



**Department of
Civil Service**

Invitation For Bid

IFB # DEAS-2015-1

New York State Health Insurance Program

Dependent Eligibility Audit Services

Section IV: Technical Section

June 10, 2015

SECOVATM
Engage. Empower. Ensure.

A. Contractor's Responsibilities:

1. Project Team:

Throughout the term of the Agreement that results from this IFB, the Contractor must:

a. Maintain an organization of sufficient size with staff that possesses the necessary skills and experience to administer, manage, and oversee all aspects of the DEA Project during implementation and operation;

Secova affirms that it will maintain an organization of sufficient size with staff that possesses the necessary skills and experience to administer, manage, and oversee all aspects of the DEA Project during implementation and operation

b. Dedicate a project manager who will be available full time for the entire term of the DEA Project and who has at least three (3) years' experience serving as a project manager. The Contractor must advise the Department immediately if replacement of the project manager is contemplated during the term of this DEA Project;

Secova affirms that it will dedicate a project manager who will be available full time for the entire term of the DEA Project and who has at least three (3) years' experience serving as a project manager. Secova will advise the Department immediately if replacement of the project manager is contemplated during the term of this DEA Project.

c. Assign a project management team that is experienced, accessible, and sufficiently staffed to provide timely (one (1) Business Day) responses to administrative concerns and inquiries posed by the Department, and other users designated by the Department, for the duration of the Agreement to the satisfaction of the Department; and

Secova affirms that it will assign a project management team that is experienced, accessible, and sufficiently staffed to provide timely (one (1) Business Day) responses to administrative concerns and inquiries posed by the Department, and other users designated by the Department, for the duration of the Agreement to the satisfaction of the Department

d. Immediately notify the Department of actual or anticipated events affecting the delivery of services to the Department and present options available to minimize or eliminate the impact of those events on the delivery of Project Services.

Secova assures that it will immediately notify the Department of actual or anticipated events affecting the delivery of services to the Department and present options available to minimize or eliminate the impact of those events on the delivery of Project Services.

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2. Project Implementation:

During the 60-Day Implementation Period of the DEA Project the Contractor must:

a. Develop and update, as needed, a written implementation plan for the DEA Project as requested in IV.B.3.a of this IFB. The implementation plan must be detailed and comprehensive and demonstrate a firm commitment by the Contractor to complete all implementation activities within the 60-Day Implementation Period. For all tasks that require Department review and approval, a minimum review period of five (5) Business Days must be built into the implementation plan; and

Secova affirms that it will develop and update, as needed, a written implementation plan for the DEA Project as requested in IV.B.3.a of this IFB. The implementation plan must be detailed and comprehensive and demonstrate a firm commitment by the Contractor to complete all implementation activities within the 60-Day Implementation Period. For all tasks that require Department review and approval, a minimum review period of five (5) Business Days must be built into the implementation plan.

b. Undertake and complete all implementation activities, including but not limited to those specific activities set forth below in this Section IV.A.2.b of this IFB. Such implementation activities must be completed no later than the first Day following the 60-Day Implementation Period and includes:

- (1) Planning and testing the transmission of data to/from the Department as outlined in Section IV.A.3 of this IFB;
- (2) Establishing and maintaining a fully trained call center as outlined in Section IV.A.4 of this IFB;
- (3) Establishing a secure online web portal providing access for Enrollees and the Department as outlined in IV.A.5 of this IFB; and
- (4) Developing Enrollee communications for review and approval by the Department as outlined in IV.A.7 of this IFB.

Secova affirms that it will meet the above listed requirements

3. Electronic Transfer of Data:

Throughout the term of the Agreement that results from this IFB, the Contractor must:

a. Receive and transmit Dependent data in a secure electronic format and on a schedule mutually agreed upon by the Contractor and the Department;

Secova confirms that it will receive and transmit Dependent data in a secure electronic format and on a schedule mutually agreed upon by the Contractor and the Department.

b. Receive/transmit data in the format required by the file layouts presented in Exhibit III.E of this IFB;

Secova affirms that it will receive/transmit data in the format required by the file layouts presented in Exhibit III.E of this IFB.

c. Ensure all electronic transfer of data and/or storage of files is located solely in the United States;

Secova will ensure that all electronic transfer of data and/or storage of files is located solely in the United States.

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d. Maintain a HIPAA compliant level of security to protect the confidentiality of all Enrollee/Dependent information;

Secova affirms that it will maintain a HIPAA compliant level of security to protect the confidentiality of all Enrollee/Dependent information. **SSAE-16 Type II Audit Certificate** and **ISO/IEC 27001:2013 Audit Certificate** are included as **Attachment 1** and **Attachment 2** of the IFB response.

e. Have a disaster recovery plan in place that is applicable to this DEA Project;

Secova confirms that it already has a disaster recovery plan in place that is applicable to this DEA Project. **Secova Disaster Recovery & Business Continuity Policy** is included as **Attachment 3** of the IFB response.

f. Image all documentation received from the Enrollee and transmit a file (or files) to the Department in a standard format (i.e. Multi-Page Tagged Image File Format (TIFF)). The file of images must be accompanied by indexing files and follow a naming convention as outlined in Exhibit III.G of this IFB; and

Secova affirms that it will image all documentation received from the Enrollee and transmit a file (or files) to the Department in a standard format (i.e. Multi-Page Tagged Image File Format (TIFF)). The file of images must be accompanied by indexing files and follow a naming convention as outlined in Exhibit III.G of this IFB.

g. Acknowledge that it is the Department's policy that all files need to have a PGP encryption key. If the Department sends the Contractor a file(s), the Department will send to the Contractor's server with the Contractor's PGP encryption key. If the Contractor sends the Department a file(s), the Contractor will send to the Department's server with the Department's PGP encryption key. The files will be exchanged using SFTP protocol.

