instances as part of this configuration. As discovery progresses, we will determine if more or less instances are needed, and we will manage any changes in the number of sponsors via the change control process.
- 2.2.2. Benefitfocus assumes that all PEIA employers will align with one of the five (5) assumed sponsors, such that many employers will be accommodated within any one of the five (5) assumed instances. Based on what we learn during discovery, we will determine how to group the agencies or employers together across the five (5) instances.
- 2.2.3. Benefitfocus assumes up to five (5) payroll integrations will be needed to accommodate any automated exchanges of payroll data that is supported in the current/legacy system. As a best practice, Benefitfocus does not support multiple automated payroll interfaces within one (1) instance or sponsor. This is because

typically different payroll systems require different set up within Benefitplace. More detailed assumptions around the five (5) assumed payroll integrations can be found below. Any changes to the number of payroll integrations will be managed through the change control process.

## **2.3. *Billing Administrative Services (Consolidated Invoice Management, Direct Billing, COBRA Billing)***

- 2.3.1. All fulfillment and postage costs related to Consolidated Invoice Management, Direct Billing, and COBRA Administration are passed through to PEIA.
- 2.3.2. Standard system-generated remittance detail will be accepted by PEIA and PEIA's carriers.
- 2.3.3. Benefitfocus member billing administrative standards are as follows:
  - 2.3.3.1. Grace periods: Benefitfocus follows federal regulations for COBRA member billing and CMS rules for Medicare plan member direct billing. For all other plan types, standard grace period applied to member direct billing is approximately 30 days following premium due date.
  - 2.3.3.2. Billing Servicing: Direct member billing includes automatic delinquency correspondence to members using Benefitfocus standard letters. Consolidated Invoicing and Direct Billing servicing also includes use of the standard Benefitfocus invoices and reports.
  - 2.3.3.3. Termination due to non-payment: For COBRA and non-Medicare plan member direct billing, standard termination practice is to terminate retroactive to the plan member's paid-through date. For Medicare plan member direct billing, standard termination is prospective following CMS rules.
- 2.3.4. Billing administration banking/transactional standards are as follows:
  - 2.3.4.1. Banking: PEIA will own the deposit account and lockbox connected to billing administrative services. Should PEIA wish to use their own bank account, if not integrated with Benefitfocus' software, additional integration resources, costs, and scoping will be required.
  - 2.3.4.2. Reconciliation: The billing application is a dual-sided accounting chassis, which inherently prevents issuing remittance more than received in payment. The billing application provides a number of reports, including payment detailed reports, which you can use to reconcile. The billing application is independent from payroll, although both billing and payroll share the data origination point in enrollment.
  - 2.3.4.3. Payment Methods: Payment methods enabled for plan members will be selected by PEIA. PEIA will complete a payment gateway services agreement and merchant agreement for electronic payment processing services, including ACH, retail payment, credit card and/or debit card payment processing based on selected payment methods. Processing fees associated to these transactions will be PEIA's direct responsibility.

Integrations with third party payers, such as a pension administrator, are possible, but require additional scoping, and costing. Any other billing integrations beyond a third party payer will require additional scoping and costing.

- 2.3.4.4. Billing Sponsors/Entities: This agreement outlines 5 billing sponsors in alignment with the architecture and payroll integrations. If additional billing levels are identified during the discovery/implementation process, additional scoping and costing will be required.

## **2.4. *Claims Data Timeframe***

- 2.4.1. Benefitfocus will load no more than two (2) years of prior medical and prescription claims data into the Benefitfocus data warehouse tool. The file layout format for each of these loads is assumed to be consistent across the entire 2 years of history.

## **2.5. *Communications Portal Content Management***

- 2.5.1. Benefitfocus will provide a self-service content management platform for each of PEIA's five (5) sponsors. Benefitfocus will not be responsible for managing the content maintained or updated for the sponsors. If the number of sponsors assumed herein changes via the change control process, the number of self-service content management platforms will change accordingly.

## **2.6. *Cost Estimator Implementation***

- 2.6.1. Benefitfocus will configure the Cost Estimator decision support tool for each instance or sponsor in scope of the project.
- 2.6.2. The Cost Estimator decision support tool uses national average data, which is not specific to PEIA's members, to estimate potential future healthcare costs, unless integration of claims information is in scope. If claims integration is in scope, the Cost Estimator tool will estimate potential future healthcare costs based on PEIA specific claims data.

## **2.7. *Data Conversion***

- 2.7.1. One (1) inbound multi-sponsor file will be provided from PEIA in our Benefitfocus standard iMax file format for conversion of enrollment data.
- 2.7.2. One (1) inbound multi-sponsor demographic file will be provided from PEIA in the Benefitfocus standard format for census data conversion.
- 2.7.3. All member demographic/census and enrollment data required for data conversion will be provided by PEIA.



2.7.4. One (1) data conversion test will be conducted in a Benefitfocus test environment across all sponsors/instances identified in the 2.2 *Architecture* section above, prior to converting data in production.

2.7.4.1. PEIA will support triage and resolution of any data conversion issues in test and mitigate data integrity risks resulting or originating from the previous enrollment and eligibility system.

2.7.5. Data will be converted in production upon deployment of the Benefitplace platform.

2.7.5.1. PEIA will support triage and resolution of any data conversion issues in production and mitigate data integrity risks resulting or originating from the previous enrollment and eligibility system.

## 2.8. *Data Integrations*

2.8.1. The Data Integration: Benefit Information table below lists all integrations included in scope of the implementation, not including integrations related to Consolidated Billing, Direct Billing or Health Insights claims integration. If additional integrations are requested, it will be managed by change control and additional fees may apply.

2.8.2. Benefitfocus has indicated in the “Project Type” column within the table below where development effort is assumed. “Transmission Project” indicates development effort will be needed in order to fully accommodate all requirements. “Transmission” indicates there is an established, standard integration built between Benefitfocus and the vendor, which we assume will support all requirements. Any changes to these assumptions will be managed via our change control process.

2.8.3. If Benefitfocus has an existing integration with a vendor and there is not a known reason to customize the file, then we will utilize that file even if the file format is different from the one exchanged between PEIA and the vendor in the previous system.

2.8.4. All integrations are multi-sponsor files that contain all the vendor’s plans and populations. Each row of the below table represents a separate file interface.

2.8.5. Benefitfocus assumes all integrations, regardless of whether or not they require development effort to meet requirements, will follow Benefitfocus’ standard formats. If a custom or non-standard format is required due to technical limitation, additional scoping and fees may be required.

2.8.6. Any changes to the vendors listed below will be managed via the change control process. For example, if PEIA changes vendors as a result of an RFP award or adds a new vendor,

## Data Integration: Benefit Information

Benefit Type	Sender	Recipient	Integration Type	Data Type	Project Type
Medicare Advantage	Benefitfocus	Humana	Weekly changes batch file	Enrollment	Transmission Project
Medicare Advantage	Humana	Benefitfocus	Weekly changes batch file	Eligibility	Transmission Project
Medical	Benefitfocus	UMR	Weekly changes batch file	Enrollment	Transmission Project
Medical	Benefitfocus	Health Plan	Weekly changes batch file	Enrollment	Transmission Project
Pharmacy	Benefitfocus	ESI	Weekly changes batch file	Enrollment	Transmission Project
Life	Benefitfocus	Minn Life	Weekly changes batch file	Enrollment	Transmission Project
Life	Benefitfocus	Securian	Weekly changes batch file	Enrollment	Transmission
Life	Benefitfocus	Securian	SSO (Bi-directional)	Demographics & EOI Request data/instant decisions	N/A
Life	Securian	Benefitfocus	Weekly changes batch file	Decisions for pending EOI requests	Transmission
Telehealth	Benefitfocus	iSelectMD	Weekly changes batch file	Eligibility	Transmission Project
Wellness (weightloss)	Benefitfocus	Wondr	Weekly changes batch file	Eligibility	Transmission Project
Wellness	Benefitfocus	Sword	Weekly changes batch file	Eligibility	Transmission Project
Wellness	Benefitfocus	Naturally Slim	Weekly changes batch file	Eligibility	Transmission Project
Dental	Benefitfocus	Delta Dental WV	Weekly changes batch file	Enrollment	Transmission
Vision	Benefitfocus	MetLife	Weekly changes batch file	Enrollment	Transmission
Hearing	Benefitfocus	Epic	Weekly changes batch file	Enrollment	Transmission
LTD/STD	Benefitfocus	Standard Insurance Group	Weekly changes batch file	Enrollment	Transmission
Group Legal	Benefitfocus	ARAG Legal	Weekly changes batch file	Enrollment	Transmission

FSA/HSA	Benefitfocus	PayFlex	Weekly changes batch file	Enrollment	Transmission
Grandfathered Plan	Benefitfocus	Trustmark	Weekly changes batch file	Enrollment	Transmission

## 2.9. *File Processing*

- 2.9.1. Benefitplace can transmit data at various frequencies depending on business need. All file integrations in scope of this project are assumed to be weekly changes-only transmissions. During the discovery phase of the implementation process, the mutually agreed upon frequency for data exchange (including any insurance carrier limitations) will be determined. Daily processing occurs on all weekdays excluding Benefitfocus holidays. Depending on the frequency requirement, additional scoping may be required to ensure ongoing support staffing is sufficient.
- 2.9.2. Benefitfocus assumes no more than one (1) full file and/or audit file will be processed inbound or outbound per quarter from any given vendor or carrier. If additional audits are requested, it will be managed by change control and additional fees may apply.

## 2.10. *Implementation Services*

- 2.10.1. Discovery, build and testing services related to deviations from the established PEIA requirements will be provided for each of the five (5) sponsors identified in the 2.2 Architecture section above.
- 2.10.2. Weekly and monthly stakeholder meetings will be conducted to disseminate information to PEIA and its employer units, including but not limited to project status updates, changes to PEIA requirements or business processes, demonstrations of functionality, training, etc.
- 2.10.3. Benefitfocus will work with a point of contact from PEIA to develop a training plan to ensure users have the ability to use and manage the system, follow any new operational processes, and understand where to access self-service training information.
- 2.10.3.1. Benefitfocus will leverage a ‘train the trainer’ methodology in which a point of contact or small team from PEIA will be trained by Benefitfocus. This point of contact or small team will be responsible for ensuring all individual users and stakeholders receive appropriate training based on the mutually developed training plan.

## 2.11. *On-Going Services Scope Assumptions*

- 2.11.1. Changes in the below assumptions may require changes to the scope of services and additional fees may apply.

- 2.11.2. The addition or removal of participating employer groups will follow the change request process and will be scoped and priced on a mutually agreed upon basis.
- 2.11.3. The Benefitfocus Customer Management team supports the day-to-day production operations for PEIA as well as the carriers/vendors (Vendor Data Interfaces) outlined in the Master File Table above. Benefitfocus assumes individual State entity administrators will be contacting PEIA directly for support.
- 2.11.4. The Customer Management team will support quarterly web-based training webinars for PEIA. Any additional training needs post go-live can be supported, but will be scoped and priced following the change request process. A training plan will be jointly developed between Benefitfocus and PEIA.

## **2.12. *Payroll/HRIS Integration***

- 2.12.1. Benefitfocus assumes up to five (5) automated integrations to transmit demographic and deduction data with payroll vendors.
- 2.12.2. If more than five (5) payroll integrations is needed, additional scoping and pricing will apply, and may impact the number of sponsors/instances that are required to be built within the Benefitplace platform. This may also have impacts on scoping and set up for Consolidated and Direct Billing.
- 2.12.3. Demographic information for employers with automated payroll integration will be provided to Benefitfocus by the employer via an automated demographic file.
- 2.12.4. Demographic information for the remaining population without automated payroll integration will be manually maintained by the employer administrative staff.
- 2.12.5. Deduction data for any employer with automated payroll integration will be transmitted to that employer directly via file.
- 2.12.6. Any custom payroll/HRIS interfaces will be managed via change control and may be subject to additional fees and timeline.
- 2.12.7. PEIA employers without automated payroll integration will use the HR administrative features and reports in Benefitfocus to view enrollment dashboards, access specific member enrollment information, and produce segmented enrollment reports to manage payroll deductions.
- 2.12.8. Benefitfocus assumes PEIA, its employers and payroll vendors/systems will support our deduction-based payroll solution. Deduction based payroll means instead of sending detailed enrollment data on a deduction file for the payroll system to calculate deductions, Benefitfocus calculates deductions based on enrollment data and payroll rules and sends deduction amounts on deduction files for payroll systems to consume. In addition to deduction amounts, other payroll related data is transmitted, such as deduction codes, effective dates, start and stop records, etc.
  - 2.12.8.1. Payroll systems will process payroll based on the deductions Benefitfocus transmits. If a paycheck is deducted more or less than what Benefitfocus transmitted, the payroll system will send a reconciliation file

that transmits deductions actually taken. Benefitfocus then imports the variances for payroll administrators to view within the Variance Manager tool. From there, administrators have options to apply those variances as adjustments that are transmitted as deduction amounts on the next scheduled deduction file or clear them.

## **2.13. *Print Statements***

- 2.13.1. All communications from Benefitfocus are assumed to be electronic via SMS text or email. Members can designate their preference through the application.
- 2.13.2. Notifications about enrollment eligibility can be configured in the Message Center at the State entity level and then sent on scheduled dates to targeted audiences. Notifications cannot be configured at the aggregate (PEIA) level. These messages would include a link to log into the platform to view personal data and to complete any transactions. At the end of the transaction, the member is provided an opportunity to print a detailed summary statement. The Message Center can be configured to send a message after any benefit update. An email is then sent to a member who accesses or changes benefits and saves the changes through the member role after initial enrollment or a passive Open Enrollment. These messages can include a link to log into the platform to download and print a summary statement.
- 2.13.3. The preference for whether a member wants print fulfillment of certain items can be stored in our platform and managed with a configurable survey question. Existing preferences can be converted during implementation.
- 2.13.4. For an additional fee per statement, Benefitfocus can produce and mail confirmation statements to the home address on record after Annual Enrollment concludes. Details about this activity would be determined during the implementation of each sponsor. Additionally, for another fee, ongoing paper confirmation statements for changes can be fulfilled within a week of the transaction.

## **2.14. *Renewal & Off-cycle Changes***

- 2.14.1. Benefitfocus supports yearly updates in preparation for Annual Enrollment with the following assumptions:
  - 2.14.1.1. The number of State entities and level of complexity of configurations will remain the same year over year.
  - 2.14.1.2. If/when PEIA changes vendors such that the changes impact Benefitfocus integrations or web workflows, these changes will be handled via the Change Control process and may be subject to additional fees.
  - 2.14.1.3. Any requested changes (Web or Integration related) that require code changes by Benefitfocus will be managed via the Change Control process and may be subject to additional fees.

- 2.14.1.4. All requested changes must be submitted at least 160 days prior to the target Open Enrollment date in order for Benefitfocus to properly plan and staff for the change.
- 2.14.1.5. Estimates include support for the following activities for annual renewals.
  - 2.14.1.5.1. Planning - annual enrollment decisions from PEIA impacting renewals, timeline/task planning to support renewal project
  - 2.14.1.5.2. Configuration in Test - configuration in a test environment for annual enrollment in preparation for configuration and EDI testing
  - 2.14.1.5.3. Test Execution - testing configurations and existing outbound EDI integrations
- 2.14.2. Benefitfocus includes minor off-cycle changes throughout the year. Minor changes are enabled via configuration and do not require code changes and do not require a full population regression test (excludes changes in carriers and integrations). Certain configuration changes will require project management, test management and execution. These configuration changes may be subject to additional fees.

## **2.15. *Reporting – Advanced Aggregate***

- 2.15.1. Advanced Aggregate Reporting is available to PEIA and unlocks more options for creating custom reports across sponsors. Advanced Aggregate Reporting allows PEIA to create reports that combine multiple data sets into a single report.
- 2.15.2. For example, PEIA may need a simple export of a list of employees with contact and work information as well as the corresponding type of benefit plan and coverage levels. With Advanced Aggregate Reporting, PEIA can create a single report with those data elements and add in more complexity with formulas, nested filtering options, etc.
- 2.15.3. Advanced Aggregate Reporting is not available at the employer level.

## **2.16. *Reporting – Standard***

- 2.16.1. Benefitplace includes a core set of Standard Reports that are available to the PEIA and provide over 50 pre-defined reports for core data sets such as employee and dependent demographic information, benefit enrollment and premium information, and transactional and administrative data.
- 2.16.2. These standard reports will be made available to all PEIA administrators at the employer level for self-service utilization. Standard reporting functions are available at the individual employer level and does not support aggregate reporting across multiple sponsors.

## 2.17. Volume Assumptions

2.17.1. Benefitfocus assumes the following volumes in the pricing model provided. Deviations in the assumptions could drive changes in the fee structure.

**Volumes Table**

On-Going Operations/Account Management		
Type	Count	Notes
Inbound call volume from HR Administrators	50 calls per month	Estimate is for calls received from HR Administrators with CLIENT
Subscribers on the Platform	120,000; Assuming Minimum of 75,000	Pricing units for ongoing Software as a Service assume benefit eligible subscribers/employees to be equal to 120,000 or a minimum of 75,000.
Sponsors Configured on the Platform	5	Refer to Architecture section above.
Renewal Cycles	1	For Annual Enrollment
Hours of Operation	1	8 AM to 5 PM ET for account management support 8 AM to 5 PM ET for technical and navigational support
Inbound Carrier Claims Data Files	17	Medical (8), Rx data (1), eligibility data (8) for claims data integration
Inbound Data Conversion File	2	Production data conversion – 1 census, 1 enrollment file
HRIS/Payroll files	5	5 inbound demographic, 5 outbound deduction, 5 inbound reconciliation files.
Other Inbound Integrations	2	Medicare Discrepancy data from Humana for Medicare Advantage and EOI decisions from Securian.
Outbound integrations	18	TPA/Insurance Carrier/Wellness Vendor enrollment/eligibility files
Support cases	150 per month	Estimate is based on cases filed by CLIENT administrators
Onsite executive meetings	Quarterly	4 onsite meetings annually.
Routine operational meetings with CLIENT	1 per week	
Routine operational meetings with the assigned Account Manager and no more than 5 employing entities	Twice per month	
Routine operational meetings with Vendors/Carriers	Twice per month	Applies to integrated vendors listed in the File Integrations section above

Enrollment data audits with carriers	Quarterly per carrier	Benefitfocus will send each medical or Medicare Advantage carrier a full enrollment file on a quarterly basis so the carrier can compare against their membership system and make any corrections in their system as needed.
Inbound Single Sign On	0	No inbound SSO is in scope
COBRA Subscribers	209	COBRA Notices are priced per notices based on the type of notice and includes general rights, qualifying events, open enrollment. Mailing and Postage is out of scope and is a pass-through cost.
COBRA Qualifying Events Per Year	9,900	COBRA Notices are priced per notices based on the type of notice and includes general rights, qualifying events, open enrollment. Mailing and Postage is out of scope and is a pass-through cost.
Direct Billing Subscribers	10,200	This is typically 10% of the enrollee population
Carriers for Billing Purposes	20	
Employer Entities for Billing Purposes	828	These represent 5 billing sponsor configurations which are shared and applied to all the billing entities below them.



## 3. Implementation Schedule & Plan Assumptions

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### 3.1. *General Schedule Assumptions*

- 3.1.1. The submitted project schedule is a sample plan and has not been reviewed in detail with PEIA, its employers or vendors. Therefore, it is likely to change based on inputs and actual contract signature dates.
- 3.1.2. Based on the assumed scope of our RFP submission, this implementation will likely take more than 1 year, but less than 3 years. Benefitfocus will refine the detailed sample project schedule submitted during project Initiation, with detailed tasks and dates for all Discovery work and target dates for the Execution phase tasks. As we move through Discovery, the tasks and dates, as well as level of effort and staffing plans, will be refined further and committed.
- 3.1.3. Any dates provided in this document, the RFP submission or attachments, or a contract, are target dates and are subject to change based on schedule reviews with all PEIA stakeholders and Discovery outcomes.
- 3.1.4. The project schedule is, level of effort and staffing plans are all dependent on availability of PEIA, its vendors, employers or other 3rd parties who contribute to implementation activities.
- 3.1.5. Any dates related to the execution phase (construction, testing, deployment, cutover, go-live, monitoring, etc.) are tentative until discovery activities are completed, discovery deliverables are approved, and Benefitfocus has revised the remainder of the schedule with PEIA, its vendors, employers or other 3rd parties who contribute to remaining implementation activities.
- 3.1.6. The project schedule will be baselined and approved by PEIA, its employers and vendors at the end of Initiation and re-baselined and approved by those same stakeholders after the completion of Discovery.
- 3.1.7. Discovery implementation work can begin once the contract is executed.

### 3.2. *Implementation Strategy*

- 3.2.1. Benefitfocus will work with PEIA up front during implementation to establish, build and test requirements for all features, processes and functionality in scope, prior to the implementation of employers on the platform.
  - 3.2.1.1. A subset of up to five (5) employer units will be identified by PEIA and consulted as needed during the discovery period with PEIA to confirm all employer units can support and adopt the PEIA established requirements.
  - 3.2.1.2. If feedback from the consulted employer units suggests a requirement cannot be adopted, PEIA will determine if the requirement will change to align with employer units' needs.

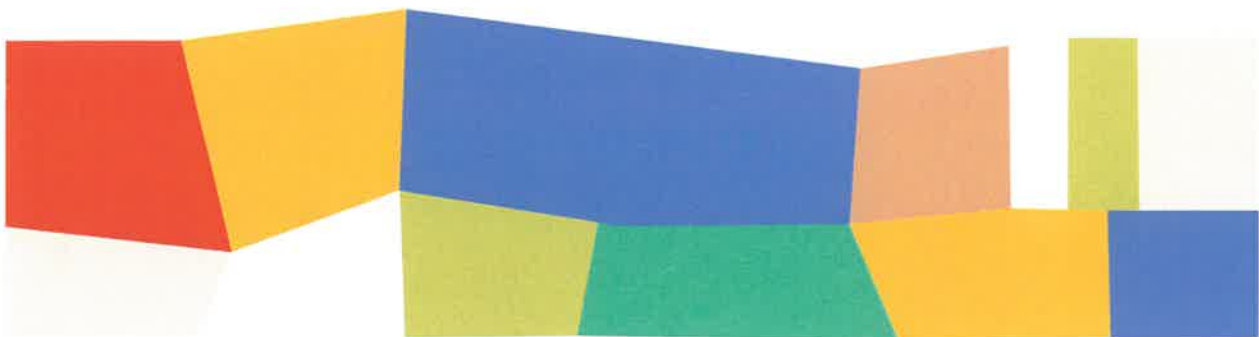
- 3.2.1.3. These requirements will be adopted by all employer units as they are implemented on the platform.

### **3.3. *Key Dependencies***

- 3.3.1. The project will start upon contract signature.
  - 3.3.1.1. The Initiation phase and onboarding of core project teams will commence directly after contract signature.
  - 3.3.1.2. Before Benefitfocus delivers the baselined project schedule, Benefitfocus will validate the plan with PEIA stakeholders, employers and vendors.
- 3.3.2. Employer implementations will begin after the initial discovery, build and testing efforts with PEIA are complete.

# Benefitfocus Attachments

**Benefitfocus** for *life*™



# REQUEST FOR PROPOSAL

## West Virginia Public Employees Insurance Agency CRFP PEI2200000001 - BENEFITS ADMINISTRATION SYSTEM

- 6.8. Discussion and Final Offer:** The State anticipates that it may conduct discussions with and obtain best and final offers (BAFO) from, responsive and responsible bidders who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of clarification to assure full understanding of, and responsiveness to, the solicitation requirements in accordance with West Virginia Code, §5A-3-11b. The State, at its sole discretion and as deemed to be in the best interest of the State, may provide clarification in the request for BAFO regarding the anticipated scope of the project as described in the RFP and instruct Vendors to adjust their technical proposal and cost proposal accordingly to reflect the clarification provided by the State. If deemed appropriate, the State reserves the right to adjust the point allocations for the BAFO Technical Proposal and Cost Proposal evaluation to reflect the scope clarification.

If requested, the best and final offers must be received at the address identified for proposal submission. If a best and final offer is not submitted, the previous submittal will be construed as the best and final offer. BAFO proposals must be prepared in the same number of copies and packaged and submitted according to the same instructions that apply to the initial proposal submission. Final ranking of responses and award of the contract will be made after the State reviews all bids and completes its evaluation, including the evaluation of best and final offers, if they are requested. An award will be made to the vendor with the highest scoring proposal.

- 6.9. Availability of Information:** Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to, technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Benefitfocus.com, Inc.

(Company)

DocuSigned by:

*Nancy Nunn*

Nancy Nunn

Corporate Controller

(Representative Name, Title)

(843) 849-7476

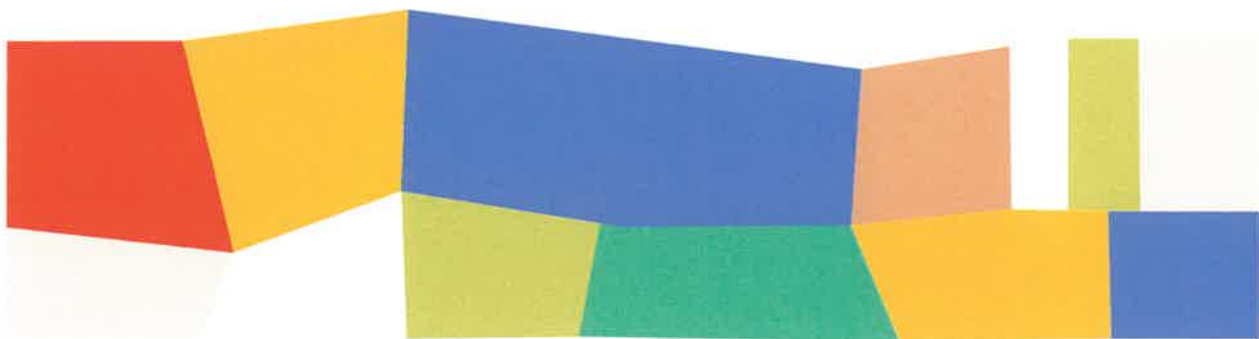
(Contact Phone/Fax Number)

May 16, 2022

(Date)

# Staffing, Scope and Schedule Assumptions

**Benefitfocus** for *life*<sup>™</sup>



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**ALL ASSUMPTIONS LISTED BELOW HAVE BEEN USED TO IDENTIFY THE PRICING PROVIDED WITHIN APPENDIX 2 – COST PROPOSAL WORKBOOK THE ASSUMPTIONS AND DEVIATIONS (WHETHER PROVIDED BY PEIA OR BENEFITFOCUS) ARE NOT EXCLUSIVE OR FIXED. ALL PEIA PROVIDED ASSUMPTIONS AND DISCLOSURES SHALL BE VALIDATED AGAINST BENEFITFOCUS’ PROPOSED SCOPE AND PRICING. IN THE EVENT THAT A FINAL SCOPE OF IMPLEMENTATION SERVICES DEVIATES FROM THE FEES QUOTED BY BENEFITFOCUS, BENEFITFOCUS RESERVES THE RIGHT IN ITS SOLE DISCRETION TO REQUOTE AND REPRICE THE IMPLEMENTATION SERVICES. IN ADDITION, IN THE EVENT THAT A FINAL SCOPE OF ANY OTHER SERVICES DEVIATES FROM THE ASSUMPTIONS AS OUTLINED HEREIN, BENEFITFOCUS RESERVES THE RIGHT TO REQUOTE AND REPRICE THE APPLICABLE SERVICES RATES AND THESE CHANGES WOULD BE HANDLED THROUGH THE CHANGE CONTROL PROCESS.**

# 1. Staffing Assumptions

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## 1.1. *Offshore Staffing*

- 1.1.1. Pricing assumes all professional services and client application support is onshore.

# 2. Scope Assumptions

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## 2.1. *Branding*

- 2.1.1. Advanced branding includes development by Benefitfocus user interaction engineers who will design and code a single CLIENT theme and identity for the Benefitfocus platform that aligns to PEIA's brand and culture. The platform will be privately labeled, updated with company colors, fonts and styles throughout the member experience. Buttons and icons are also tailored to meet PEIA's branding palette. Advanced Branding will be a one-time setup during implementation. Any requested changes to Advanced Branding post discovery and/or go live will follow the change request process to be scoped and priced.

## 2.2. *Architecture*

- 2.2.1. Benefitfocus assumes up to five (5) employer instances will be set up. An employer instance (also called employer sponsor) is a unique set of business rules configured within Benefitplace to accommodate potential variances in requirements between employers or agencies. The configuration of these instances or sponsors is managed with templating tools to ensure consistency across instances where rules are the same. There are tools in place to handle needs such as cross-sponsor aggregate reporting and cross-sponsor SSN validation. Based on information provided within the RFP, Benefitfocus assumes the need to maintain five (5) instances as part of this configuration. As discovery progresses, we will determine if more or less instances are needed, and we will manage any changes in the number of sponsors via the change control process.
- 2.2.2. Benefitfocus assumes that all PEIA employers will align with one of the five (5) assumed sponsors, such that many employers will be accommodated within any one of the five (5) assumed instances. Based on what we learn during discovery, we will determine how to group the agencies or employers together across the five (5) instances.
- 2.2.3. Benefitfocus assumes up to five (5) payroll integrations will be needed to accommodate any automated exchanges of payroll data that is supported in the current/legacy system. As a best practice, Benefitfocus does not support multiple automated payroll interfaces within one (1) instance or sponsor. This is because

typically different payroll systems require different set up within Benefitplace. More detailed assumptions around the five (5) assumed payroll integrations can be found below. Any changes to the number of payroll integrations will be managed through the change control process.

## **2.3. *Billing Administrative Services (Consolidated Invoice Management, Direct Billing, COBRA Billing)***

- 2.3.1. All fulfillment and postage costs related to Consolidated Invoice Management, Direct Billing, and COBRA Administration are passed through to PEIA.
- 2.3.2. Standard system-generated remittance detail will be accepted by PEIA and PEIA's carriers.
- 2.3.3. Benefitfocus member billing administrative standards are as follows:
  - 2.3.3.1. Grace periods: Benefitfocus follows federal regulations for COBRA member billing and CMS rules for Medicare plan member direct billing. For all other plan types, standard grace period applied to member direct billing is approximately 30 days following premium due date.
  - 2.3.3.2. Billing Servicing: Direct member billing includes automatic delinquency correspondence to members using Benefitfocus standard letters. Consolidated Invoicing and Direct Billing servicing also includes use of the standard Benefitfocus invoices and reports.
  - 2.3.3.3. Termination due to non-payment: For COBRA and non-Medicare plan member direct billing, standard termination practice is to terminate retroactive to the plan member's paid-through date. For Medicare plan member direct billing, standard termination is prospective following CMS rules.
- 2.3.4. Billing administration banking/transactional standards are as follows:
  - 2.3.4.1. Banking: PEIA will own the deposit account and lockbox connected to billing administrative services. Should PEIA wish to use their own bank account, if not integrated with Benefitfocus' software, additional integration resources, costs, and scoping will be required.
  - 2.3.4.2. Reconciliation: The billing application is a dual-sided accounting chassis, which inherently prevents issuing remittance more than received in payment. The billing application provides a number of reports, including payment detailed reports, which you can use to reconcile. The billing application is independent from payroll, although both billing and payroll share the data origination point in enrollment.
  - 2.3.4.3. Payment Methods: Payment methods enabled for plan members will be selected by PEIA. PEIA will complete a payment gateway services agreement and merchant agreement for electronic payment processing services, including ACH, retail payment, credit card and/or debit card payment processing based on selected payment methods. Processing fees associated to these transactions will be PEIA's direct responsibility.



Integrations with third party payers, such as a pension administrator, are possible, but require additional scoping, and costing. Any other billing integrations beyond a third party payer will require additional scoping and costing.

- 2.3.4.4. Billing Sponsors/Entities: This agreement outlines 5 billing sponsors in alignment with the architecture and payroll integrations. If additional billing levels are identified during the discovery/implementation process, additional scoping and costing will be required.

## **2.4. *Claims Data Timeframe***

- 2.4.1. Benefitfocus will load no more than two (2) years of prior medical and prescription claims data into the Benefitfocus data warehouse tool. The file layout format for each of these loads is assumed to be consistent across the entire 2 years of history.

## **2.5. *Communications Portal Content Management***

- 2.5.1. Benefitfocus will provide a self-service content management platform for each of PEIA's five (5) sponsors. Benefitfocus will not be responsible for managing the content maintained or updated for the sponsors. If the number of sponsors assumed herein changes via the change control process, the number of self-service content management platforms will change accordingly.

## **2.6. *Cost Estimator Implementation***

- 2.6.1. Benefitfocus will configure the Cost Estimator decision support tool for each instance or sponsor in scope of the project.
- 2.6.2. The Cost Estimator decision support tool uses national average data, which is not specific to PEIA's members, to estimate potential future healthcare costs, unless integration of claims information is in scope. If claims integration is in scope, the Cost Estimator tool will estimate potential future healthcare costs based on PEIA specific claims data.

## **2.7. *Data Conversion***

- 2.7.1. One (1) inbound multi-sponsor file will be provided from PEIA in our Benefitfocus standard iMax file format for conversion of enrollment data.
- 2.7.2. One (1) inbound multi-sponsor demographic file will be provided from PEIA in the Benefitfocus standard format for census data conversion.
- 2.7.3. All member demographic/census and enrollment data required for data conversion will be provided by PEIA.

2.7.4. One (1) data conversion test will be conducted in a Benefitfocus test environment across all sponsors/instances identified in the 2.2 *Architecture* section above, prior to converting data in production.

2.7.4.1. PEIA will support triage and resolution of any data conversion issues in test and mitigate data integrity risks resulting or originating from the previous enrollment and eligibility system.

2.7.5. Data will be converted in production upon deployment of the Benefitplace platform.

2.7.5.1. PEIA will support triage and resolution of any data conversion issues in production and mitigate data integrity risks resulting or originating from the previous enrollment and eligibility system.

## 2.8. *Data Integrations*

2.8.1. The Data Integration: Benefit Information table below lists all integrations included in scope of the implementation, not including integrations related to Consolidated Billing, Direct Billing or Health Insights claims integration. If additional integrations are requested, it will be managed by change control and additional fees may apply.

2.8.2. Benefitfocus has indicated in the “Project Type” column within the table below where development effort is assumed. “Transmission Project” indicates development effort will be needed in order to fully accommodate all requirements. “Transmission” indicates there is an established, standard integration built between Benefitfocus and the vendor, which we assume will support all requirements. Any changes to these assumptions will be managed via our change control process.

2.8.3. If Benefitfocus has an existing integration with a vendor and there is not a known reason to customize the file, then we will utilize that file even if the file format is different from the one exchanged between PEIA and the vendor in the previous system.

2.8.4. All integrations are multi-sponsor files that contain all the vendor’s plans and populations. Each row of the below table represents a separate file interface.

2.8.5. Benefitfocus assumes all integrations, regardless of whether or not they require development effort to meet requirements, will follow Benefitfocus’ standard formats. If a custom or non-standard format is required due to technical limitation, additional scoping and fees may be required.

2.8.6. Any changes to the vendors listed below will be managed via the change control process. For example, if PEIA changes vendors as a result of an RFP award or adds a new vendor,

## Data Integration: Benefit Information

Benefit Type	Sender	Recipient	Integration Type	Data Type	Project Type
Medicare Advantage	Benefitfocus	Humana	Weekly changes batch file	Enrollment	Transmission Project
Medicare Advantage	Humana	Benefitfocus	Weekly changes batch file	Eligibility	Transmission Project
Medical	Benefitfocus	UMR	Weekly changes batch file	Enrollment	Transmission Project
Medical	Benefitfocus	Health Plan	Weekly changes batch file	Enrollment	Transmission Project
Pharmacy	Benefitfocus	ESI	Weekly changes batch file	Enrollment	Transmission Project
Life	Benefitfocus	Minn Life	Weekly changes batch file	Enrollment	Transmission Project
Life	Benefitfocus	Securian	Weekly changes batch file	Enrollment	Transmission
Life	Benefitfocus	Securian	SSO (Bi-directional)	Demographics & EOI Request data/instant decisions	N/A
Life	Securian	Benefitfocus	Weekly changes batch file	Decisions for pending EOI requests	Transmission
Telehealth	Benefitfocus	iSelectMD	Weekly changes batch file	Eligibility	Transmission Project
Wellness (weightloss)	Benefitfocus	Wondr	Weekly changes batch file	Eligibility	Transmission Project
Wellness	Benefitfocus	Sword	Weekly changes batch file	Eligibility	Transmission Project
Wellness	Benefitfocus	Naturally Slim	Weekly changes batch file	Eligibility	Transmission Project
Dental	Benefitfocus	Delta Dental WV	Weekly changes batch file	Enrollment	Transmission
Vision	Benefitfocus	MetLife	Weekly changes batch file	Enrollment	Transmission
Hearing	Benefitfocus	Epic	Weekly changes batch file	Enrollment	Transmission
LTD/STD	Benefitfocus	Standard Insurance Group	Weekly changes batch file	Enrollment	Transmission
Group Legal	Benefitfocus	ARAG Legal	Weekly changes batch file	Enrollment	Transmission

FSA/HSA	Benefitfocus	PayFlex	Weekly changes batch file	Enrollment	Transmission
Grandfathered Plan	Benefitfocus	Trustmark	Weekly changes batch file	Enrollment	Transmission

## 2.9. *File Processing*

2.9.1. Benefitplace can transmit data at various frequencies depending on business need. All file integrations in scope of this project are assumed to be weekly changes-only transmissions. During the discovery phase of the implementation process, the mutually agreed upon frequency for data exchange (including any insurance carrier limitations) will be determined. Daily processing occurs on all weekdays excluding Benefitfocus holidays. Depending on the frequency requirement, additional scoping may be required to ensure ongoing support staffing is sufficient.

2.9.2. Benefitfocus assumes no more than one (1) full file and/or audit file will be processed inbound or outbound per quarter from any given vendor or carrier. If additional audits are requested, it will be managed by change control and additional fees may apply.

## 2.10. *Implementation Services*

2.10.1. Discovery, build and testing services related to deviations from the established PEIA requirements will be provided for each of the five (5) sponsors identified in the 2.2 Architecture section above.

2.10.2. Weekly and monthly stakeholder meetings will be conducted to disseminate information to PEIA and its employer units, including but not limited to project status updates, changes to PEIA requirements or business processes, demonstrations of functionality, training, etc.

2.10.3. Benefitfocus will work with a point of contact from PEIA to develop a training plan to ensure users have the ability to use and manage the system, follow any new operational processes, and understand where to access self-service training information.

2.10.3.1. Benefitfocus will leverage a ‘train the trainer’ methodology in which a point of contact or small team from PEIA will be trained by Benefitfocus. This point of contact or small team will be responsible for ensuring all individual users and stakeholders receive appropriate training based on the mutually developed training plan.

## 2.11. *On-Going Services Scope Assumptions*

2.11.1. Changes in the below assumptions may require changes to the scope of services and additional fees may apply.

- 2.11.2. The addition or removal of participating employer groups will follow the change request process and will be scoped and priced on a mutually agreed upon basis.
- 2.11.3. The Benefitfocus Customer Management team supports the day-to-day production operations for PEIA as well as the carriers/vendors (Vendor Data Interfaces) outlined in the Master File Table above. Benefitfocus assumes individual State entity administrators will be contacting PEIA directly for support.
- 2.11.4. The Customer Management team will support quarterly web-based training webinars for PEIA. Any additional training needs post go-live can be supported, but will be scoped and priced following the change request process. A training plan will be jointly developed between Benefitfocus and PEIA.

## **2.12. *Payroll/HRIS Integration***

- 2.12.1. Benefitfocus assumes up to five (5) automated integrations to transmit demographic and deduction data with payroll vendors.
- 2.12.2. If more than five (5) payroll integrations is needed, additional scoping and pricing will apply, and may impact the number of sponsors/instances that are required to be built within the Benefitplace platform. This may also have impacts on scoping and set up for Consolidated and Direct Billing.
- 2.12.3. Demographic information for employers with automated payroll integration will be provided to Benefitfocus by the employer via an automated demographic file.
- 2.12.4. Demographic information for the remaining population without automated payroll integration will be manually maintained by the employer administrative staff.
- 2.12.5. Deduction data for any employer with automated payroll integration will be transmitted to that employer directly via file.
- 2.12.6. Any custom payroll/HRIS interfaces will be managed via change control and may be subject to additional fees and timeline.
- 2.12.7. PEIA employers without automated payroll integration will use the HR administrative features and reports in Benefitfocus to view enrollment dashboards, access specific member enrollment information, and produce segmented enrollment reports to manage payroll deductions.
- 2.12.8. Benefitfocus assumes PEIA, its employers and payroll vendors/systems will support our deduction-based payroll solution. Deduction based payroll means instead of sending detailed enrollment data on a deduction file for the payroll system to calculate deductions, Benefitfocus calculates deductions based on enrollment data and payroll rules and sends deduction amounts on deduction files for payroll systems to consume. In addition to deduction amounts, other payroll related data is transmitted, such as deduction codes, effective dates, start and stop records, etc.
  - 2.12.8.1. Payroll systems will process payroll based on the deductions Benefitfocus transmits. If a paycheck is deducted more or less than what Benefitfocus transmitted, the payroll system will send a reconciliation file

that transmits deductions actually taken. Benefitfocus then imports the variances for payroll administrators to view within the Variance Manager tool. From there, administrators have options to apply those variances as adjustments that are transmitted as deduction amounts on the next scheduled deduction file or clear them.

## **2.13. *Print Statements***

- 2.13.1. All communications from Benefitfocus are assumed to be electronic via SMS text or email. Members can designate their preference through the application.
- 2.13.2. Notifications about enrollment eligibility can be configured in the Message Center at the State entity level and then sent on scheduled dates to targeted audiences. Notifications cannot be configured at the aggregate (PEIA) level. These messages would include a link to log into the platform to view personal data and to complete any transactions. At the end of the transaction, the member is provided an opportunity to print a detailed summary statement. The Message Center can be configured to send a message after any benefit update. An email is then sent to a member who accesses or changes benefits and saves the changes through the member role after initial enrollment or a passive Open Enrollment. These messages can include a link to log into the platform to download and print a summary statement.
- 2.13.3. The preference for whether a member wants print fulfillment of certain items can be stored in our platform and managed with a configurable survey question. Existing preferences can be converted during implementation.
- 2.13.4. For an additional fee per statement, Benefitfocus can produce and mail confirmation statements to the home address on record after Annual Enrollment concludes. Details about this activity would be determined during the implementation of each sponsor. Additionally, for another fee, ongoing paper confirmation statements for changes can be fulfilled within a week of the transaction.

## **2.14. *Renewal & Off-cycle Changes***

- 2.14.1. Benefitfocus supports yearly updates in preparation for Annual Enrollment with the following assumptions:
  - 2.14.1.1. The number of State entities and level of complexity of configurations will remain the same year over year.
  - 2.14.1.2. If/when PEIA changes vendors such that the changes impact Benefitfocus integrations or web workflows, these changes will be handled via the Change Control process and may be subject to additional fees.
  - 2.14.1.3. Any requested changes (Web or Integration related) that require code changes by Benefitfocus will be managed via the Change Control process and may be subject to additional fees.

- 2.14.1.4. All requested changes must be submitted at least 160 days prior to the target Open Enrollment date in order for Benefitfocus to properly plan and staff for the change.
- 2.14.1.5. Estimates include support for the following activities for annual renewals.
  - 2.14.1.5.1. Planning - annual enrollment decisions from PEIA impacting renewals, timeline/task planning to support renewal project
  - 2.14.1.5.2. Configuration in Test - configuration in a test environment for annual enrollment in preparation for configuration and EDI testing
  - 2.14.1.5.3. Test Execution - testing configurations and existing outbound EDI integrations
- 2.14.2. Benefitfocus includes minor off-cycle changes throughout the year. Minor changes are enabled via configuration and do not require code changes and do not require a full population regression test (excludes changes in carriers and integrations). Certain configuration changes will require project management, test management and execution. These configuration changes may be subject to additional fees.

## **2.15. *Reporting – Advanced Aggregate***

- 2.15.1. Advanced Aggregate Reporting is available to PEIA and unlocks more options for creating custom reports across sponsors. Advanced Aggregate Reporting allows PEIA to create reports that combine multiple data sets into a single report.
- 2.15.2. For example, PEIA may need a simple export of a list of employees with contact and work information as well as the corresponding type of benefit plan and coverage levels. With Advanced Aggregate Reporting, PEIA can create a single report with those data elements and add in more complexity with formulas, nested filtering options, etc.
- 2.15.3. Advanced Aggregate Reporting is not available at the employer level.

## **2.16. *Reporting – Standard***

- 2.16.1. Benefitplace includes a core set of Standard Reports that are available to the PEIA and provide over 50 pre-defined reports for core data sets such as employee and dependent demographic information, benefit enrollment and premium information, and transactional and administrative data.
- 2.16.2. These standard reports will be made available to all PEIA administrators at the employer level for self-service utilization. Standard reporting functions are available at the individual employer level and does not support aggregate reporting across multiple sponsors.

## 2.17. Volume Assumptions

2.17.1. Benefitfocus assumes the following volumes in the pricing model provided. Deviations in the assumptions could drive changes in the fee structure.

**Volumes Table**

On-Going Operations/Account Management		
Type	Count	Notes
Inbound call volume from HR Administrators	50 calls per month	Estimate is for calls received from HR Administrators with CLIENT
Subscribers on the Platform	120,000; Assuming Minimum of 75,000	Pricing units for ongoing Software as a Service assume benefit eligible subscribers/employees to be equal to 120,000 or a minimum of 75,000.
Sponsors Configured on the Platform	5	Refer to Architecture section above.
Renewal Cycles	1	For Annual Enrollment
Hours of Operation	1	8 AM to 5 PM ET for account management support 8 AM to 5 PM ET for technical and navigational support
Inbound Carrier Claims Data Files	17	Medical (8), Rx data (1), eligibility data (8) for claims data integration
Inbound Data Conversion File	2	Production data conversion – 1 census, 1 enrollment file
HRIS/Payroll files	5	5 inbound demographic, 5 outbound deduction, 5 inbound reconciliation files.
Other Inbound Integrations	2	Medicare Discrepancy data from Humana for Medicare Advantage and EOI decisions from Securian.
Outbound integrations	18	TPA/Insurance Carrier/Wellness Vendor enrollment/eligibility files
Support cases	150 per month	Estimate is based on cases filed by CLIENT administrators
Onsite executive meetings	Quarterly	4 onsite meetings annually.
Routine operational meetings with CLIENT	1 per week	
Routine operational meetings with the assigned Account Manager and no more than 5 employing entities	Twice per month	
Routine operational meetings with Vendors/Carriers	Twice per month	Applies to integrated vendors listed in the File Integrations section above



Enrollment data audits with carriers	Quarterly per carrier	Benefitfocus will send each medical or Medicare Advantage carrier a full enrollment file on a quarterly basis so the carrier can compare against their membership system and make any corrections in their system as needed.
Inbound Single Sign On	0	No inbound SSO is in scope
COBRA Subscribers	209	COBRA Notices are priced per notices based on the type of notice and includes general rights, qualifying events, open enrollment. Mailing and Postage is out of scope and is a pass-through cost.
COBRA Qualifying Events Per Year	9,900	COBRA Notices are priced per notices based on the type of notice and includes general rights, qualifying events, open enrollment. Mailing and Postage is out of scope and is a pass-through cost.
Direct Billing Subscribers	10,200	This is typically 10% of the enrollee population
Carriers for Billing Purposes	20	
Employer Entities for Billing Purposes	828	These represent 5 billing sponsor configurations which are shared and applied to all the billing entities below them.

## 3. Implementation Schedule & Plan Assumptions

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### 3.1. *General Schedule Assumptions*

- 3.1.1. The submitted project schedule is a sample plan and has not been reviewed in detail with PEIA, its employers or vendors. Therefore, it is likely to change based on inputs and actual contract signature dates.
- 3.1.2. Based on the assumed scope of our RFP submission, this implementation will likely take more than 1 year, but less than 3 years. Benefitfocus will refine the detailed sample project schedule submitted during project Initiation, with detailed tasks and dates for all Discovery work and target dates for the Execution phase tasks. As we move through Discovery, the tasks and dates, as well as level of effort and staffing plans, will be refined further and committed.
- 3.1.3. Any dates provided in this document, the RFP submission or attachments, or a contract, are target dates and are subject to change based on schedule reviews with all PEIA stakeholders and Discovery outcomes.
- 3.1.4. The project schedule is, level of effort and staffing plans are all dependent on availability of PEIA, its vendors, employers or other 3rd parties who contribute to implementation activities.
- 3.1.5. Any dates related to the execution phase (construction, testing, deployment, cutover, go-live, monitoring, etc.) are tentative until discovery activities are completed, discovery deliverables are approved, and Benefitfocus has revised the remainder of the schedule with PEIA, its vendors, employers or other 3rd parties who contribute to remaining implementation activities.
- 3.1.6. The project schedule will be baselined and approved by PEIA, its employers and vendors at the end of Initiation and re-baselined and approved by those same stakeholders after the completion of Discovery.
- 3.1.7. Discovery implementation work can begin once the contract is executed.

### 3.2. *Implementation Strategy*

- 3.2.1. Benefitfocus will work with PEIA up front during implementation to establish, build and test requirements for all features, processes and functionality in scope, prior to the implementation of employers on the platform.
  - 3.2.1.1. A subset of up to five (5) employer units will be identified by PEIA and consulted as needed during the discovery period with PEIA to confirm all employer units can support and adopt the PEIA established requirements.
  - 3.2.1.2. If feedback from the consulted employer units suggests a requirement cannot be adopted, PEIA will determine if the requirement will change to align with employer units' needs.

- 3.2.1.3. These requirements will be adopted by all employer units as they are implemented on the platform.

### **3.3. *Key Dependencies***

- 3.3.1. The project will start upon contract signature.
  - 3.3.1.1. The Initiation phase and onboarding of core project teams will commence directly after contract signature.
  - 3.3.1.2. Before Benefitfocus delivers the baselined project schedule, Benefitfocus will validate the plan with PEIA stakeholders, employers and vendors.
- 3.3.2. Employer implementations will begin after the initial discovery, build and testing efforts with PEIA are complete.

# REQUEST FOR PROPOSAL

West Virginia Public Employees Insurance Agency  
CRFP PEI2200000001 - BENEFITS ADMINISTRATION SYSTEM

## SECTION 6: EVALUATION AND AWARD

- 6.1. Evaluation Process:** Proposals will be evaluated in two parts by a committee of three (3) or more individuals. The first evaluation will be of the technical proposal and the second is an evaluation of the cost proposal. The Vendor who demonstrates that it meets all of the mandatory specifications required, attains the minimum acceptable score and attains the highest overall point score of all Vendors shall be awarded the contract.
- 6.2. Evaluation Criteria:** Proposals will be evaluated based on criteria set forth in the solicitation and information contained in the proposals submitted in response to the solicitation. The technical evaluation will be based upon the point allocations designated below for a total of 70 of the 100 points. Cost represents 30 of the 100 total points.

### Evaluation Point Allocation:

#### Project Goals and Proposed Approach (§ 4.2)

- Approach & Methodology to Goals/Objectives (§ 4.2.1) 10 Points Possible
- Approach & Methodology to Compliance with  
Mandatory Project Requirements (§ 4.2.2) 5 Points Possible

#### Qualifications and experience (§ 4.3)

- Qualifications and Experience Generally (§ 4.3.1) 10 Points Possible
- Mandatory Qualification/Experience  
Requirements (§ 4.3.2) 5 Points Possible

Functional Requirements (Appendix 1) 30 Points Possible

Oral presentation (if applicable) (§ 4.4) 10 Points Possible

Total Technical Score: 70 Points Possible

Total Cost Score: 30 Points Possible

**Total Proposal Score: 100 Points Possible**

# REQUEST FOR PROPOSAL

## West Virginia Public Employees Insurance Agency CRFP PEI2200000001 - BENEFITS ADMINISTRATION SYSTEM

- 6.3. Technical Bid Opening:** At the technical bid opening, the Purchasing Division will open and announce the technical proposals received prior to the bid opening deadline. Once opened, the technical proposals will be provided to the Agency evaluation committee for technical evaluation.
- 6.4. Technical Evaluation:** The Agency evaluation committee will review the technical proposals, assign points where appropriate, and make a final written recommendation to the Purchasing Division.
- 6.5. Proposal Disqualification:**
- 6.5.1. Minimum Acceptable Score ("MAS"):** Vendors must score a minimum of 70% (49 points) of the total technical points possible in order to move past the technical evaluation and have their cost proposal evaluated. All vendor proposals not attaining the MAS will be disqualified.
  - 6.5.2. Failure to Meet Mandatory Requirement:** Vendors must meet or exceed all mandatory requirements in order to move past the technical evaluation and have their cost proposals evaluated. Proposals failing to meet one or more mandatory requirements of the RFP will be disqualified.
- 6.6. Cost Bid Opening:** The Purchasing Division will schedule a date and time to publicly open and announce cost proposals after technical evaluation has been completed and the Purchasing Division has approved the technical recommendation of the evaluation committee. All cost bids received will be opened. Cost bids for disqualified proposals will be opened for record keeping purposes only and will not be evaluated or considered. Once opened, the cost proposals will be provided to the Agency evaluation committee for cost evaluation.
- The Purchasing Division reserves the right to disqualify a proposal based upon deficiencies in the technical proposal even after the cost evaluation.
- 6.7. Cost Evaluation:** The Agency evaluation committee will review the cost proposals, assign points in accordance with the cost evaluation formula contained herein and make a final recommendation to the Purchasing Division.

**Cost Proposal Submission:** The Microsoft Excel file included with this RFP as Appendix 2 – Cost Proposal Workbook is the required Cost Proposal document all Vendors must submit. Instructions on how to complete the Cost Proposal are provided in the Instruction tab of Appendix 2 – Cost Proposal Workbook.

Vendors' Cost Proposal should reflect the solution features described in response to the requirements listed in Appendix 1 – Functional Requirements.

# REQUEST FOR PROPOSAL

## West Virginia Public Employees Insurance Agency CRFP PEI2200000001 - BENEFITS ADMINISTRATION SYSTEM

In addition to a hard copy, all Cost Proposals must be submitted electronically. Electronic submissions must be done using digital media (CD, flash drive, etc.) and must be sent along with the hard copies to the same address provided for the hard copy submission. Vendors are required to submit two copies of the electronic submission (two CDs or two flash drives, etc.) The Cost Proposal Workbook must be returned to the Agency in its original Microsoft Excel format. The State prefers that electronic media be provided with the vendors technical proposal but may request it prior to conducting the technical evaluation if it is found missing. Any conflict between the hard copy and the electronic media will be resolved in favor of the hard copy.

Only dollar and number values will be accepted on the Cost Proposal. Any description other than number value such as, but not limited to: "no cost," "included," "see below," "-", "n/a", etc. will not be accepted. A cost value of \$0.00 shall indicate the deliverable is no cost to the Agency. If a cost is not provided in a cell, it will indicate the Vendor does not provide the specific service.

Vendors' entry into cell G/14 "TOTAL – Mandatory" of the "Proposal Summary" tab of Appendix 2 - Cost Proposal Workbook will be the number used to determine a Vendor's Cost Proposal score.

**Cost Evaluation Formula:** Each cost proposal will have points assigned using the following formula for all Vendors not disqualified during the technical evaluation. The lowest cost of all proposals is divided by the cost of the proposal being evaluated to generate a cost score percentage. That percentage is then multiplied by the points attributable to the cost proposal to determine the number of points allocated to the cost proposal being evaluated.

**Step 1:** Lowest Cost of All Proposals / Cost of Proposal Being Evaluated = Cost Score Percentage

**Step 2:** Cost Score Percentage X Points Allocated to Cost Proposal = Total Cost Score

Example:

Proposal 1 Cost is \$1,000,000

Proposal 2 Cost is \$1,100,000

Points Allocated to Cost Proposal is 30

Proposal 1: Step 1 –  $\$1,000,000 / \$1,000,000 = \text{Cost Score Percentage of } 1 (100\%)$   
Step 2 –  $1 \times 30 = \text{Total Cost Score of } 30$

Proposal 2: Step 1 –  $\$1,000,000 / \$1,100,000 = \text{Cost Score Percentage of } 0.909091 (90.9091\%)$   
Step 2 –  $0.909091 \times 30 = \text{Total Cost Score of } 27.27273$

## WV PEIA RFP Functional

ReqID	Requirement Detail	Links	Available	Commentary
1	Centralized eligibility and enrollment module to maintain and apply Agency rules, view and maintain eligibility and enrollment data, and import/export eligibility and/or enrollment data as necessary to carriers and other entities.		Yes	
2	Centralized billing module to maintain current and historical premium rates, invoices, and payment records, calculate premium amounts, generate premium invoices, collect, apply, and reconcile invoice payments, and track open balances.		Yes	
3	Reconciliation of outstanding invoices with incoming payments.		Yes	Payments are matched to invoices and are applied to the oldest outstanding invoiced amounts first.
4	Management of coverage data.		Yes	
5	Functions to support all required interfaces, including, but not limited to, interfaces between: •Supporting third party products such as Microsoft Great Plains. •Employers. •other related agencies (e.g., wvOASIS); and •TPAs.		Yes	The Benefitfocus Platform has developed over 2,200 interfaces with insurance health plan and third-party systems such as payroll, wellness, membership, underwriting and rating systems.
6	The system includes the capability to create templates/formats and generate reports, forms, and letters, including ad-hoc reporting capabilities.		Yes	Standard and ad-hoc reporting and report templates are supported within the application. As a cloud based application, enrollment is managed via a tailored online experience or mobile app. Paper forms and letters are not supported within the system, however enrollments captured in this manner could be added via an admin to the application.
7	Provides an established library of forms, reports and letters that can be copied, modified and saved as a PEIA template.		Yes	There is an established library of reports, enrollment decision support content, and templated text and e-mail notifications that can be leveraged by PEIA. Letters and paper form templates are not provided. If fulfillment services are required for letters or forms, additional scoping and pricing would be required.

8	The system is capable of selecting groups of entities based on criteria(s) as defined by PEIA (i.e. based on plan enrollment specifics, employer type, employment status, user type, workflow triggers, etc.) and sending mass communications via email and SMS messaging. The system is also capable of updating the email or SMS message in the billing or enrollment portals "message center" to keep communications consistent across all channels.		Yes	The Benefitfocus Message Center supports scheduled messages that can be selected across custom criteria defined by the administrative user, and also has the ability to proactively engage employees through event-driven messaging, using their preferred channels, whether it's a push notification through the Benefitfocus Mobile App, SMS text or email. A library of pre-written communications created by benefit engagement professionals also helps administrators personalize communication without significant costs or additional administration.
9	The system should have the capability of interfacing with internal and external parties to exchange data at defined or ad-hoc frequency(ies). This includes the interface to exchange all data with PEIA's internal data warehouse at a frequency determined by PEIA.		Yes	Further scoping and pricing may be required for all required interfaces in scope including exchange with PEIA's data warehouse. Data can be exported through pre-defined formats and schedules for a wide variety of purposes, and all data is available in common formats through an easy-to-use reporting application.
10	The system should automatically reconcile electronic cash receipt types to billing invoices/amounts due where receipt amounts have been verified as having cleared with the financial institution.		Yes	Payments are credited when initiated, if they subsequently fail, they are immediately reversed.
11	The system should have the ability to accept miscellaneous revenue, deposit monies, and trigger appropriate workflows (ex. forfeitures, legal settlements, and old insurance contracts).		Yes	The billing system supports multiple integrated payment methods. As an accounting-based system, there is functionality to input adjustments, write-offs, etc. upon notification with details, as supplied and requested by the client.  Aging and related reporting are provided to support client's procedural reviews.
12	The system should have the ability to apply one payment to multiple AR and, or GL accounts.		No	Our best practice ties payments to an invoice; payment routing is determined by the payee destination.



13	The system should have the ability to support inter-fund accounting based on but not limited to, the employer, transaction type and insurance type for which a payment is made.		No	Additional discovery would be required to determine PEIA's definition of inter-fund.
14	The system should have the ability to assign a status to a deposit (reconciled, pending, etc.).		Yes	Payments are considered applied until notification that they fail, in which then, are immediately reversed.
15	The system should provide the ability for authorized PEIA staff to cancel or reverse invoices, including updating sub-ledger entries, while retaining all modifications in the account history.		Yes	Our solution has immutable invoices, once generated, they are locked and not modifiable. From a financial perspective that then allows full history and clarity - and then if something should not have been invoiced, the billing system will reverse those transactions and issue an invoice showing the reversals and adjustments accordingly. The transactions are cancelled and reversed, as applicable, but the previous invoices are not retroactively invalidated.
16	The system should provide the ability to abate or reverse interest or fees.		No	The billing system is able to support ongoing premiums and fees. Late fees and Interest are not supported in our platform.
17	The system should provide the ability to reverse payments submitted to PEIA (ex. bad check, Non-sufficient Funds, etc.) and re-set the invoice and invoice detail status.		Yes	The billing system does not reset the invoice, but it tracks and reverses the payment with automated delinquency which is applied to the affected invoice.
18	The system should have the ability to set a default payment type for employers and individual insurance subscribers.		Yes	The billing system supports multiple payment methods. Both employers and individuals can select to have recurrent/ongoing automatic deductions depending on the type of payment methods configured.
19	The system should be able to download and process an electronic, validated deposit file from the bank, making an image immediately available to designated authorized internal PEIA users and management.		Yes	The billing system has a fully integrated banking solution with US Bank, which as a client-owned bank account, provides both you and Benefitfocus with access to the images, as well as automated data exchange so the payments, reversals, etc. are fully consumed into the billing application.
20	The system should provide the ability to transmit check images to PEIA bank accounts electronically in an automated deposit.		No	The integration processes them as a data file with direct deposit. The visuals of the payment are stored in the banking account if needed. This data file allows for full automated processing.

21	The system should receive transactional data from financial institutions containing deposits regardless of method (ex. teller, ACH, wire transfer), check statuses (ex. cleared, suspended, open) and account balances.		Yes	The billing system has additional integrated vendor partners for ACH and Credit/Debit transactions so those transactions are executed directly within the billing application, as well as, full file feeds back to billing and EFT deposits into the bank account.
22	The system should calculate interest for delinquent payment submissions by employers per PEIA business rules.		No	This is not a best practice given the fully automated delinquency management.
23	The system should provide authorized internal PEIA users the ability to schedule and execute daily (or more frequent) electronic deposit processes.		Yes	Multiple payments of varying amounts can be executed in the billing application.
24	The system should automatically electronically notify the retiree when a direct bill payment is received on an invoice (partial or full).		Yes	All payments of any amount are immediately displayed online in the member's account as soon as processed in the application or as soon as the merchant or bank data file is received and processed.
25	The system should create detailed and summary deposit reports by payment method and AR subledger account for daily deposits to PEIA bank accounts for reconciliation purposes.		Yes	The Payment Detail Report shows all payments, but not by subledger as this would vary for every client.  Banking account would have all deposits supported.
26	The system should notify employers, and direct bill retirees and PEIA of payments due, overdue balances, overpayments and credits.		Yes	
27	The system should notify the retiree when payment amount received is less than the expected amount.		Yes	
28	The system should produce barcoded or MICR remittance documents to accompany premiums and other payment submissions.		Yes	

29	The system should provide a means of accounting and reporting for aging unallocated cash receipts.		Yes	
30	The system should provide a view of employer reporting entities whose payments are delinquent, including an aging of delinquencies.		Yes	
31	The system should provide extensive reporting and analysis capabilities on all key data elements within the cash receipts process.		Yes	This is supported by aging reports and delinquency reports in the aging process. Additional banking reporting is available in the banking applications
32	The system should allow employers and members to select specific receivables or benefits to which to apply online payments and input partial payment amounts.		Yes	
33	The system should allow portal users to enter financial/banking information and payment frequency (auto-pay, one-time payment, etc.). The system should have the ability to store bank information, but should not store credit card information. Credit card information is passed directly to the financial institution used by PEIA.		No	The billing system has direct integrations with merchants who store the account information entered via the billing application for both ACH and Credit. In addition, the use of a certain payment methods can be disabled. Integrations with additional/external credit processor would require additional scoping and pricing with product support.
34	The system should allow authorized PEIA staff to search records against a number of demographic and payment data elements - such as member name, SSN, address, check routing number, account number, payment amount and payment date range.		Yes	Payment details can be searched within a member in addition to searching for payment details directly within the payment detail report.  The client-owned bank account would also provide this ability to search for a particular deposit directly by the deposit instrument information

35	The system should enable all automated processes to be performed manually by designated internal PEIA users when necessary.		No	This is restricted to authorized Benefitfocus resources to provide appropriate financial controls and security.
36	The system should have the ability to limit automatic drafts for individuals, if the draft is over a certain amount. Where the amount is a system parameter that can be maintained by internal PEIA users.		No	The system can be configured so that the billing system only allows payments for the current amount, the total amount due, or any other amount. Our best practice to allow other amounts so the members have flexibility in making payments from multiple accounts.
37	The system should have the ability to reject payments based on the status of the member (terminated, separated, etc.).		No	Since terminated members may have an outstanding amount to pay, or be invoiced (such as while on a leave of absence), we do not recommend this restriction for billing. If a terminated member makes a payment, it does not automatically result in reinstatement of coverage. The billing system controls for this in a separate financial process for refunding, so that the monies received would be identified for refunding without affecting enrollment.
38	The system should prevent employers from creating and/or submitting the same deposit form more than once.		Yes	The billing system has a proactive, intuitive approach to this. Each payment is immediately displayed on line and the balance due is immediately updated, the total balance to be paid will be zero, and then will prevent payment. In addition, during the payment process screens, they are programmatically controlled so only one payment is taken.
39	The system should warn employers or members when they attempt to make out-of-sequence payments.		Yes	Our system has a best practice that any payments are automatically applied to the oldest outstanding balance first.
40	The system should automatically trigger workflow every "x" (days or weeks) when reimbursement is due to an annuitant retiree for an overpayment due to death or an erroneous premium billed amount.		Yes	
41	Refund transaction data should be automatically processed in a batch mode and sent to wvOasis as part of the reimbursement workflow for annuitant retirees.		Yes	If we are administering the payments, we will route the moneys accordingly. If not, then a refund report will be provided for the banking account administrator to apply and then advise Benefitfocus accordingly so we can ensure the amounts are entered into the member's billing account.
42	The system should initiate a workflow for unidentified receipts to facilitate research, credit the appropriate accounts and notify the payer.		Yes	

43	The system should initiate a workflow if a receipt has not been received within a defined period of time (ex. forfeiture, insurance premium payments, contributions). Where the defined period of time is a system parameter that can be maintained by internal PEIA users.		Yes	Delinquency is fully automated based on configurations determined during implementation. There is no need for anyone to maintain.
44	The system should initiate a workflow when a receipt is returned to create an accounts receivable and change the status of the account's payment type.		Yes	
45	The system should initiate workflows for electronic payments.		Yes	
46	The system should initiate workflows for physical payments that are front end imaged and route to the appropriate internal PEIA users.		Yes	Banking integration automatically routes deposits into the client-owned bank account and automatically updates applicable invoice accounts.
47	The system should enable integration with existing IVR (Interactive Voice Response) and supporting computer telephony integration (CTI) application that automatically displays all of the relevant caller and account information on a Customer Service Agent's screen during a call.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.
48	The system should enable integration with the existing IVR system to obtain participant request for form mailings.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.
49	The system should enable integration with a third party document management system to retrieve documents stored by participant or employer or other entity (assuming the system does not have it's own DMS functionality).		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

50	The system should enable integration with other customer service tools and applications.		No	Additional integrations would require additional scoping and pricing.
51	The system should be able to intake data relating to a subscriber's and their dependents' or survivor's eligibility, enrollment, other information including communications via phone, email, chat, mail or other.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
52	PEIA users can categorize communications by intake type (phone, email, etc.), category (i.e. eligibility, enrollment, billing, etc.), date and time in order to efficiently access specific records and report on specific intake data.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
53	The system should allow for an unlimited character field for tasks or notes.		No	Current notes on a member's record are limited to 2,048 characters.
54	The system should allow files or pictures to be attached or inserted to tasks or notes.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
55	The system should be able to produce reports and dashboards showing a history of all intake data, contacts, notes, workflows, and cases.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
56	The system should provide the ability to track a case (request or issue) from initial request to resolution. Tracking data includes the assigned user, entry date/time of information updates, status of issue (entered, assigned, in progress, resolved).		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
57	The system should have ad-hoc query capabilities to select groups of participants and/or employers for mass mailings.		Yes	Benefitplace allows users to pull system census data with address information included. These reports can be run on an ad-hoc basis and filtered by select groups or categories of participants.

58	The system has the capability of printing identifying information as a barcode on statements or letters to be used for document management purposes.		No	As a modern cloud-based solution, Benefitfocus recommends all enrollments take place within the online, member-facing application, whether accessed through a browser or the mobile app. Optionally, enrollments can be captured through your call center and added to the member's record through the HR Role.
59	The system should record all outgoing and incoming mail to the participant's record.		No	
60	The system has the capability of printing addresses on mass mailings as necessary to avoid label generation.		No	
61	The system should be able to read IVR data and requests, update the system accordingly and send requested forms to the participant.		No	
62	The system should provide Customer Service Representatives with a method of quickly and easily requesting various documents for a participant and route the requests to the mailroom where they can process the requests in batches or as individual requests.		No	
63	The system should be able to produce frequently requested letters (certificate of creditable coverage, premium verification, etc.).		No	
64	The system should provide the ability to link a document to a subscriber or employer contact record and/or case.		Yes	Benefitplace supports a simple experience for capturing documentation related to verification of dependent eligibility or associated with qualified life events. Users can easily capture an image of an associated document using their smartphone with our mobile app. The member will be prompted to add the document, and they can easily associate the image with a document request.
65	The system should provide the ability to replicate any notification.		Yes	Electronic notifications established within the message center can be replicated, resent, or adjusted to associate with updated conditions for distribution.
66	The system should provide the functionality for alerts when requests for documents go unanswered.		Yes	

67	The system should provide reports on pending or "open" enrollments where enrollment has not been finalized. Reports can be run for a reason (i.e. documentation not received, approval not provided, etc.), by age, by enrollment type (retiree, dependent, Medicare, etc.) or other values or by combination of values.		Yes	
68	The system should provide the capability to display key information for the participant or employer based on the user's role.		Yes	
69	Entities other than participants and employers (i.e. vendors, TPAs, etc.) and their contact information can be configured within the CRM system to track tasks and cases.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
70	The system should house a knowledge management database with answers to typical questions, policies, and procedures that can be accessed by all employees.		Yes	
71	The system should provide a direct link from the customer service display for internal PEIA users to view the subscriber or employer information.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
72	The system should apply all business rules when processing customer service transactions.		Yes	
73	The system should be able to age a case or task and set up reminders to move cases into current day or other designated work queue.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.



74	The system should automatically terminate health and insurance coverage for the deceased and dependents when a death is confirmed, and trigger the survivor enrollment process if eligible.		Yes	
75	The system should calculate and issue refunds for overpayment of insurance benefits premiums per PEIA business rules.		Yes	When benefits are overpaid, the credit will remain on account and be adjusted in the next invoice cycle. If there is a refund requested or if there is no further bill, this will automatically be identified for refunding.
76	The system should provide the ability to reverse a death entered in error and to reinstate a retirement and/or insurance benefit for the member if applicable. The system should be able to automatically compute amount due for the period of time the account was terminated or suspended.		Yes	
77	The system should track overpayments by identifying payments processed after the death of a payee as ineligible payments.		No	Since final invoices (for the month of death, for example) can still have an amount due, the billing system does allow payments to be received for deceased billing accounts. However, the billing system refund process ruleset specifically identifies if there are no billing transactions to apply. The overage will then be triggered to the refund report for the banking administrator to be refunded to the payee or estate.
78	The system should have the ability to receive and standardize death notifications and key data elements from multiple sources and automatically initiate appropriate workflow process based on member status.		Yes	
79	The system should allow employers to report all necessary information for a death notification through the employer portal.		No	
80	The system should provide the capability to record the initial source through which PEIA was notified of the death and the date of notification.		No	

81	The system should provide the ability for internal PEIA users to edit or remove any death notification.		Yes	
82	The system should provide the capability to mark a member as deceased.		Yes	
83	The system should provide the capability to record the deceased date of death.		Yes	
84	The system should notify dependents of health and insurance benefits eligibility benefits available.		Yes	
85	The system should notify as necessary to provide information to the applicable third-party administrator or insurance provider to process life insurance claims and provide the ability to view and download required forms.		Yes	
86	The system should be able to assign a status and initiate appropriate workflows for death notifications per PEIA business rules.		Yes	
87	The system should provide the capability to flag a Member's account as having terminated employment.		Yes	
88	The system should provide the capability to capture required subscriber eligibility and enrollment attributes during the set-up process for a new participating employer.		Yes	
89	The system should provide for recording the receipt of a Qualified Domestic Relations Order (QDRO) and relate the QDRO to a specific Subscriber.		Yes	

90	All rules should be effective date based where the rule should be applied inclusive of the effective date and end inclusive of the expiration date.		Yes	
91	If a member enrolls for life insurance after initial enrollment, coverage should become effective the first day of the calendar month following approval from the life insurance carrier.		No	The Benefitfocus platform will set the effective date of life insurance enrollments based on PEIA's business rules. If custom effective dates are required based on the carrier approval date, administrators with the appropriate access rights will have the ability to update the member record with the updated effective date.
92	The comprehensive rules engine should be accessible to PEIA (with appropriate security) to view, or to make rule additions or changes. All rule additions or edits should be documented with the username, date, time and a description of the addition/edit.		No	Benefitfocus manages configurations on behalf of clients as a service.
93	The system should allow life insurance enrollment (basic, optional or dependent life insurance) for members or retirees at any time.		Yes	
94	The system should allow multiple health subscribers to cover the same dependents, but not for the same benefit. It should trigger a warning message and prevent the data from saving if a subscriber enters a dependent currently covered for the benefit.		Yes	
95	The system should apply eligibility rules and provide the appropriate choices for health and insurance enrollment during all applicable enrollment periods.		Yes	
96	The system should apply other eligibility rules for benefit options available to those members who are 65 or older, but do not qualify for Medicare.		Yes	

97	The system should automatically change health coverage to the Medicare Supplement when a retiree, survivor or their covered dependent gains Medicare due to disability.		Yes	
98	The system should automatically change health coverage to the Medicare Supplement when a retiree, survivor or their covered dependent turns 65 and is Medicare eligible.		Yes	
99	The system should automatically change health coverage to the Medicare Supplement, when appropriate, for a retiree or survivor when the Centers for Medicare and Medicaid Services (CMS) file reports the gain of Medicare for the member or covered dependents.		Yes	
100	The system should automatically terminate coverage for a dependent when they are no longer eligible based on age.		Yes	
101	The system should automatically terminate coverages when no longer eligible or a benefit is no longer available.		Yes	
102	The system should automatically update the subscriber or covered dependent's Medicare information (HICN, MBI, reason, effective dates) when they gain Medicare.		No	

103	<p>The system should calculate eligibility for a benefit based on multiple factors including but not limited to: employer, member hire date, member address, PEIA status (active, retiree), job type (Deputy Sheriffs, elected official, etc.), job status, death, divorce, employment history (hire, termination), special event (birth, loss of other coverage), termination, years of service, etc. as documented in the PEIA Plan Documents and Summary Plan Descriptions noted below:</p> <p>SPD (link in column E):  Page 11 - PPB Plan D WV only plan, Page 38 - Post 2010 employees ineligible for subsidized retiree health and life insurance  Page 39 - Pre 1997 Retirees, Post 1997 Retirees, Surviving Dependents  Page 40 - Employer Paid Retiree Insurance, pre and post 1988 hire dates  Page 42 - Retiree Premium Assistance</p>	<a href="https://peia.wv.gov/Forms-Downloads/Documentations/SummaryPlanDescriptions/SummaryPlanDescriptionABD2022-web.pdf">https://peia.wv.gov/Forms-Downloads/Documentations/SummaryPlanDescriptions/SummaryPlanDescriptionABD2022-web.pdf</a>	Yes	
104	<p>The system should capture information on employee transfers and dual employments and provide enrollment opportunities for the benefits the member is eligible for per PEIA business rules</p> <p>(Employee/Employee Spouse Family Policy Tier) as documented in the PEIA Plan Documents and Summary Plan Descriptions noted below:  SPD (link in column E):  Page 22 - Family with Employee Spouse</p>	<a href="https://peia.wv.gov/Forms-Downloads/Documentations/SummaryPlanDescriptions/SummaryPlanDescriptionABD2022-web.pdf">https://peia.wv.gov/Forms-Downloads/Documentations/SummaryPlanDescriptions/SummaryPlanDescriptionABD2022-web.pdf</a>	No	<p>Benefitfocus can support dual employment as well as spousal employment and has the capability to ensure that no dual coverage occurs across the PEIA health plans. Blended rates according to salaries of multiple members is not supported and would require additional scoping and pricing.</p>

105	The system should distinguish between different eligibilities of children (ex. temporary incapacitated, permanent incapacitated, child under 26, National Medical Support Notice).		Yes	
106	The system should enroll temporarily and permanently incapacitated children as dependents and trigger workflow for review by an internal PEIA user at intervals defined per PEIA business rules. The review process should include automated correspondence and follow-up until a response is received.		No	
107	The system should generate a report of policyholders affected by the rule edit in test or production mode.		No	
108	The system should have parameters on all plans or benefits that can be used to qualify those eligible to enroll based on specific criteria in the rules engine.		Yes	
109	The system should have the ability for the spouse to be of the same sex as the member.		Yes	
110	The system should not provide coverage in any plan unless the employee is enrolled. There is no default plan.		Yes	
111	The system should notify the member when coverage is terminated.		Yes	

112	The system should only allow health insurance enrollment for a qualifying event for a member and their dependents during the month in which the qualifying event occurred and the following two calendar months. After this "event enrollment period", the employee and existing dependents are no longer eligible for health insurance enrollment until the open enrollment period or if the member has another qualifying event.		Yes	
113	The system should only allow initial health insurance enrollment for a member and their dependents during the month in which the employee is hired and the following two calendar months. After this "initial enrollment period", the employee and existing dependents are no longer eligible for health insurance enrollment until the open enrollment period or if the member is within the month of or two subsequent months of a qualifying event.		Yes	
114	The system should provide a comprehensive rules engine for benefit administration, eligibility and termination determination and maintenance of all active and retiree health benefit and insurance program options.		Yes	
115	The system should provide the ability for a Medicare Primary eligible subscriber or dependent to independently elect or opt out of the plan and trigger workflow to an internal PEIA user to complete the process.		No	

116	The system should provide the capability to automatically notify a survivor of applicable insurance benefits based on PEIA business rules.		No	
117	The system should provide the capability to update enrollment eligibility requirements through configuration, without the need for programming updates.		Yes	
118	The system should provide the option to copy a rule addition or edit that is in test mode to production.		Yes	
119	The system should provide the option to execute a rule edit(s) in a test mode prior to promoting a rule change to production. Any rule edits or additions that were not promoted to production may be deleted by users with appropriate security.		Yes	
120	The system should use the Centers for Medicare and Medicaid Services (CMS) match file to automatically terminate COBRA benefits per PEIA business rules.		No	Benefitfocus does not currently support integration with CMS for our public sector customers today, but we are currently researching our ability to qualify to integrate directly with CMS. Benefitfocus will require additional scoping to determine any integrations required with a Voluntary Data Sharing Agreement or TPA.



121	When initial enrollment (new employee) is received, health and basic life insurance coverage should become effective the first day of the calendar month following the date of enrollment. If a member enrolls on the first day of employment or enrolls prior to the hire date, coverage should not be effective until the first day of the calendar month following the hire date. Optional additional life insurance coverage above the General Issuance Amount should be effective the first day of the calendar month after the insurance carrier provides approval. Optional life insurance up to the General Issuance amount can be added during the initial hire date without underwriting approval.		Yes	
122	The system should automatically create debit/credit transactions to the general ledger for corrections in reported data with appropriate audit trail.		Yes	Corrections which would derive from enrollment transactions automatically flow into billing and automatically create the applicable adjustments - both positive and negative.
123	Upon acceptance and posting, the system should have the capability to automatically create appropriate general ledger transactions associated with employer remittances, penalties, services and interest charges including invoices for delinquent payments.		No	<p>The billing system supports transaction detail at an employee/plan level, which you can then leverage to create the applicable general ledger entries.</p> <p>Delinquent interest, penalties and service charges are not part of our standard service model due to our robust automated delinquency process which limits risk. If these are desired features, additional scoping and pricing would be required with product support.</p>
124	The system should provide capability to audit or track rollback or reversal of payroll file.		No	

125	The system should provide capability to create and maintain an audit trail that should record any adjustment, cancellation or manual posting or other reporting data to a member or employer's record.		Yes	The Benefitfocus platform maintains a full, chronological history of eligibility, employment and benefit changes, all of which are date-, time- and user-stamped. This information is HIPPA-compliant and always available to PEIA's HR administrators, both in the employee's individual record and via our suite of reporting tools.
126	The system should provide the capability to capture comments/notes regarding specific employer delinquencies or other employer-related information.		Yes	
127	The system should provide capability to process direct interface file records for certain reporting entities, such as OASIS and RHBT, when a remittance advice has been submitted and an IET payment type is selected. The interface file should contain all fields required to create the IET at the receiving entity.		No	Specific data interfaces would require additional development and scoping, as well as potential costs.
128	The system should automatically calculate and electronically notify employers of penalties, service charges and interest charges relating to late reports/remittances per PEIA business rules.		No	The robust delinquency automation will identify any late payments which meet the configured rules provided by PEIA.
129	The system should have the capability to create Debit/Credit invoices for employer penalties, service charges and interest charges relating to late reports/remittances.		Yes	Our Billing application simplifies invoicing by automatically including all adjustments executed in the transactional period processed, and applies them as either a debit or credit in that invoice period, so that a separate adjustment invoice is not necessary. This provides a holistic view of all transactions within an invoice.  As stated above, the robust delinquency automation will identify any late payments which meet the configured rules provided by PEIA.
130	The system should have the capability to issue credit and/or debit invoices to employers for contributions remitted in error.		Yes	The billing application simplifies invoicing by automatically including all adjustments executed in the transactional period processed, and applies them as either a debit or credit in that invoice period, so that a separate adjustment invoice is not necessary.

131	The system should allow internal PEIA users to view employer report progress and produce reports about which employer reports have been received, late, delinquent, and view what patterns in reporting exist, etc. Employers should be automatically notified of late reports and non-compliant employers should be flagged per PEIA business rules.		Yes	The billing application supports both the ability to run ad-hoc reports as well as access to reports which are automatically run based upon the invoice cycle.
132	The system should have the ability to generate a reconciliation report based on the insurance premium data received on the employer report and what was previously billed to the employer. This report should be available on the employer portal and to internal PEIA users.		Yes	The billing application is an accounting chassis - every billing transaction has two parts - a payee and a remittee. This automation and key functionality requires that these transactions are in balance. Excess unremittable funds are marked as unallocated and automatically credited to the next invoice, reducing the net payable.
133	The system should provide a summary report on any contribution transmittal file, including, for example, the following information: - Batch Number - Pay Period Begin Date - Pay Period End Date - Pay Date - Total Contribution Amount - Insurance Premium Amount - Number of Members Reported		Yes	For billing purposes, payment transaction files, such as from a merchant, are directly consumed into the billing application and available in the payment detail reporting as well as deposited directly into your bank account and available via your banking integration. The billing application reporting provides detail of every payment received.  If PEIA is referring to contribution files for CDH accounts, additional discovery may be required as these files are typically transmitted via client payroll systems to the third party CDH administrator.
134	The system should provide employers the ability to produce pre-defined reports for their reporting population via the employer portal, such as variance reports (% or \$), exception reports, Member historical contribution transaction reports and an employer account history.		Yes	

135	The system should provide the ability for employers and internal PEIA users to query and report on financial information by employer or member to include all appropriate financial data, (ex. amounts paid, amounts outstanding, interest adjustments, etc.).		Yes	
136	The system should provide the ability to produce annual statements for PEIA and for employers (ex. finances, PEIA membership information, etc.) for ACFR, PAFR, GASB or CEM Benchmark reporting.		Yes	<p>Membership information is produced upstream from billing in the benefit administration application.</p> <p>Historical payment information is available via reporting in the billing application.</p>
137	The system should provide the ability to produce on demand a report indicating one or more Members' names, Social Security Numbers, benefit elections, benefit amounts, subsidy amounts and service credit for any given period of time.		No	<p>A major subsidy enhancement is in progress currently for the billing application to be able to store the subsidy amounts provided by PEIA in the benefit administration application and then data exchange with the billing application.</p> <p>As many subsidy programs vary significantly, detailed discovery of the subsidy elements is necessary as part of scoping.</p> <p>Transaction historical information is available via reporting and in on-line billing application.</p>
138	<p>The system should provide the capability for detailed reporting on those records that have not passed validation and have been written to the exceptions table. The following information must be reported:</p> <ul style="list-style-type: none"> <li>- Plan</li> <li>- Pay Period / Transmittal Number</li> <li>- Name</li> <li>- Employee or other ID Number</li> <li>- Validation rule violation description</li> <li>- Payment Imbalance Amount (if applicable)</li> </ul>		No	<p>A billing exception table is not needed based upon the architecture of the billing application.</p>

139	The system should provide the capability to generate electronic notifications to employer and employee with details on any adjustment made by internal PEIA users to salary, payments, and/or service.		Yes	All transaction updates such as salary, benefit enrollment dates, are processed in the benefit application and those adjustments are consumed and applied, and notified via the invoice in the billing application.
140	The system should allow employers to log on to the portal and view a dashboard of open invoices including an current invoice or past invoice indicator, the invoice period, the invoiced amount, the amount remaining due, a grand total amount due, a "Pre-March 2008 Balance (if applicable - and not included in the total amount due)and any unapplied payments (credit amounts). Internal PEIA users should have access to view an employer's dashboard as well.		No	<p>Past due amounts are displayed in the application as well supported by automated delinquency correspondence and indicated as prior balance in the invoices.</p> <p>Balance takeover prior to start of our invoicing (Pre-March 2008) balance requires additional review and scoping due to the data and details.</p>
141	The system should automatically post service credit upon receipt of data or reports from the retirement agency.		No	<p>If the expectation is for the billing system to invoice a pension or retirement account entity and then apply that as an amount to the invoices, additional scoping and pricing would be required.</p> <p>If this is a service credit which reduces the amount due, this would be anticipated to be supported under the subsidy enhancements noted as underway above.</p>
142	The system should have a set of effective dated configurable categories of pay types to accommodate non-standard compensation earnable pay elements. These pay types can be included on the employer payroll report, flagged based on business rules for review, and the detailed pay breakdown should be captured in the system. These non-standard pay types can include furlough supplements, special monthly contributions, supplemental postings, overtime, bonuses, etc.		No	The billing application and the payroll application are separate; these would not be supported in billing.

143	The system should have configurable business rules to support service credit adjustments that have no change to earnings associated with them and may change for future or historical payroll periods based on legislation		No	If this is a service credit which reduces the amount due, this would be anticipated to be supported under the subsidy enhancements noted as underway above. Additional scoping and pricing may be required.
144	The system should have the ability to capture employer payroll data elements for all pay types, (ex. regular pay, mandatory overtime pay, non-mandatory overtime pay, special pay, etc.), including but not limited to pay cycle/frequency, wage information, contributions remitted for each pay type, pay for annual leave and/or sick leave if permitted, contributions on leave pay, retiree wage indicator and employee class.		No	Benefitplace typically pulls two salary fields for members. Plan rates are configured within Benefitplace for each benefit type and can be calculated based on a combination of one or more attributes including coverage level, salary, dependents covered and classification, to name a few. Benefitplace also supports multiple pay frequencies, different employee groupings and pay schedules.
145	The system should import and store employer reporting data for non-members, for use in future purchase of service should the employee become a Member.		Yes	Benefitplace can house ineligible members based on agreed upon category values. As a result, any changes to work status that result in eligibility changes will be automatically supported within the application.
146	The system should provide automation tools to create an employer's member population using a file upload.		Yes	
147	The system should provide automation tools to globally terminate or transfer an employer's member population for the applicable health and insurance benefits per PEIA business rules (ex. Local subdivision leaves coverage, one or more employers merge into a new employer).		Yes	

148	The system should provide the capability to display all transmittal exceptions on a user interface screen and with the ability to update the transaction data prior to posting of the report.		No	All exceptions generated by data transmitted from Benefitfocus are available for visibility within the data exchange dashboard. These exceptions are managed by Benefitfocus. PEIA would only need to be involved if a decision is necessary to resolve the data issue.
149	The system should automatically cap service credit for each plan upon receipt of reports and contributions per PEIA business rules and with the ability for an authorized internal PEIA user to review and override exceptions.		No	
150	The system should notify the employer that a Member is not included on the employer's payroll report if PEIA data indicates that an employee status is active for a particular employer. The employer should be responsible for providing these corrections through the employer portal.		No	
151	The system should provide an authorized internal PEIA user the ability to reverse, or roll back the transmittal import process if the transmittal file is discovered to be invalid. No residual records or data of any sort should remain with regard to Member or employer records such as premium payments. In other words, the records should be reversed so that they are not posted.		No	Benefitfocus applies error thresholds and transaction-level thresholds that determine whether a file continues through the processing workflow. Error thresholds check for the number of invalid records, and transaction-level thresholds check for the number of specific transactions types compared to the employer's total population. The thresholds are compared to a pre-defined percentage.
152	The system should provide capability for an internal PEIA user to select an exception and post it to the Member record once corrective action has been taken.		No	Manual overrides can be performed by the specific HR administrator users who have permission to do so. The exact overrides that are permitted and the approval requirements would be defined by PEIA's business rules.  Every transaction executed in the system is captured and retained for audit purposes. These audits contain all information about the change, including who made it and when.

153	The system should provide capability to prevent updates to committing to the system when fatal errors exist.		Yes	
154	The system should provide capability to store/archive historical employer reporting exception errors (messages) for reporting purposes, even after the exception has been "cleared" and "posted" to the Member's record.		No	
155	The system should provide exceptions via pop-up messages to employers who enter Member payroll data (member-by-member) via the employer portal. Employers who upload a payroll file should receive an email with a link directing them to the employer portal to view their exceptions and audit trail reports.		Yes	Data validation issues entered within the employer portal are displayed whenever an attempt is made to save the data. Uploaded demographic information generates exception reports in real time within the file upload window.
156	The system should provide real-time validations to the reporting data that automatically balance/reconcile insurance premiums on a detailed member-by-member basis and at a summary report level per PEIA business rules. Upon validation, internal PEIA users can determine discrepancies and initiate workflow for required employer error correction.		Yes	From a billing perspective, the accounting chassis automatically compares invoiced vs remitted inherent in the system.  Payroll is a separate application, especially given the timeframes and unique deductions which may not be included in the benefit enrollment/billing deductions.
157	The system should provide the ability to process partial reports, allowing for the processing of acceptable records and suspending other transactions for correction/documentation by the employer, and to hold approved reports in a pending status until payment is received from the employer.		No	Reports reflect the data contained in the system at that moment. Once invoices are generated, they are locked so they are immutable, to support accurate transactions and subsequent adjustments.



158	The system should provide the capability for authorized PEIA internal users to flag Members as "auto-exception" for employer reporting purposes if they have known issues that should prompt continual messages or exceptions on future reports.		No	
159	The system should provide the capability for internal PEIA users to correct employer reported data by manual entry and make corrections to historical reporting periods, providing an audit trail for all transactions. These adjustments must be able to be displayed at the summary and detail level in the employer portal and internally to authorized PEIA staff.		Yes	<p>Manual overrides can be performed by the specific HR administrator users who have permission to do so. The exact overrides that are permitted and the approval requirements would be defined by PEIA's business rules.</p> <p>Every transaction executed in the system is captured and retained for audit purposes at the employee level. These audits contain all information about the change, including who made it and when.</p>
160	The system should provide the capability to collect certain demographic data to validate Members during the processing of employer reports. In the case of mismatches, error messages should be generated and correction by the employer should be required before the data can be posted to the Member account.		Yes	Administrators with the appropriate access rights have the ability to add new employees or edit demographic data manually for members. Error messages would notify an administrator for any missing data or formatting errors.

161	The system should validate data based on PEIA business rules and defined report tolerances prior to accepting a submitted file (valid pay period, file layout, file format, batch ID, balanced dollar totals, balanced Member count totals, blank fields, and duplicate Member records) and generate error messages to the employer through the employer portal to investigate, correct, and resubmit transactions as needed.	Yes	<p>Benefitfocus applies error thresholds and transaction-level thresholds that determine whether a file continues through the processing workflow. Error thresholds check for the number of invalid records, and transaction-level thresholds check for the number of specific transactions types compared to the employer's total population. The thresholds are compared to a pre-defined percentage.</p> <p>Error tolerance thresholds determine whether an inbound file advances through the processing workflow to have changes applied to the Benefitfocus database. If the error rate in the file exceeds the pre-defined percentage, the entire file is rejected and an error is reported to the employer for research and re-processing of a new file.</p> <p>The Safeguard Usage threshold compares the number of specific transactions generated by the inbound payroll processor with a pre-defined allowable percentage for each type before applying changes to the Benefitfocus database. Should the specified percentage be exceeded, the file processing will abort, and a threshold report is generated for review. The employer will be contacted before the file is processed.</p>
162	The system should provide the ability to classify data validation exceptions by severity and trigger workflow to the appropriate internal PEIA users prior to posting based on criteria such as severity of the error or time lapse for the employer to successfully submit a report.	No	Benefitfocus applies error thresholds and transaction-level thresholds that determine whether a file continues through the processing workflow. Error thresholds check for the number of invalid records, and transaction-level thresholds check for the number of specific transactions types compared to the employer's total population. The thresholds are compared to a pre-defined percentage.
163	The system should allow Benefit Coordinators or employer users to submit and maintain electronic payment(s) and payment methods.	Yes	The employers specify which payment methods are allowed at a billable entity level, which is configured by Benefitfocus during implementation.
164	The system should provide users with applicable GASB reporting requirements through the employer portal.	No	The billing system support standard billing transaction reporting. If a specific report is needed, it would need to be submitted for review, scoping and development, with possible costs.
165	The system should provide portal content specific to external partners (ex. Benefit coordinators, payroll vendors, member, retirees, survivors) that need to access the system to complete functions such as viewing employee insurance coverage data, initiating enrollment transactions, or providing employer reporting data.	Yes	

166	The system should provide the ability for users to perform multiple benefit changes related to one event per PEIA business rules.		Yes	
167	The system should provide the capability for employers, retirees and PEIA staff to view, retrieve, and print billing statements through the portal.		Yes	
168	The system should provide the ability for an authorized contact at each employer to elect a default communication method for all users of that employer, such that they can receive notifications, certain mailings, forms and documents, etc.		Yes	Member communication preferences can be managed by the member, who will be prompted for this data upon their first login, or by an authorized employer administrator who may update the member record with this information.
169	The system should provide the ability for each user of an employer to elect and maintain their own individual communication method preference, such that they can receive notifications, certain mailings, forms and documents, etc.		Yes	Mailing address is not currently supported as a communication preference, however members can elect any electronic communication method as their preference (e-mail, SMS, push notifications).
170	The system should provide the capability for employers to maintain employer and user contact information and store information for multiple employer contacts and role types.		No	
171	The system should display the applicable employer Benefit Coordinator and their contact information as well as the PEIA Eligibility Representative and their contact information within one location.		Yes	Contact information can easily be added to content pages within the application, or as a page footer throughout the members experience.

172	When a Benefit Coordinator makes a coverage or benefit change, the system should display the expected premium cost change based on of the effective date of the change.		Yes	
173	The system should automatically generate notifications to employers when action is needed to process a member transaction (ex. required document needed, enrollment not complete, etc. ).		Yes	
174	The system should automatically notify users to inform them that they have a message waiting on the portal.		Yes	
175	The system should automatically send confirmation to users and employer contacts based on their communication preference for events where they requested PEIA participation. Confirmations should include the names, contact information and pictures of Employer Services staff who are assigned to present/attend.		No	
176	The system should automatically send electronic reminders at configurable intervals to users and PEIA Employer Services staff who are registered to attend a seminar/event.		No	
177	The system should provide a message center through the portal (for employer users, members or retirees) that allows users to submit and receive secure messages, receive notification of new messages and mark messages as read/unread.		No	The Benefitplace Message Center supports secure messaging to members email. Administrators can set a "from" email address for members to reply back to. Members would not submit or receive messages within the platform. Read/unread message classifications would be managed via the users email endpoint.

178	The system should provide action items on the user's dashboard that contains time sensitive alerts or reminders (ex. enrollment deadline approaching, delinquencies, awaiting documentation, etc.).		Yes	
179	The system should provide inquiry access for users to view effective-dated information such as employer contributions, key member data, historical and pending billing, retiree statements, transactional data and statuses.		Yes	
180	The system should provide reporting metrics on the usage of the employer portal (ex. number of logins, most commonly requested information, identify low utilization employers, counts of hits v. confirmed transactions by application type, how long employers spent on the site and within application type, the different browsers utilized, IP addresses, etc.).		Yes	
181	The system should provide the ability for users to complete alerts or reminders and to remove from their action item(s).		Yes	
182	The system should provide the capability for employers to create/submit/download any required forms from the employer portal (ex. adjustment forms, employment forms, etc.).		Yes	By utilizing Benefitplace's Content Manager, a robust set of content libraries, page and training managers, etc., PEIA's HR administrators will be able to easily add content, edit text, and upload documents and forms.

183	The system should allow Benefit Coordinators the ability to access a member's information to view or make corrections to their account for the period in which they were working for them. Only certain information is viewable depending on if the member is a current or past employee with the employer.		Yes	
184	The system should have the capability for employers to maintain Benefit Coordinator portal user logins and contact information and store information for multiple employer contacts and role types.		Yes	
185	The employer dashboard should indicate the last update date and time.		Yes	The Benefitfocus platform maintains a full, chronological history of eligibility, employment and benefit changes, all of which are date-, time- and user-stamped. This information is HIPPA-compliant and always available to PEIA's HR administrators, both in the employee's individual record and via our suite of reporting tools.
186	The system should allow an employer user to adjust employee employment information which may or may not affect a historical or current invoice.		Yes	
187	The system should provide the capability for employers to view insurance coverage for a transferring member through the employer portal once the transfer process is initiated.		Yes	
188	The employer portal should use agency standards for the look and feel (branding) of the site.		Yes	
189	The system should allow users to personalize and maintain their employer portal view (ex. arrange dashboard to a view that appeals to them and fits their needs, with PEIA event registration links, recently visited or most popular screens).		Yes	Employer users have the ability to tailor and arrange the portal view for their members.

190	The system should generate random sample employer surveys to capture feedback on an employer's portal experience.		No	The Benefitfocus Survey Manager is available for PEIA administrators to create and manage any employee-related surveys. Employee surveys are completely configurable with yes/no, answer scales and open-ended text boxes to identify trends and gather valuable insight. Employers can use the surveys to obtain feedback on the benefits offered, the employees' online enrollment experience and overall employee satisfaction. HR administrators can define the questions to include in the surveys and can choose whether these surveys are required or optional. Please note, these surveys are not randomized.
191	The system should include access through the employer portal to interactive online help features including FAQ's, secure messaging, online chat or video conferencing for the employers to communicate with internal PEIA users regarding more in-depth data and member-specific discussions for resolution.		No	Benefitfocus supports the placement of FAQ documentation and secure messaging; however, online chat and video conferencing tools are not available.
192	The system should provide dynamic, targeted banners or messages, embedded audio or video through the employer portal to inform employers of available benefits and programs (ex. Wellness programs, announcements, etc.).		Yes	
193	The system should provide the ability for users to report any usability issues or suggestions for improvements through the employer portal which should be routed to internal PEIA users for review.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
194	The system should provide the ability to link to any section of PEIA's web site from the employer portal (ex. to access forms, agency publications, resources, etc.).		Yes	

195	The system should provide the capability for internal PEIA users to view the same screen and data being entered that the employer portal user is seeing to adequately help/troubleshoot with questions. The system should keep a log of any screen-sharing that is done by an internal PEIA user.		No	In order to easier answer employee questions, administrators are able to put Benefitplace in employee view, but screen-sharing the employee experience as they are accessing the site is not supported.
196	The system should provide the capability for payment status tracking through the employer portal (ex. Member and employer premiums, credits, fees, etc.).		Yes	
197	The system should provide the capability for users to select the date the payment should be withdrawn from their account through the employer portal.		Yes	The billing system supports up to three selectable dates which align to the invoice cycles: 1st, 10th, or 20th of the month, and the available selection of the three is set by the client during configuration.
198	The system should provide the capability to make available and display the employer portal screens and functionality appropriately through the use of a mobile device.		Yes	
199	The system should allow users to input retroactive member transactions through the employer portal, per PEIA business rules (ex. transfers, special eligibility situations during insurance open enrollment, etc.).		Yes	
200	The system should provide an option for employers to include or exclude retroactive billings as an "as of date" in order to assist in reconciling invoices.		No	For a given plan which is invoiced, all transactions within a billing timeframe are automatically exchanged with the billing application. Our cutoff date (the "as of date") for transaction processing is the day prior to the invoice creation, after which the transactions would be consumed and included in the next invoice generation cycle.



201	The system should provide employer portal support tools including transaction wizards that apply appropriate edits, messages, and guided step-by-step questions when submitting data (ex. interactive options provided during open enrollment to help employers assist members; new hires electing retirement plan; new retirees choosing benefit options).		Yes	
202	The system should provide the capability to capture all required fields for different employee types through the employer portal and prevent saving the transactions if the required fields are not complete. (ex. new employees, current employees, terminated employees, transferring employees, return to work retirees, dual employment employees, other health insurance information, etc.).		Yes	
203	The system should provide, for the employer portal, the capability to perform 'real-time' validations and provide on screen context-sensitive error, warnings, and help messages where applicable based on configurable business rules. Where appropriate, these business rules should allow for direct posting of data to the system (ex. validated employer reporting data posting directly to the Member account).		Yes	
204	The system should allow users to submit transactions and be able to view, save, update, retrieve, and check status.		Yes	

205	The system should initiate a workflow for the member or appropriate internal PEIA user when an action item or task is completed by a user through the employer portal. The workflow should automatically integrate with an interactive checklist module to prioritize items needed in preparation for the respective task.		Yes	The Task List Dashboard features a dynamic Task List to streamline administration, by providing quick access to pending transactions that require administrative attention/approval. These transactions are categorized to allow the administrative user to easily find specific transactions.
206	The system should provide the capability for supporting documentation submitted through the employer portal to be indexed according to document type and associated to an open transaction if applicable.		Yes	The Document Center is designed to verify documents submitted for life events and dependent verification purposes. Both employees and HR administrators can upload, sort and view documents.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
207	The system should provide the capability for users to check the status of transactions or requests submitted to PEIA through the employer portal (ex. Request for Reviews, etc.).		Yes	Members can enter the system and view whether their transactions have been approved (e.g. adding a dependent).
208	The system should provide the capability for users to submit a request to PEIA Employer Services staff to attend/present at employer events through the employer portal.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
209	The system should provide the capability for users to upload supporting documentation directly through the employer portal to fulfill requests from PEIA.		Yes	The Document Center is designed to verify documents submitted for life events and dependent verification purposes. Both employees and HR administrators can upload, sort and view documents.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
210	The system should provide the capability for users to view and provide a printable version of the imaged documents directly through the employer portal per PEIA business rules.		Yes	

211	The system should provide the capability to display an individual workflow-driven action item to the employer initiated by PEIA, employer or member.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
212	The system should support the receipt and processing of documents signed using electronic signatures through the employer portal per PEIA business rules.		No	
213	The system should allow for an employer's insurance participation options to be edited, added or deleted independently by an internal PEIA administrator user.		Yes	
214	The system should have the ability to assign an employer ID.		Yes	
215	The system should keep and make viewable to employers and internal PEIA users a history of all Insurance Benefit plans and options eligible under an employer.		Yes	Starting with PEIA's go-live date, the Benefitfocus platform maintains a full, chronological history of eligibility, employment and benefit changes, all of which are date-, time- and user-stamped.  Additional discovery and pricing will be required to determine the scope of the migration of necessary legacy data per Section 4.2.2.5 of the RFP.
216	The system should provide the capability for internal PEIA users to update employer demographic information and complete employer mergers or separations with an effective dated history of the changes.		No	Benefitfocus configures rules, including benefit offerings, mergers or separations, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)
217	The system should provide the capability to capture employer attributes with effective dates including, but not limited to Retirement benefit participation		Yes	
218	The system should have the ability to mass generate recertification notifications electronically, track self-service responses, and send follow up requests.		No	

219	The system should notify employers of their employee and employer insurance premium rates upon enrollment or when there is a change.		Yes	
220	The system should provide the ability for employers to select their preferred method of communication (i.e. paper, electronic)		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
221	The system should provide the capability to generate an automated welcome packet for new employers electronically or by paper based on the employer's correspondence preference.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
222	The system should retain a history of communications, including correspondence and case notes, with employers in compliance with applicable data retention policies.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
223	The system should include interactive online help features including FAQ's, secure messaging, online chat or video conferencing for employers to communicate with internal PEIA users regarding more in-depth data and member-specific discussions for resolution.		No	Benefitfocus supports the placement of FAQ documentation and secure messaging, however, online chat and video conferencing tools are not available.
224	The system should provide transaction wizards that apply appropriate validations, messages, and guided step-by-step questions when submitting data through web employer self-service (ex. Explanation of Unapplied Credits using a tool tip or link, message regarding the payment due date of the current remittance, etc.).		No	

225	The system should generate workflow upon an employer's request to withdraw from insurance benefits and route the request for review and follow up to the appropriate department.		No	
226	The system should provide the capability to hold an employer termination in a 'pending' state until all termination requirements have been met, including balances owed.		No	
227	Ability to place alerts on accounts. Includes the ability to categorize the alert (i.e. security/suspicious account, ADA requirements, Difficult, etc.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
228	PEIA should have the ability to update informational site content.		Yes	
229	The system must use agency standards for the look and feel (branding) of the site.		Yes	
230	The system should allow authorized PEIA staff to lock or unlock a member's user account, as necessary.		Yes	
231	The system should allow for internal PEIA users and employers to enroll members and their dependents, elect health and life insurance and other special benefits or programs and submit pension applications. When registration or enrollment is complete, notification should be sent to internally to PEIA, to the Benefit Coordinator of the employer for whom the employee works and the employee.		Yes	The member and any authorized employer or PEIA user can complete enrollments. Members can be receive notification that enrollment has occurred through their preferred channel. PEIA and employer users, if they have approval preferences set up for these enrollment tasks, will receive notifications as well. Benefitplace does not support pension applications.

232	The system should allow for enrollment of benefits in any order unless an order is necessary based on PEIA rules (i.e. basic life is required to elect optional life).		Yes	
233	The system should allow for members to elect health and life insurance and other special benefits or programs and submit pension applications through the member portal after the member is registered with PEIA. When a member registration is complete, a notification should be triggered to the member to complete the enrollment process.		Yes	Benefitplace does not support pension applications.
234	The system should allow for multiple methods of registering a member with PEIA. An employer benefit coordinator may enter the new member information or send the enrollment form to PEIA for entry. The method of registration may be different by employer.		Yes	
235	The system should allow internal PEIA users with appropriate permissions to set and/or change the start and end date for the open enrollment period(s) (for active/retiree, Medicare and Mountaineer) per PEIA business rules.		No	Benefitfocus configures rules, including benefit offerings, enrollment windows, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)
236	The system should allow retirees to elect health and life insurance and other special benefits or programs through the portal after receiving their retirement application approval from PEIA. When the application approval from PEIA is received, a notification should be triggered to prompt the retiree to complete the enrollment process.		Yes	

237	The system should be available and display appropriately through the use of a mobile device.		Yes	
238	The system should have a configurable portal to allow for new benefits to be made available and terminating benefits to no longer be available on the portal per PEIA business rules. Effective dating should be used and all history should be maintained at both the benefit program level and the individual participant level.		Yes	
239	The system should have the capability to display PEIA-issued communications and provide enrollment-related information (ex. welcome communications, instructions, new/retired benefit options, etc.).		Yes	
240	The system should have the capability to properly store and track multiple hire dates and termination dates with one or more employers to record breaks in benefit eligibility with a history.		Yes	
241	The system should make available for enrollment or update through the portal, only those options for which a subscriber (and their dependent(s)) is eligible.		Yes	
242	The system should merge two accounts into one with a history of prior accounts when needed (SSN keyed/reported incorrectly and has account under both correct and incorrect SSN).		No	SSN Correction would result in one record becoming primary. Necessary corrections can be made with associated corrected effective dates by an authorized administrator.

243	The system should process all enrollments independently, as soon as all required information has been received for an individual benefit enrollment, even if information is still pending for a different family member's benefit enrollment. The system should allow for partial processing of a transaction when verification for some dependents is received, but not others.		Yes	Pending status on a specific benefit election are managed independently. For example, if a newly hired member elects employee and spouse coverage, but they have not verified their spouse as a dependent, the transaction would process with an employee only coverage level and the employee and spouse coverage level would pend. Once documents for the spouse are verified, the coverage level would be updated, with an effective date as defined by PEIA's business rules. If there are any intervening pay periods that were missed, adjustments can be calculated according to PEIA's preferences.
244	The system should provide a comprehensive portal for registration, enrollment and maintenance of all employee health benefit and insurance program options as well as an option to submit an application for retiree benefits.		No	Benefitfocus provides a comprehensive portal for registration, enrollment and maintenance of all employee health benefit and insurance program options. Benefitfocus can facilitate an SSO connection for submitting an application for retiree benefits.
245	The system should provide a subscriber with the appropriate on-line enrollment capabilities based on configurable business rules such as open enrollment for a defined period of time, qualifying life event at the individual level, special enrollment or options available to change/enroll at any time according to PEIA business rules.		Yes	
246	The system should provide an employer with the appropriate on-line enrollment capabilities based on configurable business rules to enroll or update employee enrollment, employment and informational data.		Yes	



247	The system should provide dynamic, targeted banners, messages, embedded audio/video or other communications to specific members or employers based on data requirements (i.e. delinquency notice for employers with an open balance "x" days old, smoking cessation benefits to members to smoke, wellness benefits to a specific age population, etc.).		Yes	
248	The system should provide portal access content specific to members, retirees, employers and internal PEIA users based on user roles.		Yes	
249	The system should provide the ability for enrollment transactions to be manually keyed or corrected by designated PEIA or employer staff.		Yes	
250	The system should serve as a single point of entry for enrollment regardless of whether the individual involved is a new subscriber enrollment or an existing account.		Yes	
251	The system should store all data elements of enrollment transactions, including member demographic information, with effective dates, including the ability to set a future effective date for addresses. All historical data should be maintained through the use of effective dating.		Yes	

252	The system should automatically generate an electronic notification or data file to each employer advising of their employees insurance enrollment elections on a scheduled basis as determined by PEIA.		Yes	Employers can receive automatic reports scheduled and retrieved within the UI, or an integration with enrollment or deduction updates can be developed.
253	The system should be able to use health and insurance enrollment data to create billings.		Yes	
254	The system should be able to interface with external PEIA wellness and disease management system to exchange data and permit eligibility determination.		Yes	Benefitplace can consume an inbound integration from a wellness or disease management solution in advance of annual enrollment in order to drive member eligibility in specific plans or discounted rates.
255	The system should import a periodic file from the Centers for Medicare and Medicaid Services (CMS) containing Medicare entitlement information (CMS match file) for those individuals in a Group Health Plan (GHP) that can be identified as Medicare beneficiaries.		No	Benefitfocus currently reconciles Medicare policy information for subscribers and dependents through data exchange feeds with the Medical TPAs and Medicare Advantage carriers. Typically, the Medical TPA and Medicare Advantage carriers integrate with CMS on a quarterly basis and transmits data to reconcile any updates to member Medicare policy information in our platform. This typically includes updates to Medicare eligibility reason, MBI, Part A effective date, and B effective date.  Benefitfocus does not currently support integration with CMS for our public sector customers today, but we are currently researching our ability to qualify to integrate directly with CMS. Benefitfocus will require additional scoping to determine any integrations required with a Voluntary Data Sharing Agreement or TPA.
256	The system should provide enrollment data including all member and dependent demographics to all agencies and vendors that need demographic information for non-834 transactions through a data file. Refer to the Interfaces tab for a list of vendors/organizations with whom PEIA interfaces.	<a href="#">Interfaces</a>	Yes	Benefitfocus has established over 2,200 health plan integrations with our customer's benefit providers. Benefitfocus is committed to working with PEIA for required interfaces upon complete discovery.
257	The system should provide links on the portal to external program vendors' registration pages. The links provided should be determined by the eligibility of the member.		Yes	

258	The system should provide the capability to generate a daily file to the administrators of benefit, special benefit(s) or program(s) containing data a "full" file of all employees or a "change" file of employees who have changed/elected the benefit/program since the last file was generated. All data enrollment data collected should be available for export.		Yes	
259	The system should support PEIA's participation in the Medicare Voluntary Data Sharing Agreement program by generating a quarterly data extract to submit group health plan (GHP) entitlement information about employees and dependents to the Centers for Medicare and Medicaid Services (CMS) Benefits Coordination & Recovery Center.		No	Benefitfocus currently reconciles Medicare policy information for subscribers and dependents through data exchange feeds with the Medical TPAs and Medicare Advantage carriers. Typically the Medical TPA and Medicare Advantage carriers integrate with CMS on a quarterly basis and transmits data to reconcile any updates to member Medicare policy information in our platform. This typically includes updates to Medicare eligibility reason, MBI, Part A effective date, and B effective date.  Benefitfocus does not currently support integration with CMS for our public sector customers today, but we are currently researching our ability to qualify to integrate directly with CMS. Benefitfocus will require additional scoping to determine any integrations required with a Voluntary Data Sharing Agreement or TPA.
260	The system should use automated workflow and PEIA business rules to send a subscriber's optional life, dependent life spouse and/or dependent life child coverage data to the life insurance vendor to trigger action by that vendor to contact the member regarding continuation/conversion options of the life insurance upon termination.		Yes	
261	The system should generate aging reports to identify transactions that are "x" days old that are not completed or resolved.		No	

262	The system should generate production level reports for PEIA users that show the number of tasks assigned, completed and in-progress for a given time period.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.
263	The system should generate random sample member surveys to capture feedback on a member's system experience.		No	The Benefitfocus Survey Manager is available for PEIA administrators to create and manage any employee-related surveys. Employee surveys are completely configurable with yes/no, answer scales and open-ended text boxes to identify trends and gather valuable insight. Employers can use the surveys to obtain feedback on the benefits offered, the employees' online enrollment experience and overall employee satisfaction. HR administrators can define the questions to include in the surveys and can choose whether these surveys are required or optional. Please note, these surveys are not randomized.
264	The system should have the ability to solicit and capture feedback from employees on reason for refusal of all optional benefits offered by PEIA and create system generated reports on the feedback.		Yes	
265	The system should provide reporting metrics on the usage of the portal (ex. number of logins, most commonly requested information, identify low utilization employees, counts of hits v. confirmed transactions by application type, how long subscribers spent on the site and within application type, the different browsers utilized, IP addresses, etc.).		Yes	
266	The system should apply enrollment rules and provide the appropriate choices for health and insurance enrollment during all applicable enrollment periods.		Yes	

267	<p>The system should build individual member enrollment content based on configurable enrollment rules using member and employer data attributes for each plan or benefit. The enrollment rules should contain effective and expiration dates and be accessible to PEIA to add, change or expire. For example, (1) effective 1/1/2018, a member who lives outside of a coverage area for Plan A, should not have Plan A as an enrollment choice, (2) effective 6/1/2010, allow members to elect coverage for dependents up to the age of 26.</p>		No	Benefitfocus configures rules, including service areas, which define eligibility based on employee or employer location, for a specific benefit participation period. This is managed by Benefitfocus on behalf of our clients.
268	<p>The system should provide access based on role-based security with multiple layers of user types and user permissions. Ability to secure users to no access, view only, add, update and/or delete functionality within a given area or process.</p>		Yes	
269	<p>The system should provide internal PEIA staff with the appropriate on-line capabilities based on a user security roll or profile to enroll or update employee enrollment, employment and informational data, or approve or deny enrollment. Ability to view, update and approve/deny data and transactions is determined by the security role assigned to each PEIA staff member.</p>		Yes	

270	The system should provide employer users with the appropriate on-line capabilities based on a user security roll or profile to enroll or update employee enrollment employment and informational data, or approve or deny enrollment. Ability to view, update and approve/deny data and transactions is determined by the security role assigned to each employer user.		Yes	
271	Ability to configure automated member reminders based on events or other actions (i.e. Remind employees that have not submitted their elections that there are only two days left to enroll. Notify employees of a new benefit or a discontinued benefit.)		Yes	

272	<p>Based on the account type and status (retirees, active, QDRO, COBRA, Alternate Payee, etc.) the system should allow members, employers and internal PEIA staff to view and update their personal information per PEIA business rules, to include but not limited to:</p> <ul style="list-style-type: none"> <li>- Name (pending for approval of uploaded documentation)</li> <li>- Contact Information (Address, Telephone, Email)</li> <li>- Direct Debit Information</li> <li>- Dependent information (Address, Telephone, Email)</li> <li>- Beneficiary(ies) and beneficiary information (Address, Telephone, Email)</li> </ul> <p>Updates should be available in audit trails, confirmation emails should be sent, and IP should be authenticated based on PEIA defined business rules.</p>		Yes	Benefitfocus would like to discuss PEIA's business rules around IP authentication.
273	<p>Employers have an option to search for a member or dependent by SSN, alternate ID, or name. Search results for employers should only contain those members (and their dependents) that currently or have previously worked for the searching employer. Because a previous employee may still be active, working for another employer, the data viewed by the employer should be limited (i.e. currently salary should not be available).</p>		Yes	

274	If desired, after entering coverage elections (single, family, etc.) a subscriber can enter maintenance drugs, or other known upcoming health expenses (i.e. orthodontia) and the system should provide estimated cost comparisons across eligible plans. The cost comparison is only available when eligible for a plan change.		Yes	The Benefitfocus Cost Estimator Tool is an interactive decision support tool provided to help consumers estimate premium amount and deductible, along with estimated out-of-pocket costs for each selected plan. The user can also choose to further refine their estimated out-of-pocket costs using sliders to adjust plan usage in high-profile categories such as doctor visits, prescriptions and emergency room visits, based on their personal claims data, made available through the Health Insights.
275	In addition to the wizard interface or enrollment guidance, employees should have access to a shopping tool to assist them with their benefit plan decisions for all types of enrollments (open, special, initial).		Yes	
276	PEIA staff users, with appropriate user security, have an option to search for a subscriber or dependent by SSN, alternate ID, name or employer that exist in the PEIA database whether active, retiree or inactive/terminated/deceased.		Yes	
277	Provide a summary to the member of all elected items, accumulated total benefit cost and open actions at the end of the enrollment guidance or when enrollment is saved. During open enrollment, if a future salary is maintained in the participant's record, the future salary should be used in the benefit cost calculation and display.		Yes	
278	Provides the ability for a subscriber to request an ID card or a request a Creditable Coverage certificate. Member may immediately print the requested document.		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.



279	The system displays the subscriber's current medical and RX benefit deductible amounts (with effective date/time) and coinsurance indicator.		Yes	Deductible information is always available through the web or mobile application when a member reviews their benefits. In addition, Benefitfocus can consume a return claims file from the carrier and provide the member with their progress against their deductible within the mobile app.
280	The system should allow a member to review and update their demographic, contact information and preferred contact method during the benefit enrollment process. Allowed demographic updates are subject to PEIA business rules. Contact information updates are allowed at any time.		Yes	
281	The system should allow a subscriber (or employer on behalf of the subscriber) to designate and enter information for a current spouse or dependents for insurance coverage.		Yes	
282	The system should allow for beneficiary and covered dependent changes electronically through the portal per PEIA business rules.		Yes	
283	The system should allow for Refusal of Coverage by a member or Benefit Coordinator. All refusals should be recorded and maintained in the member record.		Yes	
284	The system should allow members to elect and maintain their communication method preference, such that they can receive notifications, certain mailings, forms and documents, etc.		Yes	

285	The system should allow members to submit transactions and be able to view, save, update, retrieve, and check status (ex. enrollment, special enrollment, payment refunds, retiree insurance applications, etc.).		Yes	
286	The system should allow National Medical Support Notice (NMSN) dependents or their legal guardians to log into the system using their own credentials to update their demographic information, per PEIA business rules.		No	
287	The system should allow retirees to elect a payment method, maintain payment information (i.e. bank account information) and manage (ex. cancel, update, etc.) electronic payment(s) and payment methods for health and insurance payments. Payment methods include ACH, check, and for retirees only, deduction from retirement distribution and credit card. Credit card transactional data must be transferred to the Treasurer for processing.		No	<p>The billing system has automated, PCI compliant , integrated ACH and Credit Card merchants who will receive and process the transactions on the applicable financial networks.</p> <p>Currently, we do not support providing this information to external entities.</p> <p>We can support deductions from retirement entities such as pension, annuity, etc. However, since these integrations can require development and testing, this requires additional detail discussion, scoping, and possibly costs.</p>
288	The system should allow subscribers, internal PEIA users and employers to select a care provider for each subscriber and dependent(s) when enrolled in specific plans.		Yes	

289	<p>The system should allow subscriber, employers and internal PEIA staff to view their personal information, to include but not limited to:</p> <ul style="list-style-type: none"> <li>- Personal demographic, beneficiary(ies), dependent(s) information</li> <li>- Insurance coverage, plans and premiums (PEIA staff and subscribers can view current and historical data. Data is only available to employers for the time in which they were the subscriber's employer).</li> </ul>		Yes	
290	The system should be able to support electronic signatures.		Yes	Documents requiring electronic signature can be displayed within the enrollment process, and ask the member to acknowledge based on member elections.
291	The system should display an individual premium cost per selection and an accumulated total premium cost as the subscriber selects plans while completing the enrollment process.		Yes	
292	The system should distinguish between different spouse and child relationship types (ex. lawful spouse, former spouse, natural child, adopted child, temporary child pending adoption, stepchild, foster child, other child).		Yes	
293	The system should enable enrollment of referencing individuals (dependents and beneficiaries) who do not have a SSN assigned (ex. Children under the age of 1 year or foreign nationals) using a common ID.		No	Required fields are configurable and members may be allowed to continue without providing certain data (e.g. SSN). However, assigning a common ID would not be a recommended best practice.

294	The system should have the ability to capture and modify when a subscriber or dependent has other health insurance coverage within the data available to PEIA, for the purpose of coordination of benefits, and store that data.		Yes	If a member has other health insurance coverage within the PEIA system, the application can notify the member or administrator that they are already covered for medical benefits, and prevent dual enrollment through the UI.
295	The system should have the ability to display the subscriber account in both a summary and detailed view.		Yes	
296	The system should have the ability to limit information displayed to a member or retiree, per PEIA business rules.		Yes	
297	The system should have the capability for supporting documentation to be indexed according to document type, identifier and other identifying data for efficient search and retrieval.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
298	The system should have the capability to automatically notify member at career/life event milestones (ex. disability, early and normal retirement age, newborn, marriage, attaining Medicare age, etc.).		Yes	
299	The system should include interactive online help features including FAQ's, secure messaging or online chat for the members to communicate with authorized PEIA staff regarding more in-depth data and member-specific discussions for resolution/counseling.		No	Benefitfocus supports the placement of FAQ documentation and secure messaging, however, online chat and video conferencing tools are not available.
300	The system should notify the member to inform them they have a message waiting on the system.		Yes	Benefitplace's event-driven messaging framework provides customers with automated, targeted messaging capabilities, and does so according to each associate's preferred communication method (including personal email, work email and text messaging). This framework includes confirmation messages, event-based messages, custom messages, flexible scheduling options, personalization capabilities and multiple delivery mechanisms.

301	The system should provide a message center that allows members to submit and receive secure messages, receive notification of new messages and allow member to mark as read/unread.	Yes	The Benefitplace Message Center supports secure messaging to members email. Members would not submit or receive messages within the platform.
302	The system should provide action items on the member's dashboard that contains time sensitive alerts or reminders (ex. enrollment deadline approaching, rejections, awaiting documentation, etc.).	Yes	Benefitplace provides members with the number of days they have remaining in an enrollment window (e.g. new hire enrollment, annual enrollment)
303	The system should provide fillable forms that are applicable to the subscriber status. This should allow the member to either complete the form online, or print the empty form and complete it by hand. (Forms that are not particular to the subscribers' account are available on <a href="https://peia.wv.gov/find-a-form-or-document/Pages/default.aspx">https://peia.wv.gov/find-a-form-or-document/Pages/default.aspx</a> )	No	
304	The system should provide members the ability to view a confirmation of completed transactions.	Yes	
305	The system should provide reporting metrics on the usage of the member system (ex. number of logins, most commonly requested information, identify low utilization employers, counts of hits v. confirmed transactions by application type, how long employers spent on the site and within application type, the different browsers utilized, IP addresses, etc.).	Yes	

306	<p>The system should provide self-service capabilities to members, retirees and employers that include but not be limited to:</p> <ul style="list-style-type: none"> <li>- view information about their PEIA benefits</li> <li>- update demographic and dependent information</li> <li>- initiate a defined set of available processes per a Business Rules Engine including: (1) enroll in health and insurance benefits during open enrollment period, (2) enroll in health and insurance benefits due to an eligible event, (3) make changes to existing enrollment information when and as applicable based on PEIA business rules</li> <li>- request ID cards and other documents</li> <li>- update beneficiary information</li> <li>- set-up recurring payment information for benefit payments (retirees only)</li> <li>- communicate with PEIA staff via a secure messaging system, including uploading/downloading documents.</li> </ul>		Yes	
307	<p>The system should provide survivors with access to the system and allow account creation after documentation required for processing a death claim has been received, per PEIA business rules.</p>		Yes	
308	<p>The system should provide the ability for members to report any usability issues or suggestions for improvements through the system which should be routed to the appropriate PEIA staff.</p>		No	Benefitfocus requires additional scoping and pricing to understand CRM requirements, but would either build the functionality desired or develop an integration with PEIA's existing CRM system so the current process can be retained.

309	The system should provide the ability for members to view and provide a printable version of imaged documents, per PEIA business rules.		Yes	
310	The system should provide the ability for members, Benefit Coordinators and PEIA to upload documents and other digital files as deemed appropriate. Supporting documentation should be submitted for internal review and processing.		Yes	
311	The system should provide the ability to elect multiple life insurance beneficiaries by level (primary, secondary, etc.) and by percentage of total amount.		Yes	
312	The system should provide the ability to identify special conditions within a Member's account (ex. active account, inactive account, approved QDRO, previously retired, judge, law enforcement, special plans, etc.), as it relates to eligibility and the cost of benefits.		Yes	Based on configurable category values (e.g., classification, location, tenure, union status, etc.), Benefitplace can make specific benefit offerings available to certain employee categories, while ensuring that employees are presented only with the particular benefit/plan options for which they are eligible.
313	The system should provide the ability to link to any section of PEIA's web site (ex. to access forms, agency publications, resources, etc.).		Yes	
314	The system should provide the ability to notify the member through their preferred method of communication of any changes made to their account.		Yes	
315	The system should provide the ability to select a dependent(s) as a beneficiary and auto-copy the necessary information to the beneficiary record (i.e. name, address, phone, birthdate).		Yes	

316	The system should provide the ability to view the status of payments issued to and from the member.		Yes	
317	The system should provide the capability for authorized PEIA staff to view the same screen and data being entered that the web self-service user is seeing to adequately help/troubleshoot with questions. The system should also keep a log of any screen-sharing that was done by a PEIA staff member.		No	
318	The system should provide the members with the ability to view the status of pending enrollments and the estimated time of completion.		Yes	Benefitplace provides members with the number of days they have remaining in an enrollment window (e.g. new hire enrollment, annual enrollment)
319	The system should use categories for members for use in the application of health and insurance business rules. These categories should describe employment parameters and coverage types (ex. employer, permanent full time, full time non permanent, salary, position type, etc.). These categories should be able to be changed due to life and employment situations.		Yes	
320	A participant may be viewed upon set up in the system. The system should provide multiple search capabilities such as SSN, alternate ID (multiple), dependent SSN, name, entry date, effective date, etc.		Yes	Members can be searched by Name, member ID, SSN along with filtering criteria.
321	If a member's previously elected plan is no longer available, highlight the closest "substitute" plan.		No	



322	Online application(s) must have intuitive, guiding navigation and prevent members from making unintentional errors such as adding dependents without selecting the appropriate coverage. The application allows members to easily save or discard selections while at the same time, notifying users when an action could result in unwanted changes.		Yes	
323	The system should allow for different menu options by type of user (PEIA, Benefit Coordinator or employee).		Yes	
324	The system should allow for different wizard interfaces (or enrollment guidance) by employer group or by member group (such as retirees) and by user (PEIA, Benefit Coordinator or employee).		Yes	
325	The system should generate random sample subscriber surveys to capture feedback on an employer's portal experience.		No	The Benefitfocus Survey Manager is available for PEIA administrators to create and manage any employee-related surveys. Employee surveys are completely configurable with yes/no, answer scales and open-ended text boxes to identify trends and gather valuable insight. Employers can use the surveys to obtain feedback on the benefits offered, the employees' online enrollment experience and overall employee satisfaction. HR administrators can define the questions to include in the surveys and can choose whether these surveys are required or optional. Please note, these surveys are not randomized.
326	The system should have the ability to display dynamic messages on communications (ex. letters, forms, correspondence, etc.) based upon specified parameters being fulfilled as well as any open activities associated with member.		Yes	Benefitfocus supports dynamic and triggered messaging via text and email. Other correspondence such as letters require additional pricing and scoping.

327	The system should include access through the portal to interactive online help features including FAQ's, secure messaging, online chat or video conferencing for the subscribers to communicate with internal PEIA users regarding more in-depth data and member-specific discussions for resolution.		No	Benefitfocus supports the placement of FAQ documentation and secure messaging, however, online chat and video conferencing tools are not available.
328	The system should include transaction wizards that apply appropriate edits, messages, and guided step-by-step questions when submitting data through web self-service.		Yes	
329	The system should minimize the need for members to enter redundant data when enrolling in both health and life insurance and submitting retirement applications. The system should also allow for independent enrollment in either health or life insurance.		Yes	Benefitfocus assumes retirement applications refers to enrollment into the benefits retirees are eligible for.
330	The system should provide a personal, wizard interface (or enrollment guidance) for employee enrollment that walks the user through the enrollment options and steps based on eligibility rules.		Yes	
331	The system should provide messaging during the wizard interface and benefit selection that explains the member's eligibility or ineligibility for Plans and/or Programs.		Yes	
332	The system should prevent all invalid entries and provide feedback in real time and edit/validate real time corrections.		Yes	

333	The system should provide the ability to associate insurance coverage for spouses when both are participating in PEIA insurance benefits for the purpose of shared deductibles, employee/employee spouse coverage tier and trigger a notification to each spouse to confirm before finalizing the change. The system should provide the ability to remove the association as needed.		No	In evaluating the dual subscription eligibility rules, Benefitfocus believes additional discovery will be required to determine the approach for supporting within the benefit administration system. In our experience in supporting state government clients, we commonly see requirements that necessitate joint discovery and platform development to support. This requirement is not available to demonstrate today; however, Benefitfocus is committed to partnering with PEIA to develop the platform capabilities mutually agreed upon, and targeting availability in line with the state's project plan where possible.
334	The system should run edits on all enrollment transactions initiated through the member portal to validate data and generate real-time messages for invalid entries to guide the user to make valid elections before committing the transaction.		Yes	
335	Ability to execute a different workflow task to PEIA users or Benefit Coordinators based on the event or change (i.e. If an employee enrolls themselves (no dependents), the approval is required from the benefit coordinator only. However, if the employee has dependents, the benefit coordinator must "approve" the member's enrollment record and then send to PEIA where the record is approved. Retirement application requires employer approval, then PEIA approval.)		No	
336	The status of a workflow or change is visible when the transaction is viewed and an indicator of an "open item" is viewable from any location in a participant's record.		Yes	Administrators can see actions for the administrator review or for the member to complete from the "Overview" tab on the member record.

337	The system provides a dashboard for employers and PEIA staff that contains a task list of assigned transactions, any timed or scheduled tasks and reminders or notifications of recent employer or member mailings.		No	
338	The system provides a dashboard for supervisors showing all tasks assigned to all users with an indicator that highlights late or dated transactions.		Yes	
339	The system provides the capability for supervisors to reassign tasks to other users, mark a user as unavailable for a period of time (for vacations, time off, etc.) and provide a "substitute" inbox where tasks should be routed.		No	
340	The system supports configurable workflow rules based on the user role, type of transaction, employer type and other variables as defined by PEIA. Workflow configurations may be added, removed or changed as work processes change over time.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.
341	The system should allow members to enter retroactive life event enrollment transactions (ex. newborn, marriage, enrollments) through the portal within 90 days of the event, and should initiate a workflow for review.		Yes	

342	The system should generate and route workflow to the appropriate internal PEIA user (or employer if desired) when an age-eligible dependent has been added by a subscriber or employer but has not enrolled or when all required documentation has not been received to complete enrollment.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.
343	The system should have the ability for the employer to register an employee electronically and for an enrollment notification to be sent to the employee for completion through their preferred contact method.		Yes	
344	The system should import and use the Centers for Medicare and Medicaid Services (CMS) match file to trigger appropriate workflow tasks associated with benefit program enrollment according to PEIA business rules.		No	
345	The system should initiate a workflow for the employer or appropriate PEIA staff when an action item or task is completed by the member, employer or internal PEIA staff. The workflow should automatically integrate with an interactive checklist module to prioritize items needed in preparation for the respective task.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.

346	The system should allow a retiree with a future retirement date to enroll for health benefits in a pending status until the retirement date is reached. When the retirement date is reached, the system should automatically un-pend the enrollment record and continue with the normal workflow for the retiree health enrollment.		No	
347	The system should initiate appropriate workflows when PEIA is notified a retiree returns to work for a covered employer.		Yes	Benefitplace can support rehire rules, which can keep the employee's original record in Benefitplace, while also applying the correct benefit effective date based on PEIA's rehire rules.  To achieve this, the original hire date and a separate rehire date are typically housed in the employee's record, which allows for both new hire business rules and rehire business rules to be configured in the system. This process allows the HR administrative team to maintain a single record for employees that are rehired, rather than making duplicate entries. Additionally, this process provides more consistent reporting for employees who have been rehired.
348	The system should provide the capability to input, modify, store and delete a return to work date for any retiree and create appropriate enrollment or re-enrollment workflows per PEIA business rules, while maintaining all record change history with effective dates.		Yes	
349	The system should provide work management tools to appropriate PEIA staff for use in workload balancing and case management.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.
350	The system should route enrollments to PEIA staff based on the users role, user availability as well as member or employer specific elements (i.e. assign SSN range to user, assign employer ID to a user.)		No	

351	The system should send an automated confirmation to the member using the member's preferred contact method when PEIA defined actions, such as enrollment is approved and/or when payment is received, are completed.		Yes	
352	The system should set incomplete individual enrollment transactions to pending until all required information / documentation is received and then automatically update the transaction status to complete upon the receipt and confirmation of the required information.		Yes	
353	The system should track enrollments and produce reports showing a history of workflows and statuses.		Yes	The Benefitfocus Platform maintains a full, chronological history of eligibility, employment and benefit changes that are date and time stamped by a specific user.
354	The system should trigger workflow task queue items to internal PEIA users when required documentation to support enrollment is received to allow the documents to be reviewed for approval or additional follow up.		Yes	
355	The system should use workflow and task queues to route enrollment transactions requiring special review per PEIA business rules.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.
356	When applicable, the system should provide the capability to generate and route workflow to the appropriate internal PEIA user for approval when an enrollment is submitted by a Benefit Coordinator.		Yes	Permissions can be set so that changes made by one HR administrator must be approved by a higher-level HR administrator in the organization.

357	When applicable, the system should provide the capability to generate and route workflow to the appropriate internal PEIA user when a request for coverage is initiated by a surviving spouse to review eligibility and enroll in benefits when applicable.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.
358	When applicable, the system should provide the capability to generate and route workflow to the employer's Benefit Coordinator for approval when an enrollment is submitted by an employee.		Yes	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved.
359	The system should present only the appropriate information and workflow initiation relative to a person's membership status (ex. active members should only see information and workflow relevant for them).		Yes	
360	For employers that designate PEIA as their Designated Government Entity (DGE), the system should generate 1095 B files for printing and to make the forms available on the employer portal.		No	The 1095-C data extraction report, allows customers to manually extract and deliver data from the Benefitfocus Platform
361	For employers that did not designate PEIA as their Designated Government Entity (DGE), the system should generate 1095 extract files to be loaded to the employer portal for employer use.		Yes	
362	The system should have the ability to extract 1095 B/C data based on the health care coverage history maintained in the system.		Yes	



363	The system should enable authorized PEIA staff to move balances and credits carried forward for employers whose identities are changed or who merge with other entities.		No	As a service ,the Benefitfocus administrative services team manages adjustments on behalf of clients.
364	The system should move balances and credits carried forward for Members who move from one employer/status to another.		Yes	Each subscriber has their own billing account created, and the invoices would send the transactions to that account. There are important client benefit configurations which can affect this, so that if a member is terminated under one employer, and then is hired under another employer, that could be considered as separate enrollments, and therefore separate bills/billing accounts. Further discussion is needed on this during detailed scoping.
365	The system should allow for the definition of premium due based on configurable business rules and effective and expiration dates. For example, any changes in tobacco status should be effective the following month of the change; changes in salary index codes should be effective the following month of the salary effective date, in 2020 the member portion of the premium amount is based on the member's salary level . In 2021, the salary levels change for active enrollment. As a result, the 2020 rule is copied to the 2021 rule, the effective date for the 2021 rule is 7/1/2021 and the 2020 rule is expired on 6/30/2021.		Yes	Controlled by eligibility rules in the benefit application.
366	The system should allow for the designation of population types or member attributes that qualify for the various bill payment discount or subsidy options.		Yes	

367	The system should allow for the establishment of a configurable cap (i.e. percentage of premium amount to monthly benefit amount), beyond which EFT payments should not be drawn from an retiree's account. Workflow should be triggered to manage these cases according to PEIA business rules.	No	For user-initiated EFT payments, such as ACH, they can select the amount they wish to pay, so this feature is not applicable based upon the configuration.
368	The system should allow Retirees with delinquent balances to pay online through the portal, as long as coverage has not been terminated.	Yes	
369	The system should apply employer and employee partial payments or overpayments according to PEIA business rules.	No	The billing application has a proprietary partial payment hierarchy. This attempts to pay a plan in full, oldest outstanding amounts first, and in the order of those most impactful to a member's health and welfare, such as medical before pharmacy. Any amounts that cannot be remitted in full at a plan level are retained and noted as unallocated and then used to reduce the amount due on the subsequent invoice.  This hierarchy is not customizable.
370	The system should automatically generate a direct pay mailer (DPM) if a Retiree's or employer's EFT debit for insurance premiums is rejected by the bank for insufficient funds. The system should continue to generate EFT charges for one additional billing cycle. After the second rejection, the system should apply the setting in the Retiree record to prevent future EFT debit transactions and only issue direct pay mailer (DPM). The system should allow the preference to be reset back to EFT debit by authorized PEIA staff.	Yes	The day the billing application receives notification of a payment failure, reversal, etc., it immediately reverses that payment out, and then applies delinquency logic.  In addition a payment failed notification is also automatically sent to the member.  If a payment repeatedly fails, that payment method is removed and member is dropped to check/mail billing method.

371	The system should automatically revert the retiree's insurance premium to be directly billed to the employer upon suspension of a re-hired Member's retirement payment.		Yes	Depending on the discovery done during the retirement system invoicing, if that transaction fails, our best practice in these integrations is to drop the member into a direct invoice with payment method by check/mail.
372	The system should enable authorized PEIA staff to modify the number of times after which an EFT payment type is automatically changed to direct pay mailer (DPM) due to EFT rejection by the bank. An authorized user may change a Subscriber or employer's payment type at any time.		Yes	Employers can delete or stop recurring ACH and Credit transactions by deleting the recurrent transactions.  The number of times failed is not modifiable at a client-user level.
373	The system should enable loading of premium rate schemes via file upload or direct entry, and assigning those rate schemes to specific employer numbers or types and/or subscriber type (member, retiree, survivor) as defined by authorized PEIA staff.		Yes	All rates as loaded in the benefit application drive the transactions billed.
374	If an annuitant has their premium withheld from their pension benefit and a refund is due, the system should generate a refund check for overpaid premium.		Yes	Depending on the banking level of support selected during contracting.
375	The system should generate EFT files to pull funds from designated bank accounts in the amount of the current accounts receivables for the designated accounts.		Yes	

376	The system should have the ability to designate by employer or employer type, how associated Subscribers' premiums should be billed per PEIA business rules (ex. some retirees should be automatically set up for retiree benefits deduction and some should have premiums billed to the employer. Some agencies are billed a flat amount, others are billed based on salary.)		Yes	The billing application can have separate rules by billing entity.
377	The system should have the ability to designate by retiree, how associated retiree premiums should be billed per PEIA business rules. A Retiree whose retirement benefit is less than the premium amount should be billed, an automatic payment deduction should not be allowed.		Yes	Our best practice is that 3rd parties are invoiced for the full amount or not at all through that entity. Ensuring that the full amount is available for payment by the 3rd party entity is a key requirement for discussion during these integration scoping sessions. This would need to be identified as to how that amount available would be known prior to sending the deduction file, as well as other process discussions.
378	The system should maintain and apply an operational schedule by which critical processing deadlines are applied, for example premium due dates and EFT processing dates.		Yes	
379	The system should process insurance premium refunds (according to PEIA rules) in the same manner in which the payment was made. For example, if payment was made by EFT, a crediting EFT should be issued.		No	This is a function of the client-owned deposit account and the account's capabilities.
380	The system should provide a setting in the Retiree's account to designate the Retiree's payment option election. PEIA staff may override the election, such as removing a Retiree's ability to participate in the EFT debit option.		Yes	

381	The system should provide a setting in the Subscriber record that should prevent EFT debit when a Subscriber no longer qualifies.		No	Requires additional discovery to understand what determines if a subscriber "no longer qualifies."
382	The system should provide the ability to designate and assign fees at the employer level based on PEIA business rules. Fees, late charges and other miscellaneous charges should have an associated type to distinguish the fee for accounting purposes. The type should appear on the invoice with the associated fee/charge.		Yes	The billing application distinguishes fees separately from premiums.
383	The system should provide the configurable order by which payments are applied, as stated by PEIA rules.		No	The billing system would be configured with the retirement deduction from the 3rd party as the first choice payment method. Then other payment methods are equilaterally available if not deductible for retirement.
384	The system should refund insurance premium collected after a Subscriber's death to beneficiaries on file per PEIA business rules.		Yes	
385	The system should reinstate coverage upon approval of appeal and payment of all outstanding premium due.		Yes	
386	The system should set the Subscriber payment option to direct pay mailer (DPM) if an EFT debit is rejected due to bank account closure or a stop payment order by the account owner.		No	Requires additional discovery to understand "direct pay mailer." If for example an ACH is refused by a bank, Benefitfocus would remove that account as available for the member as well as immediately reverse that payment, send a payment failed notification letter, and apply any delinquency handling as applicable.
387	The system should use effective dating to allow for the input of future coverage for which billing should not be issued until the applicable billing cycle.		Yes	Invoices are not generated until the member is actually on direct bill status and that status is the current date.

388	The system should use PEIA business rules to determine and apply funding of retiree premium. The retiree may be responsible for paying all or a portion of the premium, based on factors such as years of service, employer, initial date of hire, and employer discretion.		Yes	Benefit administration system configuration drive the billable amounts.
389	The system should waive premiums for designated Subscriber types or by manual indicator set by authorized PEIA staff.		Yes	Benefit administration system configuration drive the billable amounts.
390	The system is capable of producing PEIA self-billed invoices based on their enrollment data to certain vendors.		Yes	
391	The system should capture employee demographic data changes (ex. name, gender, date of birth, date of death, address, marital status, salary info, etc.) through the employer reporting process and trigger workflow for review. Changes requiring verifying documentation should not be committed to the system until documentation is received.		Yes	
392	The system should capture the following from reported employer payroll data: information concerning an employee's status including termination date, date last paid, leave without pay information, salary info, suspensions and date returned to work (for working retirees). Data should include both beginning and ending dates for status changes		Yes	Since Benefitplace is a rules-based application, it provides a robust and flexible schema for eligibility management and configuration. Based on configurable category values (e.g., classification, location, tenure, union status, etc.), this schema can make specific benefit offerings available to certain employee categories, while ensuring that employees are presented only with the particular benefit/plan options for which they are eligible. Benefitfocus is typically not fed date last paid information, but uses date of termination information for benefits eligibility.

393	The system should provide the capability to automatically update the employer ID for each impacted employee if a change is made to the employer record due to agency reorganization, such as a merger or split.		Yes	
394	The system should provide the capability to collect employee salary information via the employer report and automatically update this information in the system annually to support insurance processing.		Yes	
395	The system should be capable of determining the type of employer and applying different billing and payment workflows based on the employer's type. Examples of employer types are state agency, non-state agency, Board of Education, etc.)		Yes	Billing configurations are at the billing entity level

396	<p>The system should calculate and apply all premiums and any applicable fees due according to PEIA eligibility and enrollment business rules. These premiums due should be recorded in the person records as a receivable amount, to be credited when payment is posted through one of the following means:</p> <p>A. Electronic Funds Transfer by EFT from the individual retiree's account</p> <p>B. Electronic Funds Transfer by EFT from the employer reconciled to payroll transmittal</p> <p>C. Money order or personal check from the employer or retiree, posted by user or through workflow</p> <p>D. Credit card transaction, transacted through the member portal by a retiree</p> <p>E. OASIS IET transfer from the employer, reconciled to billing</p> <p>F. Through pension benefit payment deduction for a retiree</p>		No	Benefitfocus supports C & D. The others require additional scoping and pricing.
397	The system should calculate and apply any premium credits according to effective date premium rules.		Yes	
398	The system should calculate and apply any retro-active billing according to effective date premium rules.		Yes	



399	<p>The system should calculate premiums, apply subsidies and any applicable fees due from all enrollment transactions on a Subscriber level basis, and apply the appropriate transactions as follows:</p> <p>A. Generate a combined monthly billing to active member employers and subdivisions</p> <p>B. Generate individual monthly billings for all individual Subscribers (a detailed level of A above).</p> <p>C. Apply retiree premiums due as monthly benefit deductions</p> <p>D. Generate individual retiree monthly direct pay billings to any retiree or associated payee for whom the total pension benefit is not sufficient to cover the cost of premiums due.</p>		Yes	
400	<p>The system should have the ability to assign one unique identifier to an employer and grant access to certain employer portal functions based on employer type.</p>		Yes	

401	The system should identify all add, change and delete transactions as well as ongoing, active billing amounts at the individual program subscriber level. Any applicable retro-active transactions should also be identified. Transactions should be applied when approved by PEIA according to business rules. For active employees and associated Subscribers, the premium amounts should be provided with both summary and detailed information and a bill generated to the appropriate employer and available for view or download.		Yes	These are automated. Billing data exchange and approval is not necessary.
402	The system should only display through the employer portal the member's or retiree's data and documents for the benefits that employer offers. In the case of dual employment, only the benefits the member is enrolled in should be viewable for the corresponding employer.		No	
403	The system should provide capability to process invoices, payments and other reporting data at PEIA-defined frequencies.		Yes	Subject to the billing application invoice timeline.
404	The system should provide fully integrated functionality to manage premium billing and associated accounting for all programs and all qualified, participating active employees and their associated Subscribers, at the individual level and should generate employer billing for monthly premiums.		Yes	

405	The system should provide fully integrated functionality to manage premium billing and associated accounting for all programs and for all qualified, participating retired members and their associated Subscribers at the individual level and should generate billing for monthly premiums.		Yes	
406	The system should provide functionality by which an employer's participation in benefits programs may be added or terminated, and their Subscribers by association. This functionality should be limited to PEIA users with appropriate security.		No	The Benefitfocus Platform, a cloud-based multi-tenant platform delivered as a Software-as-a-Service (SaaS) can be configured to comply with PEIA's applicable business rules. Benefitfocus configures these rules, including benefit offerings, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)
407	The system should provide functionality to define an unlimited number of benefit plans and programs for employees', retirees' and associated Subscribers' participation. These plans should include eligibility logic, rate structures that maintain history and effective dates, and an interface through which revisions and updates can be easily made by a user. Rate structures may be plan and participant-based, service formula, salary or based on a calculated percentage of salary, based on participation in other programs, etc. Programs may result in receivables, such as health and life insurance premiums, both employee owed and employer owed.		Yes	The Benefitfocus Platform, a cloud-based multi-tenant platform delivered as a Software-as-a-Service (SaaS) can be configured to comply with PEIA's applicable business rules. Benefitfocus configures these rules, including benefit offerings, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)

408	The system should provide the capability to capture required employer reporting, eligibility and enrollment attributes during the set-up process for a new participating employer.		Yes	
409	The system should provide the capability to update effective dates (including retroactive dates) for terminated and deceased Members.		Yes	
410	The system should have the ability to integrate with State Treasurer for processing credit card payments (acting as WV PEIA bank).		No	This integration would require development, detailed discussion, scoping and possible additional cost.
411	The system should produce a file for printing and sending monthly direct pay mailers.		Yes	Our Service model includes the file and mailing it out to employees/retirees directly.
412	The system should provide integration with SAP general ledger systems, for the purpose of generating Accounts Receivable and Accounts Payable summary journal entries, and to manage the allocation of cash receipts at the member and employer level.		No	This integration would require development, detailed discussion, scoping and possible additional cost.
413	The system should provide the ability to age premium account billings for receivables management; provide aging reports, utilize aging logic to allow for dunning per PEIA business rules.		Yes	Aging is configured based upon standard 30/60/90/120 day measurements.  Different metrics would require custom report developing, with scoping and costing.
414	The system should allow an option to export the detail to Excel. If this option is selected, the member ID should not be available in the exported data.		Yes	

415	The system should apply appropriate benefit payroll deductions and credits, including automatically calculated retroactive adjustments, beginning with the first benefit payment issued after the coverage effective date.		Yes	
416	The system should automatically deduct insurance premiums from the Member's monthly benefit payment when authorized. If a Member's benefit amount is not sufficient to cover the insurance premium amount, the amount available should be deducted. The system insurance premium status should be switched to 'Direct Pay' for that Subscriber and an invoice should be generated for the remaining premium amount.		Yes	
417	The system should capture and automatically populate appropriate employee and employer contribution rates for the applicable insurance premiums, load factors and other fees once employer demographic information is entered.		Yes	
418	The system should enable authorized internal PEIA users to manually adjust billing amounts for subscribers or employers, as required. Any manual adjustment must maintain a full audit record.		No	Adjustments are supported by the admin services team, and are transparent in the system and visible on reporting and invoicing.

419	<p>The system should enable designated PEIA employees to execute premium billing trial batch runs and produce associated validation and reconciliation reports used to verify billing statements/feeds prior to committing to the Employer and retiree records, and generation and publication of retiree and employer bills. The system should allow trial batches to be re-run as many times as needed, each with a unique batch number such that corrections can be made to retiree or employer records and a batch then reconciled prior to posting. Unposted batches should not appear in a retiree or employer record, and may be cleared according to PEIA business rules.</p>		No	<p>Multiple batch runs are not standard practice due to the resulting impacts/delays in the invoicing cycle. To account for the updates needed, as those transactions are updated in the benefit admin system, they are accumulated, ledgered, calculated, and then applied during each invoice cycle. Transactions which are not executed in time for the invoice cycle, will then appear as adjustments on the following invoice cycle.</p>
420	<p>The system should generate uniquely identifiable invoices, making it possible to automatically allocate payments to those invoices (ex. barcoded, include an ID number, etc.).</p>		Yes	
421	<p>The system should provide a method of accessing the detail for each invoice (whether open or closed).</p>		Yes	
422	<p>The system should provide batch run capability for premium billing to Retirees, in the form of direct pay mailers for those who do not have payment deducted from their monthly retirement benefit. The system should provide the ability to generate a billing for a single, multiple or all retirees.</p>		Yes	

423	The system should provide batch run capability for premium billing, whereby the internal PEIA user is able to select one, multiple or all employers for whom to generate electronic monthly premium bills.	Yes	This is supported by our billing application automation and does not require PEIA involvement.
424	The system should provide the ability for employer Benefit Coordinators and authorized PEIA staff to apply outstanding credits to outstanding balances.	No	Credits and balances will automatically flow as enrollment updates are made, so this should greatly reduce or eliminate the need for manual interventions. Should an unusual situation occur requiring an intervention, those are entered by Admin Services, not PEIA.
425	The system should provide the ability for employers and retirees to submit payments (insurance premium payments, contributions, service purchase payments, etc.) using electronic payment methods (online portals, inter-departmental transfers), and apply those payments to outstanding accounts receivables or amounts due.	No	Benefitfocus requires additional discovery around inter-departmental transfers and those workflows to evaluate how and if they are supported in the billing application.  The billing system is integrated as previously noted with merchants for on-line payment methods to initiate those payments within the billing application on-line.
426	The system should provide the capability to capture current and historical employer contribution rates, insurance premiums and surcharge, load factors, and admin fees in effective dated tables.	No	Additional discovery would be required to determine the scope of the historical data required to be captured.
427	The system should provide the following invoice detail: employee ID, employee name (alpha format), insurance benefit description (i.e. Basic Life, Employee Health Premium, Employer Health Premium, Optional Life, etc.) and insurance benefit cost.	Yes	
428	The system should publish employer billing statements to the employer's account.	Yes	
429	The system should publish retiree billing statements to the retiree's account.	Yes	

430	The system should recalculate health and insurance eligibility and the appropriate invoice when an employment change is made. The recalculation should be automatic and immediate upon the employer submitting the employment change. The invoice should be immediately refreshed for the employer user.	Yes	<p>The billing system does receive these updates on a daily basis, accumulates and ledgers the adjustments, and includes them as adjustments to the next invoice period.</p> <p>Once invoices are produced, our best practice is that they are immutable. We do not retroactively revise invoices as an audit standard.</p> <p>This process conflicts with the prior stated ask for a batch process, which we do support.</p>
431	The system should track credits due to overpayment, and allow employers to apply these amounts to subsequent billings, creating new bills that include line-items reflecting credit amounts applied.	Yes	Overpayments due to credits or adjustments are automatically applied on the next invoice cycle and will remove any manual burden from the employer to have to manage this.
432	The system should track receivables and apply delinquent amounts to subsequent billings, creating new bills that include detailed line-items for past-due receivables.	Yes	The subsequent invoice includes the past due amount, in addition to automated delinquency correspondence generated at a plan transaction level.
433	The system should use date parameters to specify the effective and termination dates of insurance premiums and other deduction types at both an employer level and Subscriber level. For example, insurance plans could be assigned to Subscribers in advance of their being effective for a future date.	Yes	<p>The billing application supports calculation methods of billing in advance, billing currently, and billing retroactively.</p> <p>An individual retiree or employee on direct billing, that process begins with the direct billing start date as of today or in the past. At that point, an invoice is immediately created and sent to the individual who will then receive ongoing invoices in addition to the initial invoice. Future direct billing start date is not currently supported.</p>
434	A user can "confirm" the summary payment transaction or cancel and navigate to other pages.	Yes	
435	Historical remittance advices are assessable to the employer as is all historical employee payroll information	Yes	The billing system does house all historical remittance reporting and details.



436	The system should have the capability to add/store/modify banking institutions and corresponding routing number information and to track all payments of any sort.		Yes	
437	The system should allow entry of a payment comment.		Yes	The system has the ability to store a note by admin users (including employer admins) which can be anything (non-PII) for comments, including payment.
438	The system should allow for selection of an unapplied credit amount to apply to an open invoice(s).		Yes	
439	The system should allow for selection of multiple open invoices for which to pay.		Yes	
440	The system should automatically post deductions for insurance premiums at the individual benefit level with the ability to view total premiums paid at the employer (group) level and subscriber level.		Yes	
441	The system should generate and display a payment summary when all payment details are complete. The payment summary should contain the Billing Agency name, Invoiced Agency Name, Coverage Period, Benefit Item Description (i.e. Basic Life, Dependent Optional Life, Health Premium Member, Health Premium Employer, etc.), the Payment Amount for each Benefit Item, the total Payment Amount of all Benefit Items, Unapplied Credits used (negative amount), the Grand Total Payment, the payment type and a system generated transaction ID.		Yes	
442	The system should provide a drop down list of available payment types (ACH, IET, Lockbox).		No	The billing system uses Radio buttons for on-line payment method selection.  Lockbox/check process is an automated feed.

443	The system should provide a method of accessing the detail for any unapplied payments (credits).		Yes	
444	The system should provide employers the ability to select a default payment type (to eliminate the need of selecting a payment type for each payment.		Yes	The billing system supports ongoing/recurrent payments to be setup and after that, will automatically deduct.
445	When the user indicates the summary payment transaction is confirmed, a remittance advice is generated. The remittance advice format may be different depending on the payment type and/or employer type. The employer must access the remittance advice from the portal. The remittance advice can then be printed, emailed or saved by the employer.		Yes	There is no need for the user to indicate the summary payment transaction is confirmed, this is automated. In addition, the payment receipt is available to the employee (for direct bill) or employer (for consolidated billing).  Remittance reporting is provided to the employer when the service model including banking is selected, and we are remitting to the carrier, vendor, etc.
446	The system should provide an automated reconciliation process to match ACH payment types with the payment(s) contained in the bank's ACH deposit advice file. The system should finalize all payments reconciled and notify PEIA of mismatches or items containing errors for manual review.		Yes	The automated design of the merchant integration inherently supports this where a detailed merchant ACH payment transaction file is provided to the billing system at the same time as depositing funds into the client's account.
447	The system should provide an automated reconciliation process to match IET payment types with the payment(s) contained in the payment file that comes from the state system (OASIS). The system should finalize all payments reconciled and notify PEIA of mismatches or items containing errors for manual review.		Yes	The automated design of the banking integration inherently supports this where a detailed payment transaction file is provided from the bank to the billing system at the same time of the deposit to the bank.

448	The system should provide a means of searching for a transaction to match a check payment received through the lock box that could not be matched by the Treasurer's office. Search capability includes by check number, employer/member name, check amount, check date, etc.		Yes	This is provided in the on-line viewer of the banking lockbox system with our integrated bank, US Bank. The US Bank lockbox research of unidentifiable payments is supported by admin services and Benefitfocus would be responsible for the unidentifiable payments are identified and applied. In addition, the billing system provides a detailed payment history report which can be searched.
449	The system should be capable of supporting multiple employer payroll reporting methods including, but not limited to: - Text files (.txt) - Excel spreadsheet files - CSV files (.csv) - Manual input		No	As part of the Benefitfocus HCM integration services, Benefitfocus prefers to send payroll files using CSV (comma delimited) formats. Administrators can also run reports in excel, csv or pdf and also have the ability for manual input. .txt files are not supported.
450	The system should provide a compare tool that should compare the deductions on the payroll file to the billing amount for each individual member, for each individual benefit on the file. The comparison tool should highlight differences in the deduction(s) and calculated premium amount(s) due.		Yes	Benefitfocus Payroll Reconciliation Services supports a per-pay-period reconciliation of deductions calculated in Benefitplace against deductions taken in the customer's payroll system. The Payroll Reconciliation process has the customer send all actual deductions taken back to Benefitfocus on a file, allowing administrators to be presented with any deviations (i.e., missed deductions or partial deductions) that can be turned into adjustments. Adjustments are then sent back to the customer's payroll on the next deduction file using the customer's retroactivity rules.
451	The system should provide a file mapping tool to identify the required upload data in an employer's payroll file and map to the system's required fields for upload.		No	During implementation, requirements are established to further define HCM/payroll demographic and deduction integration details and agreed upon file formats.

452	The system should provide capability for employers to submit an electronic data file at PEIA-defined frequencies through the employer portal that contains information to support insurance processing, including member demographic and job data, contribution data, and deductions for insurance premiums.		Yes	As part of the Benefitfocus HCM integration services, typical data files would include: - A deduction or benefits file, to report any deductions, scheduled contributions or benefits elections related to a benefit enrollment. - A demographic change file, to report any changes in an employee's demographic makeup.
453	The system should allow for internal PEIA users to view refund payment details based on payment instructions on file. Payment details should be dynamic based on payments, interest calculations, payment instructions, etc.		Yes	This is supported by the refunding report, and is also available for client review. Visibility of the refunds issued is available by accessing the client-owned bank account.  In addition, refunds are noted in the billing application similar to how payments are noted for full transparency.
454	The system should automatically reset the retiree's account balance when payments are refunded or a chargeback is incurred in system and create the associated accounting entries.		Yes	When a reversal or adjustment occurs, the retirees account is automatically updated in either direction (positive or negative) with the applicable transactions to be applied in the next invoicing cycle.
455	The system should provide authorized users the ability to generate premium refund checks for overpayments, according to PEIA business rules. The system should notify employers or Subscribers when an insurance overpayment refund is processed.		Yes	Members are able to see when a refund amount is posted to their account. In addition, the transaction is included in the member's generated invoice.

456	The system should provide the capability to identify overpayments per PEIA business rules, initiate a workflow to request a recoupment and follow up until the refund payment is received. This process should integrate with receivables functionality to track the total payment owed and any payments applied.		Yes	<p>Adjustments entered are included in the invoice, and would be applied into members accounts. As long as there is an invoiceable transaction, the amount due would continue to include any outstanding amounts, as well as automated delinquency notifications, and applicable benefit terminations if unpaid. Payments are recorded and applied, in the oldest unpaid amounts first, including adjustments.</p> <p>Should there not be an invoiceable transaction, the amount due would remain on the account (unless reversed by retroactive termination) as well as be reflected in final invoicing.</p> <p>After there are no invoiceable enrollment transactions, there would not be invoices produced. Collection and recovery transactions beyond this scope are not supported.</p>
457	The system should provide the capability to issue a refund as either a paper check or electronically per PEIA business rules.		No	This would be a function of the client-owned bank account issuing the refund. The account would provide the notification of the method of payment to the billing system, which would record it as such.
458	The system should provide the capability to maintain payment history with check numbers for all refunds or transaction numbers for chargebacks.		Yes	
459	When a chargeback is requested, the system should recognize the type of transaction, identify the original payment transaction and create an adjusting transaction for every invoice paid with the original payment. The paying entity (employer or participant) and the PEIA employer representative should be notified of the chargeback.		Yes	<p>The reversal of any payment is included in the applicable account, retroactively, and in addition, is notified through the client's bank account process.</p> <p>In addition, when a member's payment is reversed, a payment failure notification is automatically generated and included in the next invoice generated.</p>
460	The system should automatically issue notifications with important information (such as delinquencies, credits, modifications, etc.) to Members or employers using the method of communication designated as the Member or employer's preferred communication method.		Yes	The billing system supports email and mail communication methods. Delinquency notifications, because of their importance and applicable debt regulations, are always mailed.

461	The system should generate enrollment reports for all programs and make them available in the required formats, including electronic vendor proprietary report formats. The system should also generate Adds/Changes/Terminations reports for all programs and make them available in various formats including PDF, CSV and electronic formats.		Yes	
462	The system should produce billing documentation once the bill is created including: the ability to print paper bills for employers without online access, electronic billing statements for employers with online access, electronic subscriber rosters, reconciliation and balance forward reports, and the ability to produce and print retroactive balance letters.		No	For consolidated billing, the billing system supports on-line access of the applicable invoices, as well reporting and ability to research online. Printing of the consolidated invoice is a potential future enhancement, but is not currently in scope.
463	The system should produce reports for PEIA employers showing required adjustments to employee records.		Yes	
464	The system should provide all annual reports necessary to determine revenue and expense balance for all benefit programs.		No	If there are specific annual reports required by PEIA, these will need to be submitted for client-specific development, scoping and pricing.
465	The system should provide reporting tools to enable internal PEIA users to create flexible, ad-hoc reports on premium billing parameters, configurable according to the user's needs.		No	
466	The system should provide reports, summary and detail, that should be used to manage transfers between funds within PEIA and with State funds.		Yes	Reports for remittance are available at this level.  Additional detailed discussion may be needed to clarify transfer of funds process.

467	The system should provide carrier reports to verify against carrier billings received by PEIA.		Yes	
468	The system should apply premium rate rules and provide the appropriate premium amount for individual health and insurance benefits.		Yes	
469	<p>The system should have parameters on all plans or benefits that can be used to determine an individual health or insurance benefit premium based on specific criteria in the rules engine. Example of benefit rules can be found in PEIA's SPD and Shopper's Guide.</p> <p>SPD:</p> <ul style="list-style-type: none"> <li>- Page 37 - Tobacco Free Discount</li> <li>- Page 38 - Salary based employee premium for State Fund active employees and no employee premium for Non State Fund employees, Post 2010 employees ineligible for subsidized retiree health and life insurance</li> <li>- Page 39 - Pre 1997 Retirees, Post 1997 Retirees, Surviving Dependents</li> <li>- Page 40 - Employer Paid Retiree Insurance, pre and post 1988 hire dates</li> <li>- Page 42 - Retiree Premium Assistance</li> </ul> <p>Shopper's Guide:</p> <ul style="list-style-type: none"> <li>- Page 32 - Salary based premium rate tables</li> </ul>	<p><a href="https://peia.wv.gov/Forms-Downloads/Documents/summary_plan_descriptions/SummaryPlanDescription_ABD2022-web.pdf">https://peia.wv.gov/Forms-Downloads/Documents/summary_plan_descriptions/SummaryPlanDescription_ABD2022-web.pdf</a></p> <p><a href="https://peia.wv.gov/Forms-Downloads/Documents/shopper%27s_guides/Shopper%27s_Guide_Plan_Year_2022.pdf">https://peia.wv.gov/Forms-Downloads/Documents/shopper%27s_guides/Shopper%27s_Guide_Plan_Year_2022.pdf</a></p>	Yes	
470	The system should provide configurable premium rate rules which may be updated, created or terminated by PEIA staff when applicable.		No	The Benefitfocus Platform, a cloud-based multi-tenant platform delivered as a Software-as-a-Service (SaaS) can be configured to comply with PEIA's applicable business rules. Benefitfocus configures these rules, including benefit offerings, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)

471	The system should provide premium rate schemes which may be updated, created or terminated by PEIA staff when applicable.		No	The Benefitfocus Platform, a cloud-based multi-tenant platform delivered as a Software-as-a-Service (SaaS) can be configured to comply with PEIA's applicable business rules. Benefitfocus configures these rules, including benefit offerings, plan attributes, rates, categories and eligibility rules (new hire, open enrollment, life event, termination, etc.)
472	The system should provide the following invoice information: Invoice period, number of members, total cost by insurance benefit, total cost overall and detailed member premium information by product (health, life, dependent life, etc.).		Yes	
473	The system should retain all billing records according to the records retentions policy in place at the time of system implementation.		Yes	
474	The system should have the ability to run a test bill (trial batch run) for selected groups for validation.		yes	
475	The system should provide automation tools and reconciliation reports necessary to verify all premium billing transactions are correct prior to the insurance premium bill finalization. Validations and reconciliations should be available at the individual and employer levels, for both active and retired Members and associated Subscribers.		Yes	<p>The billing application is an accounting chassis - every billing transaction has two parts - a payee and a remittee. This automation and key functionality requires that these transactions are in balance.</p> <p>Since banking and merchant data trails are processed with the same source point as the actual deposits, the reconciliation is inherent. As a result, when invoices are produced, they reflect the payments, credits, and applicable transactions.</p> <p>Should reporting be needed, the payment details report can be used from the billing application and compared by the client with their banking deposit receipts.</p>
476	The system should provide the ability to reconcile calculated insurance premiums with the enrollment transactions that correspond with that period.		Yes	



477	The system should allow for the definition of transactional thresholds at which senior-level authorization is required, using workflow to route the case to the appropriate approver.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.
478	The system should provide configurable Premium Management workflow and case management functionality that should route cases to supervisors or other designated senior staff when case specific scenarios dictate. An example of this functionality is the required supervisor approval when transactions terminating coverage retroactively outside of the current billing cycle are entered into the system.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.
479	The system should provide the capability for employers to approve enrollment transactions through the employer portal and to also provide a secondary approval level by PEIA for dependents and members according to PEIA rules.		No	Benefitplace has thorough review and approval business rule capabilities. HR administrators have the ability to define which transactions require their approval and which transactions can be automatically and/or mass-approved. However, a hierarchy of approvals is not triggered once an administrator approves a transaction.
480	The system should provide workflow and case management functionality to facilitate the appeals process available to Subscribers for whom insurance coverage has been cancelled. This workflow should model all key deadlines and generate associated correspondence.		No	Benefitfocus plans to develop an integration with PEIA's existing CRM system so the current process can be retained.

481	The system should provide workflow functionality in support of Premium Billing, to manage past-due premium, under-payments and over-payments at the individual Subscriber level and at the employer level. This workflow should have the ability to generate automated correspondence, suspend the workflow case for follow-up and terminate coverage according to PEIA business rules and timelines.		Yes	
482	The system should terminate coverage due to non-payment according to PEIA's business rules, using case management and workflow to manage the insurance coverage termination and appeals process. Workflow should reflect all critical deadlines and generate appropriate correspondence.		Yes	<p>During implementation, the delinquency rules will be configured according to PEIA standards which automates the delinquency. In addition, the termination protocol will be identified, confirmed, and applied accordingly.</p> <p>The appeal process remains with the client, so these would be directed to the employer to determine the outcome, which we will then apply accordingly in the enrollment and billing applications. This often requires carrier approval or waivers, and as the client is the contracted entity with the other vendors/carriers, this is the standard approach in light of that relationship.</p>
483	The system should provide the capability to make changes to the financial institution after the payment has initially been set up without having to cancel or terminate the actual setup of the payment, even if the payment record has already been generated, so long as the payment has not been posted in the system.		Yes	
484	The system should automatically generate an electronic notification to the payee with the total refund amount and expected disbursement date at a defined point in the workflow.		No	A member who is identified for a refund in our standard process may or may not be actually issued as the client owned bank account is sperate. Therefore, the billing system consumes the information when the refund is executed. These are recorded on the billing account and are included in the invoices generated to reflect the applicable amounts

485	The system should automatically provide notifications to the Member or Retiree when the request is initiated on eligibility and/or status based on PEIA business rules. The notifications should include information such as Member/Retiree ineligible for refund, review by PEIA needed to proceed, additional documentation needed, or ready for processing.		No	
486	The system should electronically notify a retiree applying for refund if there is an impact to insurance benefits when the refund request is initiated.		No	The billing system considers refunds under certain metrics, and that would typically not invalidate or reverse coverage. In those exception scenarios, cases would be routed to PEIA/the employer for review. Best practice is that the actual request is to cancel coverage, which results in a refund, rather than the refund which results in cancellation of coverage.
487	The system should provide the capability for a Member to initiate a request for a refund of contributions through the member portal.		No	Members may request a refund through a call in which a case is created for us to refund if they are not automatically included in the refund reporting.
488	The system should provide the capability for a Member to view, modify, or cancel a refund request through the member portal per PEIA business rules.		No	Refund requests are tightly controlled. Once processed in the billing application, they are not reversible. The member can call in to cancel the request and withdraw the ask if it has not been processed.
489	The system should provide the capability for Members and employers to upload supporting documents via the employer or member portal per PEIA business rules.		Yes	The Document Center is designed to verify documents submitted for life events and dependent verification purposes. Both employees and HR administrators can upload, sort and view documents.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
490	The system should provide the capability to automatically cancel a request and notify the Member per PEIA business rules (ex. an enrollment transaction is received that disqualifies a refund of contributions, etc.).		No	Enrollment transactions and their eligibility controls are handled upstream by the enrollment application. If the plan is billable, its determined upstream, so this process is avoided.

491	<p>The system should provide the capability to provide a warning when processing refunds for a Member who has applied for service retirement or disability.</p> <p>A Member who is in the process of applying for a disability may not elect a refund without invalidating the Member's application, as it severs his or her membership.</p>		No	The refund report can be submitted for the client to review prior to being issued, and PEIA can compare and do the review prior to authorization.
492	The system should allow for internal PEIA users to add, modify, close, or reopen refund requests per PEIA business rules.		No	
493	The system should allow internal users to initiate a workflow to process a refund.		Yes	
494	The system should automatically alert internal PEIA users when the refund request is initiated that there is a special condition with the Member's account (ex. legal hold, QDRO, garnishment, levy, etc.).		No	These mechanisms (garnishment, legal hold) are not supported in the billing application.
495	The system should automatically assign and update the status of a refund request based on completion of tasks and receipt of required documentation defined in the refund workflow.		No	Refunds are issued by the authorized user of the client-owned bank account. As such, once that feed is received with the details of the refund payment, it will be recorded on the member's record in the billing application.
496	The system should automatically cancel a refund after a configurable period of time if the required information to process the payment is not received per PEIA business rules. An internal PEIA user should also have the capability to cancel a refund request.		No	The refund request would be denied if the request does not have the criteria met. Evaluations of specific refund authorization and forms would be under the client's process to authorize the refund. If Benefitfocus is expected to do that eligibility determination, this is a manual process and would require review, scoping and costing.

497	The system should automatically generate an electronic request for required information to recent employers per PEIA business rules (ex. termination, final contributions, leave payout, etc.) and generate follow up requests if the required documents are not received. The system should provide the capability to modify the request for additional/different employers or delete the request.		No	The refund workflow is strictly a financial element from a billing perspective. The refund would not be processed until authorized and approved by the client, upstream from billing.
498	The system should provide a set of required review, reconciliation and quality assurance checks as part of the refunds workflow. Per PEIA business rules, some refund disbursements may be only require one level of review prior to payment.		No	Refunds are issued by the authorized user of the client-owned bank account. As such, once that feed is received with the details of the refund payment, it will be recorded on the member's record in the billing application. Refund review and approval process is upstream prior to adding to the refund processing in the billing system.
499	The system should provide the capability to create an alert or warning when address or payee name is altered.		NO	This information is updated only in enrollment which then trues up to the billing application. This is not updated in billing because it would be overwritten by the next billing update back to match enrollment.
500	The system should determine the type of user - subscriber, employer, PEIA staff - and present the appropriate website policies.		Yes	
501	The system should provide the ability to display PEIA website policies such as Terms of Use, Privacy Policy, Acceptable Use, Disclaimer, etc.		Yes	
502	Upon initial log in and upon a change to the website policies, a user must agree to the Terms of Use. The agreement of the Terms of Use must be stored in the user's authentication history along with the date and time.		No	The Benefitfocus Survey Manager is available for PEIA administrators to create and manage any employee-related surveys. Employee surveys are completely configurable with yes/no, answer scales and open-ended text boxes. HR administrators can define the questions to include in the surveys and can choose whether these surveys are required or optional. Responses can be viewed and printed at any time, in summary and detailed formats. To help provide additional flexibility, external surveys can be created using Google Form. These surveys are presented to employees after they complete the enrollment process.

503	The system should, at a frequency set by the PEIA, request renewal of the Confidentiality agreement, terms of use and portal user recertification. If a confidentiality agreement, terms of use or other security or legal document is changed, an automatic recertification is employed.		Yes	The Benefitfocus Survey Manager is available for PEIA administrators to create and manage any employee-related surveys. Employee surveys are completely configurable with yes/no, answer scales and open-ended text boxes. HR administrators can define the questions to include in the surveys and can choose whether these surveys are required or optional. Responses can be viewed and printed at any time, in summary and detailed formats. To help provide additional flexibility, external surveys can be created using Google Form. These surveys are presented to employees after they complete the enrollment process.
504	The system should allow the authorized contact at each employer the ability to register and manage their Benefit Coordinator user accounts, once the authorized contact has been set up by PEIA (ex. modify user permission, lock/unlock accounts, etc.).		Yes	
505	The system should allow authorized internal PEIA users to register and manage user accounts, as necessary (ex. modify user permission, lock/unlock accounts, etc.).		Yes	
506	The system should automatically revoke employer access to PEIA portals for the authorized employer contacts upon their terminated participation in Health and Insurance Benefits, per PEIA business rules.		No	
507	The system should be configurable to allow only certain employer contact types to be automatically updated by the employer through the employer portal. Other employer contact updates should require review by an internal PEIA user before the update is finalized.		No	

508	The system should be configurable to allow updates to certain employer or member attributes to only be completed internally by an internal PEIA user.		Yes	
509	The system should have the ability to limit information displayed to a member or employer, per PEIA business rules.		Yes	
510	The system should have the ability to limit information displayed to an employer Benefit Coordinator per PEIA business rules.		Yes	
511	The system should have the capability for an internal PEIA administrative user to add, modify, or revoke access for an employer or member.		Yes	
512	The system should have the capability for an internal PEIA administrative user to unlock a non-PEIA user account (member or Benefit Coordinator) and reset the log in credentials.		Yes	
513	The system should have the capability for an internal PEIA user to add, modify, or revoke access for an employer contact, including required contact types.		Yes	Additional scoping may be required to determine what PEIA defines as required contact types.
514	The system should display only the members' data and documents only for the benefits that employer offers. In the case of dual employment, only the benefits the member is enrolled in should be viewable for the corresponding employer.		No	

515	The system should also provide seamless and secure integrations with any necessary external third party systems (i.e. OASIS, third party health administrator, etc. ) with which data exchange whether constant, scheduled or manually requested data exchange is required. This integration should support functionality such as receiving participant deductible amounts, initiating the creation of an IET on OASIS, receiving an IET number from OASIS, providing the insurance carriers with enrollment data etc.		No	Benefitfocus supports secure integrations with client systems via API and/or batch files. Manually requested data exchange is not supported today. Deductible amounts are not supported.
516	The system should provide a comprehensive, single source portal with functionality for all users - members, employer Benefit Coordinators and PEIA staff.		Yes	
517	The system should provide appropriate access to the different components of the system - billing, enrollment, eligibility, CRM and case management - depending on user role and security levels. The system should also provide seamless integration with any necessary internal third party systems (i.e. Document Management System and MS Great Plains) with which a constant connection is required. This integration should support functionality such as direct database access to documents and payment information, the ability to initiate requests for pre-filled forms and publications, and transmit transactions into PEIA work queues.		No	Our implementation staff works with each customer to review the organizational structure of its department and configure each type of user's access and account to complement their role and objectives within the application. Benefitfocus plans to develop an integration with PEIA's existing document management system and CRM so the current process can be retained. The method of integration and connection will be dependent on further scoping.



518	The system should provide data export functionality for any data including eligibility and enrollment data in standard or proprietary formats as required by PEIA.		Yes	May be subject to additional scoping to understand the purpose, data types, and process of the data exports.
519	The system should allow data import functionality from third parties (such as Medicare) as required by PEIA.		Yes	May be subject to additional scoping to understand the purpose, data types, and process of the data imports.
520	Audit indicator capabilities such that a participant's account can be identified as to whether it has been audited, through what date, and by whom and that satisfies HIPAA Privacy and Security regulations.		No	
521	For data audit trail including what, who, when (system timestamp) sufficient to satisfy HIPAA Privacy and Security regulations.		Yes	
522	Use of recognized security practices developed under section 2(c)(15) of the National Institute of Standards and Technology (NIST) Act		Yes	
523	The system should have two factor authentication for each user.		Yes	
524	The system should conform to NIST standard for username and password requirements.		Yes	
525	The system should require mandatory employer contact types to be set by the employer at time of enrollment.		No	
526	The system should detect mass data exports/movement or suspicious activity indicative of malware or hacker activity.		Yes	
527	The system should provide timeout and log off configurations consistent with NIST standards.		Yes	

528	Database encryption at rest and encrypted remote connection channels.		Yes	
529	Back-up and restore process in support of overall disaster recovery and business resumption plans.		Yes	
530	Fail-safe shutdown/recovery processes.		Yes	
531	Maintains full HIPAA EDI, Privacy and Security compliance.		Yes	
532	Meets HITECH's Safe Harbor Provision(s).		Yes	
533	PEIA expects different system experiences for different statuses (such as active, retired, survivor) and different employer types (state, non-state, EDU, etc.).		Yes	
534	The system should provide a "forgot password" function for an authenticated user that meets NIST standards.		Yes	
535	If a user tries to log off of the system with unsaved data changes, the system should message the user to continue logging off and lose changes or return and save changes.		Yes	Should an employee attempt to logout during the enrollment process, depending on their progress at the point of exit, one of two messages will display: - If the employee has not yet selected the benefit offering on which they are working, an advisement to continue until an election is made - A confirmation that the information for all completed selections has been saved, therefore a logout will not result in lost progress.
536	The system should allow for selection of gender as male, female and other.		Yes	
537	The system should provide a hierarchical structure of accounts which indicates the entity's reason for plan access. Entities include employers, employees, retirees, cobra participants, survivors, and dependents. The hierarchy may change over time and therefore the system should provide the ability to revise or add to the structure.		Yes	Benefitplace uses user-defined, role-based controls, security and permission settings for all users, including HR administrators. The data is segregated according to both the role and the group. These permissions and security settings are comprehensive and can be configured to grant different levels of authority.

538	The system should be capable of querying and exporting any data element(s) calculated or collected through the system using standard file formats (.csv, .txt, .xml, etc.) in the requested layout(s) for consumption of legislative, legal, and regulatory initiatives.		Yes	Standard reports may be generated in multiple file formats, including Adobe Acrobat (PDF), Excel or comma-separated values (CSV). Note that the latter format is used most often to import into separate program/database.
539	The system should provide the ability to store images, email, voicemail, or messages in industry-accepted formats.		No	Benefitfocus plans to develop an integration with PEIA's existing document management system so the current process can be retained.
540	The system should provide the ability to search for and view stored items by multiple keywords or indexed values (such as document type, PEIA ID, employer number, etc.).		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
541	The system should provide the ability to capture annotations on stored items. Ability to add annotations to images to include but not be limited to highlighter, sticky notes, redact, digital stamp, watermark, date stamping, and shapes.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
542	Ability to apply security to the input, editing and deletion of annotations with an appropriate audit trail.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
543	The system should inhibit any alterations to stored images including overwriting or re-indexing.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
544	The system should utilize optical or magnetic storage technologies. Optical Write Once Read Many (WORM) solution is preferred.		No	Benefitfocus plans to develop an integration with PEIA's existing document management system so the current process can be retained.
545	The system should provide security controls at document, document type, group and user levels.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

546	The system should allow for de-duplication functionality where one document can be tagged or linked to multiple folders.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
547	The system should allow conversion of records from the current document management system. Includes the ability to import records using the record's original indexed value(s). Also, includes the ability to apply new document types or index values using a cross-walk of old to new values.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
548	The system should allow for identification of user scans and indexes for auditing purposes.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
549	The system should provide a history of document interactions including additions, updates, deletions and retrievals.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
550	The system should limit accessibility to authorized users by role and/or by document type.		Yes	Role-based access is supported. Dependent verification documents are associated to individual employee records and administrators can only view those members permitted by their role-based access settings.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
551	The system should provide the ability to report statistics on the records stored by document type, date stored, employer and other criteria as specified by PEIA.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
552	The system should provide the ability to track, archive and manage all in- and out-bound communication channels as electronic correspondence.		No	
553	The system should provide the ability to archive and index all auto-generated correspondence along with the method of distribution at the same time that it is generated and distributed.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

554	The system should provide the ability to preview, verify and edit indexed documents prior to the committal and/or update to the imaging system.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
555	The system should provide the ability to automatically route and send unknown or illegible document types to an investigation queue for resolution		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
556	The system should provide the ability to read Bar Codes and perform optical character recognition of the Bar Code to assist in validation and verification.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
557	The system should provide the ability to perform optical character recognition on standard forms to assist in validation and verification of indexing.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
558	The system should provide the ability to create an electronic, skeleton member record for individuals upon the first receipt of a document, especially when there may not be a member in the system yet.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
559	The system should provide the ability to merge two individuals' imaged member folders into a single consolidated folder with full auditing.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
560	The system should provide the ability to re-index all items in a member folder with full auditing .		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
561	The system should provide the ability to format the data entered from internet Self-Service into a PEIA defined standard template so that it can be stored as an image in the imaging system for historical reference.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

562	The system should provide the ability to index a single page, a single document, or a set of documents.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
563	The system should provide the ability to perform a double key entry index validation and/or verification process to ensure accuracy.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
564	The system should provide the ability to assist the indexer when the only data available from an imaged document may not uniquely determine the member to whom the document belongs. Assistance to include but not be limited to popping up a list of all members with the indicated last name and allowing the indexer to select one by DOB, by address, Member ID or by SSN.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
565	The system should provide the ability to change index attributes for an entire set of documents.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
566	The system should provide the ability to automatically assign a scanned document to the correct member's electronic folder based on various data combinations to include but not be limited to a unique member identifier, the member name, the member DOB, and the member SSN or other data identified by PEIA.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

567	The system should provide the ability to group like documents into batches for scanning based on document properties to include but not be limited to document size, document type, color, and orientation; or to group documents into like batches based on member or Pensioner and/or pensioner properties to include but not be limited to SSN and Member ID..		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
568	The system should provide the ability to automatically identify and eliminate blank pages within the batch during document scanning and indexing.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
569	The system should allow the insertion of single pages when scanning and indexing.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
570	The system should provide the ability to manage scanning simultaneously with multiple industry-standard scanners.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
571	The system should provide the ability to integrate image processing with the electronic workflow processing such that the release of an image to the image archive initiates the appropriate workflow process(es) for each document.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
572	The system should provide the ability to record receipt of documents when they are received, scanned and indexed.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
573	The system should provide the ability to scan different sizes and/or orientation of documents to include but not be limited to portrait, landscape, A4, executive and legal.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

574	The system should provide the ability to represent a multi-page document as a single document within the imaging archive.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
575	The system should provide the ability to scan both single-sided and double-sided documents.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
576	The system should provide the ability to scan color paper and save as a white document with black text.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
577	The system should provide the ability to perform index validation through an automatic look-up in the Benefit Administration database during the index process .		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
578	The system should provide the ability to scan documents in duplex mode		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
579	The system should provide the ability to do full-text indexing of documents to support later retrieval via full text searches.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
580	The system should provide the ability to export images into multiple standard image formats.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
581	The system should provide the ability to extract and/or print a page, a selection or an entire imaged document.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults and print functionality would be limited to the endpoint default's settings.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>



582	The system should provide the ability to print annotations superimposed on image as well as to print without annotations.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults and print functionality would be limited to the endpoint default's settings.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
583	The system should provide the ability to route output from the imaging system to any printer on the PEIA network or a local PC printer.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults and print functionality would be limited to the endpoint default's settings.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
584	The system should provide the ability to redact specific portions of retrieved correspondence and forms when sending copies of that material to other recipients.		No	<p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
585	The system should provide the ability to manage PEIA defined user security features that control whether a given user can print documents.		No	<p>Administrator access rights within Benefitplace can be defined to allow or deny access to documents, but not print functionality.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
586	The system should provide the ability to track all access within the image archive and to generate reports of that access.		No	<p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
587	The system should provide the ability to browse through image pages without returning back to a menu or list.		No	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the users endpoint defaults.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>
588	The system should provide the ability to compare two documents side by side.		Yes	<p>Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.</p> <p>Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.</p>

589	The system should provide the ability to display a list of the members matching the search criteria entered, if the member ID, or other unique identifier, does not uniquely identify a member upon performing a retrieval from within the Benefit Administration application. The list should include names, dates of birth, and Social Security numbers so that the user can select the specific member being queried.		Yes	When searching for a member, if multiple members match the search criteria (e.g. "Sm" returns multiple members with names starting with "Sm"), the system will provide a list of all members including their names and SSNs (but not dates of birth).
590	The system should provide the ability to allow a document to be viewed by more than one user concurrently.		Yes	Multiple admins can access member documents from the "Documents" tab on the member record concurrently using their separate administrator accounts. Benefitfocus also plans to develop an integration with PEIA's existing document management system so the current process can be retained.
591	The system should provide the ability to retrieve a member or employers documents (when a the record is open on the screen) with a single operation, such as clicking on an Imaging Folder link		Yes	Administrators can access member documents from the "Documents" tab on the member record. Benefitfocus also plans to develop an integration with PEIA's existing document management system so the current process can be retained.
592	The system should provide the ability to accommodate returned mail as one of the imaging document types and to trigger a returned mail workflow process based on PEIA defined parameters.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
593	The system should provide the ability to open multiple documents in separate windows.		Yes	Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
594	The system should provide the ability to pan, size and zoom images.		Yes	Uploaded documents are opened up in the appropriate reader based on the document type and the user's endpoint defaults.  Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

595	The system should provide the ability for the system to query based on standard criteria.		Yes	
596	The system should provide the ability to apply further search criteria to the results of a search.		Yes	
597	The system should provide the ability to create and distribute pre-defined search templates for multiple users.		No	
598	The system should provide the ability to inform the user that a search is being processed by displaying the percentage of completion.		No	
599	The system should provide the ability to combine words and phrases using the words AND, OR and NOT to limit, widen, or define a search.		No	
600	The system should provide the ability to perform range searches for indexed dates.		Yes	Multiple reports and dashboards reports allow for filtering by date ranges.
601	The system should provide the ability to perform full page browsing through a member or employer document, a set of a member or employer documents, or all of a member or employer documents from any starting point.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
602	The system should provide the ability to allow the viewing of documents at "fit-to-page" as the default.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
603	The system should provide the ability to view various document and/or image formats to include but not be limited to ASCII, BMP, GIF, HTML, JPEG, PDF, RTF, TIFF, XML and Microsoft Office documents.		No	Benefitfocus supports upload of jpg, jpeg, gif, png, pdf, doc, docx, xls, xlsx file types. Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.

604	The system should provide the ability to simultaneously view thumbnail sketches of multiple documents and multiple pages in a single document allowing users to browse rapidly through pages.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
605	The system should provide the ability to support the upload of employee or employer-scanned documents in PDF (or other) format through member or employer self-service.		Yes	
606	The system should provide the ability to manage the uploaded documents in the same way (indexing, workflow routing) that a faxed or mailed and scanned document would be processed.		No	Benefitfocus requires additional scoping and pricing to understand document management requirements, but would either build the functionality desired or develop an integration with PEIA's existing document management system so the current process can be retained.
607	The system should provide the ability to ensure that any electronic form completed on the internet can be immediately archived, viewed and printed by the user or submitted and later recalled for viewing or printing from the archive and when printed or viewed looks substantially like the paper version of the same form (including details such as the form number)		No	
608	The vendor should provide a Project Charter that contains the project's objectives, scope, roles and responsibilities of the individuals involved in the project, and risks and constraints.		Yes	
609	The vendor should provide a Statement of Work that contains the activities, deliverables and timetable for the project as well as defines the terms and conditions agreed upon between the vendor and PEIA.		Yes	

610	The vendor should provide an Implementation Plan and Schedule to implement the project according to the Project Charter and Statement of Work.		Yes	
611	The vendor should provide a Work Plan that identifies each objective and the timeline, resources, resource responsibilities and strategy to achieve the objective.		No	We do not provide this as a separate document must the majority of this detail is located in the PMP.
612	The vendor should provide a Project Communication Plan that defines the guidelines on how project information will be shared, who is responsible for communicating and to whom.		Yes	
613	The vendor should provide a Change Control Plan describing the methodology used to manage any change requests that impact the project scope.		Yes	
614	The vendor should provide a Requirements Traceability Matrix which traces system testing to the user requirements.		No	
615	The vendor should provide a project Integration Plan which shows the process in which other systems or sub-systems talk to each other or exchange data and ensure they all work together.		Yes	
616	The vendor should provide a Test Strategy and Plan describing the scope, objectives, approach and timing of the software testing tasks.		Yes	
617	The vendor should provide test cases describing what should be tested (process(es), calculation(s), workflow(s), etc.), the preconditions, inputs, actions and expected results.		Yes	

618	The vendor should provide a Test Progress showing the number of test cases tested, the number of test cases tested and passed/failed, the number of test cases remaining to test, % of test cases tested, % of test cases remaining, % of test cases passed/failed by subject matter and/or category and/or testing resource.		Yes	
619	The vendor should provide a Defect Tracking Report that tracks defect reported, their disposition and expected correction delivery date.		Yes	
620	The vendor should provide Regular Status Reports indicating the overall status of the project to project stakeholders as defined in the Project Communication Plan.		Yes	
621	The vendor should provide Design Documents for significant design decisions or specifications or configurations that provide details for how the software should be configured or built.		Yes	
622	The vendor should provide a Data Migration Strategy and Plan describing the tasks to migrate historical and current data including plans to find and mitigate data issues and the tools require for query, cleanup and migration.		Yes	
623	The vendor should provide a Release and Deployment Management Plan which describes the process for building, testing, scheduling, pushing and deploying a software release to PEIA's testing environment and then moving the tested software to the production environment.		Yes	

624	The vendor should provide a Production Cutover Plan that describes the steps and tasks required when PEIA is ready to go-live with the new system.		Yes	
625	The vendor should provide a Release Readiness and Validation Report that provides a list of tasks and validations to ensure the project has followed the defined software development and release process and that the project team has identified any system interdependencies and risks that may have an impact on the software and/or system deployment.		Yes	
626	The vendor should provide a Training Plan that outlines the training strategies, organizational change management process(es), activities and deliverables used to train the targeted audience. The vendor should also provide training materials outlined in the training strategy.		Yes	
627	The vendor should provide a Security Plan which describes the security controls in place or planned for the implementation to provide levels of security appropriate for the information processed and/or accessed users or groups of users.		Yes	

628	The vendor should describe their Problem Incident Reporting methodology which includes a set of procedures and actions taken to respond to critical incidents.		Yes	<p>Benefitfocus has a documented Security Incident Response Plan to guide response processes for all security events and define a path for escalation into a Cybersecurity incident. The Benefitfocus Cybersecurity Incident Response Team (CIRT) is an internal emergency response group, made up of members of the Cybersecurity department. In situations when other resources are needed, the team is expanded to include personnel with the required skill set specific to an incident. Expansion of the team can include non-Benefitfocus associates, such as third-party incident response firms with which Benefitfocus holds retainers.</p> <p>Notification procedures for security incidents are defined within our Security Incident Response Plan documentation and are structured to meet the communications requirements specified under the Health Insurance Portability and Accountability Act (HIPAA).</p>
629	The vendor should describe their Risk Management and Reporting Methodology		Yes	<p>The Benefitfocus Risk Management process is structured around assessing security risks to Benefitfocus operations, its assets or its people in order for the organization to take appropriate action in mitigating these risks. This process involves the below actions:</p> <ul style="list-style-type: none"> <li>- Determine the probability of occurrence of the risk</li> <li>- Determine the resulting impact of the risk</li> <li>- Determine what security controls would mitigate this impact</li> <li>- Document results and findings</li> <li>- Communicate results to affected system owners and senior leadership associates for remediation</li> </ul>
630	The vendor should provide a sample of Software Release Content Documentation, the documentation provided when software is released indication what is included in the release and the impacts of the changes.		Yes	<p>Benefitfocus provides customers with clear, timely information about our monthly releases via our One Place 365 collaboration portal that includes a release calendar, detailed release notes (both preview and final versions) and feature reviews coordinated by each customer's Customer Success Manager (CSM). Through One Place 365, PEIA will also receive notifications about key release features and associated training modules.</p>



631	The vendor should provide a description of their Implementation Methodology		<p>We use a blended methodology of both Agile and Waterfall techniques and closely aligns with the PMBOK's best practices, processes and standards.</p> <p>Our proven implementation approach has been fine-tuned and perfected over 20 years of successful enterprise Public Sector engagements. The proposed implementation process, as follows below, is our best practice approach but is flexible based on your needs and objectives.</p> <p>Our governance structure encompasses three levels of governance to ensure partnership and alignment at every stage.</p> <ul style="list-style-type: none"> <li>• Organizational governance focuses on driving long-term strategic outcomes through senior leadership direction and sponsorship of projects.</li> <li>• Program governance focuses on alignment of projects to organizational objectives through monitoring, evaluation and management</li> <li>• Project governance focuses on short-term objectives through project execution and on-time, quality delivery.</li> </ul> <p><i>Organizational Governance Activities</i></p> <ul style="list-style-type: none"> <li>• Quarterly steering committee meetings to align long-term organizational goals, set direction for implementation leaders, and celebrate achievements</li> <li>• Review Product Roadmap to ensure technology advancements support organizational objectives</li> </ul> <p><i>Program Governance Activities</i></p> <ul style="list-style-type: none"> <li>• Monitoring of implementation processes and KPI dashboards to insure overall program health</li> <li>• Monthly reviews of integrated or related projects to report on program health, change control, key risk mitigation and issue resolution plans, and milestone status</li> <li>• Monthly reviews of account plans to ensure forward progress with achieving project and program objectives and success criteria</li> </ul>
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Yes

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			<p><i>Requirement 631 Continued:</i></p> <p><b>Discovery</b></p> <p>The objective of the Discovery phase is to elicit and accurately capture all requirements related to front-end systems, integrations, operational support, technical designs, testing and deployment, in preparation for the execution phase.</p> <p>During the Discovery phase, we will conduct joint sessions capture requirements from your vendors and SMEs across various business units, including but not limited to information technology, payroll, enrollment, marketing, and operational support departments.</p> <p>We believe hands-on experience with our platform provides critical context that enables customers to provide more detailed and holistic requirements. Access to a sandbox environment will be given so that SMEs can play out common business scenarios specific to their roles, understand the user experience, ask questions, and provide iterative feedback to ensure proper system set-up.</p> <p><b>Construction</b></p> <p>The Construction phase is an execution phase for us to configure our platform and develop non- configurable functionality. Demos of the platform and newly developed features are conducted to ensure the configuration and code is functioning as intended, and unit tests along with initial quality assurance and functional tests are completed during this phase as well. Stakeholder approval is required prior to promoting to a test environment for detailed business level scenario testing.</p> <p>You, your vendors, and other partners may also have configuration or development effort required as part of the implementation. The implementation plan will capture these efforts to insure alignment on interdependent testing and deployment activities.</p>
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			<p><i>Requirement 631 Continued:</i></p> <p><b>Testing</b>  The UAT phase is one of the most important phases of the implementation. During this phase, additional demos and training are provided for business users, and the test plans and scenarios that were developed and jointly approved during Discovery are executed. The objective of UAT is to insure all systems, features, interfaces and integrations meet the approved business requirements. User experience, operational business processes, data conversion, and migration plans are also validated during the UAT phase.</p> <p>As a best practice, we internally execute the UAT plans and scenarios prior to external customer testing, with the goal of identifying and resolving all defects to insure a smooth and efficient experience. Stakeholder approval is required prior to the deployment of any data, configurations or code to the production environment.</p> <p>In parallel with the Testing phase, internal training and production readiness activities are underway. We recommend that customer operational representatives who will provide ongoing support participate in UAT testing as a way to provide hands-on training.</p> <p><b>Deployment &amp; Monitoring</b>  During the Deployment phase, Operational readiness checklists are reviewed for a final time to insure all systems are ready for production use, and operational stakeholders review project objectives and success criteria before providing final approval for go live. Configurations and code are then promoted to the production environment. Production validation, where possible, also occurs to insure the functionality in production matches the functionality that was approved in the test environment.</p>
			<p><i>Requirement 631 Continued:</i></p> <p>Some features cannot always be immediately tested in production, and monitoring certain processes or reports over a period of time is the primary way to validate that production code and configuration is functioning as expected based on requirements. Depending on the scope included in the implementation, this period of time could be 1-3 months or longer, as mutually agreed upon between our organizations.</p> <p><b>Project Close</b>  Project Close will occur once all scope items included in the project have been delivered to their production state, the monitoring period has ended and lessons learned have been conducted. Lessons-learned meetings will also be scheduled throughout the implementation to assess areas of success and challenge. This is part of the our implementation team's ongoing process improvement effort.</p>

632	The vendor should describe their system and solution, including but not limited to all software, equipment, converted data and hosting services.		<p><b>System &amp; Solution</b></p> <p>Benefitplace is a cloud-based portal that supports online enrollment, employee communication and benefits education year-round. It also provides powerful tools enabling Human Resources professionals to more effectively manage their benefit programs. With Benefitplace, PEIA can engage your workforce, increase benefits participation and enforce the most complex eligibility rules. Plan comparison tools, a virtual shopping cart and educational videos are integrated and presented throughout the entire enrollment workflow, providing a personalized, engaging user experience that encourages PEIA's employees to become more informed healthcare consumers.</p> <p>The Benefitfocus Platform is operated and maintained in a fully hosted Software-as-a-Service (SaaS) environment. Benefitfocus applications are delivered on J2EE technologies and the primary interface method for the application is via a web browser. The Benefitfocus Platform is a multi-tenant and metadata-driven architecture.</p> <ul style="list-style-type: none"> <li>- One code base</li> <li>- One database schema / instance keyed by tenant</li> <li>- Centralized rules</li> <li>- Services enabled framework</li> <li>- Instance &amp; metadata</li> <li>- Dynamic rendering engines</li> </ul> <p>The Benefitfocus Platform requires no hardware, software or plug-ins.</p> <p>Application hosting services are provided securely through multiple separate logical networks. Benefitfocus has a primary data center located in Charlotte, NC with a warm site data center in Raleigh, NC for DR fail-over. Our data is replicated to Raleigh, NC in real time via SFRD/A. The Benefitfocus SSAE 18 Type II audited data centers are PCI compliant</p>
			<p>Yes</p> <p><i>Requirement 632 Continued:</i></p> <p>Designed to augment our already-robust data and security infrastructure, Benefitfocus' \$3.5 million Ashburn, Virginia facility is the third and newest of our data centers, one which has allowed us to reach a number of key milestones, including:</p> <ul style="list-style-type: none"> <li>- Unlimited, On-Demand Computational Capacity</li> <li>- Optimized Cost Efficiency</li> <li>- Dramatically Faster Execution Speeds</li> <li>- 24x7 Monitoring and Integrated Mission Control</li> <li>- Upgraded Cybersecurity Posture</li> <li>- Largely Automated Daily Operations</li> <li>- IA Environments for Improved Staging and Failover Environments</li> </ul>

# Signed Forms

**Benefitfocus** for *life*™



**DESIGNATED CONTACT:** Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

DocuSigned by:  
Rachel Colonna  
 (Name, Title)  
 Rachel Colonna, Employer Enterprise Account Executive, Public Sector Sales  
 (Printed Name and Title)  
 100 Benefitfocus Way Charleston, SC 29492  
 (Address)  
 (843) 849-7476  
 (Phone Number) / (Fax Number)  
 rachel.colonna@benefitfocus.com  
 (email address)

**CERTIFICATION AND SIGNATURE:** By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

Benefitfocus.com, Inc.

(Company)  
 DocuSigned by:  
Nancy Nunn Nancy Nunn Corporate Controller  
 (Authorized Signature) (Representative Name, Title)

Nancy Nunn, VP, Corporate Controller  
 (Printed Name and Title of Authorized Representative)

May 16, 2022  
 (Date)

(843) 849-7476  
 (Phone Number) (Fax Number)

## **GENERAL TERMS AND CONDITIONS:**

**1. CONTRACTUAL AGREEMENT:** Issuance of an Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance by the State of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid, or on the Contract if the Contract is not the result of a bid solicitation, signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.

**2. DEFINITIONS:** As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.

**2.1. "Agency" or "Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.

**2.2. "Bid" or "Proposal"** means the vendors submitted response to this solicitation.

**2.3. "Contract"** means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.

**2.4. "Director"** means the Director of the West Virginia Department of Administration, Purchasing Division.

**2.5. "Purchasing Division"** means the West Virginia Department of Administration, Purchasing Division.

**2.6. "Award Document"** means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.

**2.7. "Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

**2.8. "State"** means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.

**2.9. "Vendor" or "Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.



**3. CONTRACT TERM; RENEWAL; EXTENSION:** The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

☐ **Term Contract**

**Initial Contract Term:** The Initial Contract Term will be for a period of \_\_\_\_\_. The Initial Contract Term becomes effective on the effective start date listed on the first page of this Contract and the Initial Contract Term ends on the effective end date also shown on the first page of this Contract.

**Renewal Term:** This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be delivered to the Agency and then submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Unless otherwise specified below, renewal of this Contract is limited to \_\_\_\_\_ successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed the total number of months available in all renewal years combined. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

☐ **Alternate Renewal Term** – This contract may be renewed for \_\_\_\_\_ successive \_\_\_\_\_ year periods or shorter periods provided that they do not exceed the total number of months contained in all available renewals. Automatic renewal of this Contract is prohibited. Renewals must be approved by the Vendor, Agency, Purchasing Division and Attorney General's office (Attorney General approval is as to form only)

**Delivery Order Limitations:** In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

☐ **Fixed Period Contract:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within \_\_\_\_\_ days.

☒ **Fixed Period Contract with Renewals:** This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within (Three years) 1095 days. Upon completion of the work covered by the preceding sentence, the vendor agrees that maintenance, monitoring, or warranty services will be provided for FIVE (5) year(s) thereafter.

☐ **One-Time Purchase:** The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

☐ **Other:** Contract Term specified in \_\_\_\_\_  
Revised 02/08/2022

**4. AUTHORITY TO PROCEED:** Vendor is authorized to begin performance of this contract on the date of encumbrance listed on the front page of the Award Document unless either the box for "Fixed Period Contract" or "Fixed Period Contract with Renewals" has been checked in Section 3 above. If either "Fixed Period Contract" or "Fixed Period Contract with Renewals" has been checked, Vendor must not begin work until it receives a separate notice to proceed from the State. The notice to proceed will then be incorporated into the Contract via change order to memorialize the official date that work commenced.

**5. QUANTITIES:** The quantities required under this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below.

☒ **Open End Contract:** Quantities listed in this Solicitation/Award Document are approximations only, based on estimates supplied by the Agency. It is understood and agreed that the Contract shall cover the quantities actually ordered for delivery during the term of the Contract, whether more or less than the quantities shown.

☐ **Service:** The scope of the service to be provided will be more clearly defined in the specifications included herewith.

☒ **Combined Service and Goods:** The scope of the service and deliverable goods to be provided will be more clearly defined in the specifications included herewith.

☐ **One Time Purchase:** This Contract is for the purchase of a set quantity of goods that are identified in the specifications included herewith. Once those items have been delivered, no additional goods may be procured under this Contract without an appropriate change order approved by the Vendor, Agency, Purchasing Division, and Attorney General's office.

**6. EMERGENCY PURCHASES:** The Purchasing Division Director may authorize the Agency to purchase goods or services in the open market that Vendor would otherwise provide under this Contract if those goods or services are for immediate or expedited delivery in an emergency. Emergencies shall include, but are not limited to, delays in transportation or an unanticipated increase in the volume of work. An emergency purchase in the open market, approved by the Purchasing Division Director, shall not constitute a breach of this Contract and shall not entitle the Vendor to any form of compensation or damages. This provision does not excuse the State from fulfilling its obligations under a One Time Purchase contract.

**7. REQUIRED DOCUMENTS:** All of the items checked in this section must be provided to the Purchasing Division by the Vendor as specified:

☐ **BID BOND (Construction Only):** Pursuant to the requirements contained in W. Va. Code § 5-22-1(c), All Vendors submitting a bid on a construction project shall furnish a valid bid bond in the amount of five percent (5%) of the total amount of the bid protecting the State of West Virginia. The bid bond must be submitted with the bid.

☐ **PERFORMANCE BOND:** The apparent successful Vendor shall provide a performance bond in the amount of 100% of the contract. The performance bond must be received by the Purchasing Division prior to Contract award.

☐ **LABOR/MATERIAL PAYMENT BOND:** The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award.

In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable. Notwithstanding the foregoing, West Virginia Code § 5-22-1 (d) mandates that a vendor provide a performance and labor/material payment bond for construction projects. Accordingly, substitutions for the performance and labor/material payment bonds for construction projects is not permitted.

☐ **MAINTENANCE BOND:** The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

☐ **LICENSE(S) / CERTIFICATIONS / PERMITS:** In addition to anything required under the Section of the General Terms and Conditions entitled Licensing, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits upon request and in a form acceptable to the State. The request may be prior to or after contract award at the State's sole discretion.

☐☐☐☐

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications regardless of whether or not that requirement is listed above.

**8. INSURANCE:** The apparent successful Vendor shall furnish proof of the insurance identified by a checkmark below and must include the State as an additional insured on each policy prior to Contract award. The insurance coverages identified below must be maintained throughout the life of this contract. Thirty (30) days prior to the expiration of the insurance policies, Vendor shall provide the Agency with proof that the insurance mandated herein has been continued. Vendor must also provide Agency with immediate notice of any changes in its insurance policies, including but not limited to, policy cancelation, policy reduction, or change in insurers. The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether that insurance requirement is listed in this section.

Vendor must maintain:

☒ **Commercial General Liability Insurance** in at least an amount of: \$1,000,000.00 per occurrence.

☐ **Automobile Liability Insurance** in at least an amount of: \_\_\_\_\_ per occurrence.

☒ **Professional/Malpractice/Errors and Omission Insurance** in at least an amount of: \$1,000,000.00 per occurrence. Notwithstanding the forgoing, Vendor's are not required to list the State as an additional insured for this type of policy.

☐ **Commercial Crime and Third Party Fidelity Insurance** in an amount of: \_\_\_\_\_ per occurrence.

☒ **Cyber Liability Insurance** in an amount of: \$10,000,000.00 per occurrence.

☐ **Builders Risk Insurance** in an amount equal to 100% of the amount of the Contract.

☐ **Pollution Insurance** in an amount of: \_\_\_\_\_ per occurrence.

☐ **Aircraft Liability** in an amount of: \_\_\_\_\_ per occurrence.

☐☐☐☐

Notwithstanding anything contained in this section to the contrary, the Director of the Purchasing Division reserves the right to waive the requirement that the State be named as an additional insured on one or more of the Vendor's insurance policies if the Director finds that doing so is in the State's best interest.

**9. WORKERS' COMPENSATION INSURANCE:** Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

**10. [Reserved]**

**11. LIQUIDATED DAMAGES:** This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy. Vendor shall pay liquidated damages in the amount specified below or as described in the specifications:

☐ \_\_\_\_\_ for \_\_\_\_\_.

☐ Liquidated Damages Contained in the Specifications.

☒ Liquidated Damages Are Not Included in this Contract.

**12. ACCEPTANCE:** Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

**13. PRICING:** The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification. Notwithstanding the foregoing, Vendor must extend any publicly advertised sale price to the State and invoice at the lower of the contract price or the publicly advertised sale price.

**14. PAYMENT IN ARREARS:** Payments for goods/services will be made in arrears only upon receipt of a proper invoice, detailing the goods/services provided or receipt of the goods/services, whichever is later. Notwithstanding the foregoing, payments for software maintenance, licenses, or subscriptions may be paid annually in advance.

**15. PAYMENT METHODS:** Vendor must accept payment by electronic funds transfer and P-Card. (The State of West Virginia's Purchasing Card program, administered under contract by a banking institution, processes payment for goods and services through state designated credit cards.)

**16. TAXES:** The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

**17. ADDITIONAL FEES:** Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia, included in the Contract, or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

**18. FUNDING:** This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available. If that occurs, the State may notify the Vendor that an alternative source of funding has been obtained and thereby avoid the automatic termination. Non-appropriation or non-funding shall not be considered an event of default.

**19. CANCELLATION:** The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-5.2.b.

**20. TIME:** Time is of the essence regarding all matters of time and performance in this Contract.

**21. APPLICABLE LAW:** This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code, or West Virginia Code of State Rules is void and of no effect.

**22. COMPLIANCE WITH LAWS:** Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

**SUBCONTRACTOR COMPLIANCE:** Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to comply with all applicable laws, regulations, and ordinances. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

**23. ARBITRATION:** Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

**24. MODIFICATIONS:** This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

**25. WAIVER:** The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

**26. SUBSEQUENT FORMS:** The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

**27. ASSIGNMENT:** Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments.

**28. WARRANTY:** The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

**29. STATE EMPLOYEES:** State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

**30. PRIVACY, SECURITY, AND CONFIDENTIALITY:** The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.html>.

**31. YOUR SUBMISSION IS A PUBLIC DOCUMENT:** Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

**DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.**

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

**32. LICENSING:** In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

**SUBCONTRACTOR COMPLIANCE:** Vendor shall notify all subcontractors providing commodities or services related to this Contract that as subcontractors, they too are required to be licensed, in good standing, and up-to-date on all state and local obligations as described in this section. Obligations related to political subdivisions may include, but are not limited to, business licensing, business and occupation taxes, inspection compliance, permitting, etc. Notification under this provision must occur prior to the performance of any work under the contract by the subcontractor.

**33. ANTITRUST:** In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.



**34. VENDOR CERTIFICATIONS:** By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

**35. VENDOR RELATIONSHIP:** The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

**36. INDEMNIFICATION:** The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

**37. PURCHASING AFFIDAVIT:** In accordance with West Virginia Code §§ 5A-3-10a and 5-22-1(i), the State is prohibited from awarding a contract to any bidder that owes a debt to the State or a political subdivision of the State, Vendors are required to sign, notarize, and submit the Purchasing Affidavit to the Purchasing Division affirming under oath that it is not in default on any monetary obligation owed to the state or a political subdivision of the state.

**38. CONFLICT OF INTEREST:** Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

**39. REPORTS:** Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

☒ Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

☐ Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at [purchasing.division@wv.gov](mailto:purchasing.division@wv.gov).

**40. BACKGROUND CHECK:** In accordance with W. Va. Code § 15-2D-3, the State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check. Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

**41. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS:** Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

- a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.
- b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open hearth, basic oxygen, electric furnace, Bessemer or other steel making process.
- c. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:

1. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or
2. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

**42. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL:** In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.

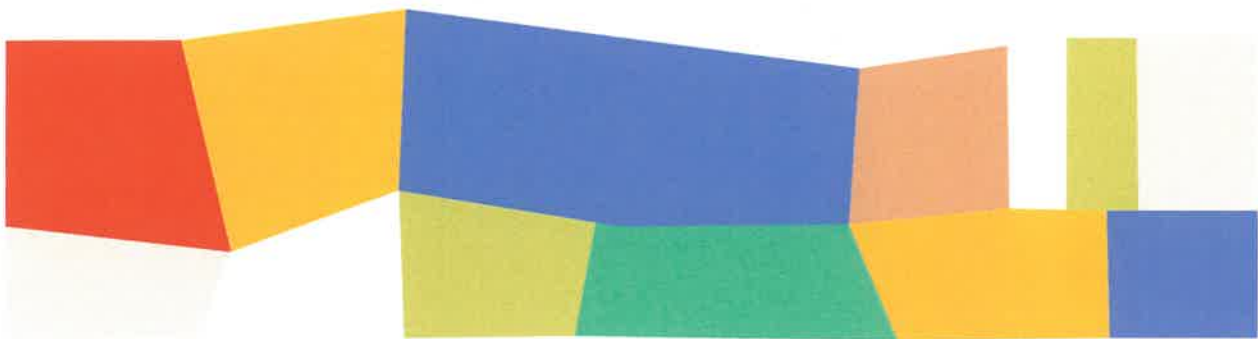
**43. INTERESTED PARTY SUPPLEMENTAL DISCLOSURE:** W. Va. Code § 6D-1-2 requires that for contracts with an actual or estimated value of at least \$1 million, the vendor must submit to the Agency a supplemental disclosure of interested parties reflecting any new or differing interested parties to the contract, which were not included in the original pre-award interested party disclosure, within 30 days following the completion or termination of the contract. A copy of that form is included with this solicitation or can be obtained from the WV Ethics Commission. This requirement does not apply to publicly traded companies listed on a national or international stock exchange. A more detailed definition of interested parties can be obtained from the form referenced above.

**44. PROHIBITION AGAINST USED OR REFURBISHED:** Unless expressly permitted in the solicitation published by the State, Vendor must provide new, unused commodities, and is prohibited from supplying used or refurbished commodities, in fulfilling its responsibilities under this Contract.

**45. VOID CONTRACT CLAUSES –** This Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law.

# Appendix 1 – Functional Requirements

**Benefitfocus** for *life*<sup>™</sup>



# Benefitfocus®

Dear West Virginia Public Employee Insurance Agency:

Benefitfocus is honored to respond to the West Virginia Public Employee Insurance Agency Benefits Administration RFP. We have thoroughly reviewed the solicitation and requirements and believe we can be an excellent partner for PEIA's initiatives today, and for the future.

PEIA has a goal to implement a best-in-class system with reliable core functionality. As you read through our RFP submission, speak with our customer references, and meet our associates, we are confident you will see core reliability as a primary value of our solution. We enhance this value by delivering service and operational excellence across our organization that elevates our customers' experience and satisfaction.

Benefitfocus has one mission — to improve lives with benefits. Through a singular technology platform, we deliver the best benefit administration technology to our customers who, in turn, offer the products, services and solutions that enhance the health and wellbeing of their employees and retirees. States, local governments, higher education institutions and school districts across the nation trust Benefitfocus to deliver a best-in-class experience for members throughout the year. What's more, benefit administrators gain a way to automate complex functions of a program designed to support a multitude of disparate employing units. Government and education organizations rely upon us every day to simplify their complex administrative tasks. We do this with consistent, well-engineered and well-tested solutions supporting all facets of employee and retiree health and welfare benefit needs. We listen to you and partner together to ensure you deliver on *your* mission. Benefitfocus is a partner to help you thoughtfully modernize your operations, not merely replicate your operations.

Benefitfocus offers PEIA 21 years of a proven experience and concentration in the benefit industry. Benefits is all we do. Benefitfocus is a trusted platform to optimize your strategy, reduce administrative complexity and empower employees to get the most from your plans and programs. With solutions built on a foundation of data-driven artificial intelligence (AI), Benefitfocus will empower PEIA to bring value to its members in an unparalleled way, providing them with easy access to the benefits they need, to live their best lives.

We heard PEIA during the RFP state that storage of historical data will be required to come over to the new benefit administration system. Our engineering team is confident we can support this requirement. This would include 20+ years of member eligibility, enrollment, billing, and documents. We need further conversations with PEIA to fully understand the amount of data, and the ongoing expectation of how the data will be used. This will allow us to offer the most ideal and economical solution for PEIA. This will involve additional scoping and fees. We do not want to quote on something this important without fully understanding the future business need.



During your evaluation you will find the right solution to eliminate manual work within your State employers and help move staff away from manual data entry. Benefitfocus and our associates have been removing paper-based processes from the benefit and billing cycle since 2000. The entire benefit life cycle is supported through the Benefitfocus solution set. We design our software and services to allow you to shop, enroll, manage and exchange all benefits in one place. Devoting resources to time-intensive and cumbersome paper processing is no longer necessary with Benefitfocus' modernized technology.


As a strategic partner with the PEIA, Benefitfocus will:

- Deliver a proven, modern cloud-based platform that engages your workforce with personalized decision support tools.
- Enhance quality by automating data exchange, eliminating paper processes and providing peace of mind your members have the care they need, when they need it.
- Provide a dedicated service model, led by our government team, with extensive experience and deep understanding of the complex challenges that state and local government employers face.
- Deliver a long-term, best-in-breed solution that grow, and innovate with you.
- Provide a cost-effective solution that will support the evolving demands of the PEIA' plan members over our partnership, further elevating the value of our services.
- Deliver a proven, secure, low-risk platform that increases your value to your members, your agencies' HR staff, your team, the State of West Virginia, all employers you support and its taxpayers.

Benefitfocus is passionate about the opportunity to present our solutions and services to the PEIA team.

Thank you for this opportunity to participate in this RFP, where we share our experience, expertise and our enthusiasm for helping government health plans meet the needs of their members, while working to control costs. We look forward to the opportunity to attend any future meetings to further demonstrate how Benefitfocus understands and can support the vital role PEIA plays in the lives of the West Virginia members and their families.

Sincerely,

DocuSigned by:  


AC94F7F03731436...  
Rachel Colonna

Employer Enterprise Account Executive, Public Sector Sales  
Benefitfocus.com, Inc.



**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: PEI2200000001**

**Instructions:** Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

**Acknowledgment:** I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

**Addendum Numbers Received:**

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Benefitfocus.com, Inc.

\_\_\_\_\_  
Company

DocuSigned by:

*Nancy Nunn*

Nancy Nunn

Corporate Controller

C2FCD423700D422...

\_\_\_\_\_  
Authorized Signature

May 16, 2022

\_\_\_\_\_  
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.





Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Centralized Request for Proposals  
Info Technology

**Proc Folder:** 966930

**Doc Description:** BENEFITS ADMINISTRATION SYSTEM

**Reason for Modification:**

**Proc Type:** Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2022-02-11	2022-03-29 13:30	CRFP 0225 PEI2200000001	1

**BID RECEIVING LOCATION**

BID CLERK  
DEPARTMENT OF ADMINISTRATION  
PURCHASING DIVISION  
2019 WASHINGTON ST E  
CHARLESTON WV 25305  
US

**VENDOR**

**Vendor Customer Code:**

**Vendor Name :** Benefitfocus.com, Inc.

**Address :**

**Street :** 100 Benefitfocus Way

**City :** Charleston

**State :** South Carolina

**Country :** USA

**Zip :** 24942

**Principal Contact :** Rachel Colonna

**Vendor Contact Phone:** (843) 408-3646

**Extension:**

**FOR INFORMATION CONTACT THE BUYER**

Melissa Pettrey  
(304) 558-0094  
melissa.k.pettrey@wv.gov

DocuSigned by:

**Vendor Signature X**

*Nancy Mann*

Corporate Controller FEIN# 57-1099948

**DATE** March 29, 2022

All offers subject to all terms and conditions contained in this solicitation