Secova acknowledges that it is the Department's policy that all files need to have a PGP encryption key. If the Department sends the Contractor a file(s), the Department will send to the Contractor's server with the Contractor's PGP encryption key. If the Contractor sends the Department a file(s), the Contractor will send to the Department's server with the Department's PGP encryption key. The files will be exchanged using SFTP protocol.

4. Call Center Services:

Throughout the term of the Agreement that results from this IFB, the Contractor must:

Establish a dedicated toll-free telephone number that Enrollees can call with questions during the Amnesty Period, the Eligibility Verification Period, and the Appeal and Reinstatement Period(s). The Contractor must maintain a call center with a staffing level sufficient to meet the call center performance guarantees. The Contractor must dedicate a core staff to service the Department's account;

Secova affirms that it will establish a dedicated toll-free telephone number that Enrollees can call with questions during the Amnesty Period, the Eligibility Verification Period, and the Appeal and Reinstatement Period(s). Secova will maintain a call center with a staffing level sufficient to meet the call center performance guarantees. Secova will dedicate a core staff to service the Department's account.

b. Establish a call center, located in the United States and staffed with fully trained call center representatives and supervisors, with representatives available, at a minimum, from 8:00 a.m. to 8:00 p.m. ET, except for Business Holidays observed by the State. The Contractor's call center technology must have a system to log and track all inquiries. The system must include call type, actions and resolutions. Call center representatives must be trained to respond to questions and inquiries including, but not limited to, Dependent eligibility and status of documentation review. Any inquiries that cannot be answered in the initial phone call must be responded to either by telephone or in writing within five (5) Business Days;

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Secova affirms that it will establish a call center, located in the United States and staffed with fully trained call center representatives and supervisors, with representatives available, at a minimum, from 8:00 a.m. to 8:00 p.m. ET, except for Business Holidays observed by the State. Secova's call center technology will have a system to log and track all inquiries. The system will include call type, actions and resolutions. Call center representatives are trained to respond to questions and inquiries including, but not limited to, Dependent eligibility and status of documentation review. Any inquiries that cannot be answered in the initial phone call will be responded to either by telephone or in writing within five (5) Business Days.

c. Escalate complex and/or difficult calls to more experienced representatives and ultimately supervisory staff; and

Secova affirms that it will escalate complex and/or difficult calls to more experienced representatives and ultimately supervisory staff.

d. Staff the call center during the Appeal and Reinstatement Period(s) to assist Enrollees who submit documentation that supports reinstating the terminated Dependent's coverage;

Secova affirms that it will staff the call center during the Appeal and Reinstatement Period(s) to assist Enrollees who submit documentation that supports reinstating the terminated Dependent's coverage.

5. Secure Online Web Portal:

Throughout the term of the Agreement resulting from this IFB, the Contractor must:

a. Establish a secure online web portal, which allows Enrollees to submit, and confirm submission of, eligibility documentation. The secure online web portal must be available twenty-four hours a day, seven (7) days a week, except for regularly scheduled maintenance. The Department shall be notified of all regularly scheduled maintenance at least one (1) Business Day prior to such maintenance being performed; and

Secova affirms that throughout the term of this agreement, it will establish a secure online web portal, which allows Enrollees to submit, and confirm submission of, eligibility documentation. The secure online web portal will be available twenty-four hours a day, seven (7) days a week, except for regularly scheduled maintenance. The Department shall be notified of all regularly scheduled maintenance at least one (1) Business Day prior to such maintenance being performed. Maintain a secure online web portal that allows Enrollees, or the Department as applicable, to perform the following:

- (1) Upload documentation;
- (2) Check Dependent eligibility status in real-time;
- (3) View all communications sent from the Contractor to the Enrollee;
- (4) Review FAQ's that have been developed by the Contractor and approved by the Department;
- (5) Allows Enrollees to get answers to questions via secure email and/or a chat function;
- (6) Access customer service contact information including address(es), phone number(s) and email address(es);
- (7) Allows the Department to compile periodic management reports documenting the progress and outcomes of the DEA Project via the secure online web portal; and
- (8) Allows the Department to have view only access to Dependent eligibility status.

Secova affirms that it will meet the above listed requirements.

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c. Allows cobranding of the secure online portal by incorporating the NYSHIP logo.

Secova affirms that it will allow cobranding of the secure online portal by incorporating the NYSHIP logo.

6. Amnesty Period, Eligibility Verification Period, and Appeal and Reinstatement Period(s):

Throughout the term of the Agreement resulting from this IFB, the Contractor must:

a. Administer one (1) Amnesty Period for all Enrollees with a Family Policy to report ineligible Dependents. Administration of the Amnesty Period must include the communication of the Amnesty Period to Enrollees, call center support, receiving requests from Enrollees to terminate ineligible Dependents, and the reporting of ineligible Dependents to the Department;

Secova affirms that it will administer one (1) Amnesty Period for all Enrollees with a Family Policy to report ineligible Dependents. Administration of the Amnesty Period will include the communication of the Amnesty Period to Enrollees, call center support, receiving requests from Enrollees to terminate ineligible Dependents, and the reporting of ineligible Dependents to the Department.

b. Administer up to three (3) Phases of eligibility verification during the Eligibility Verification Period. Administration of the Eligibility period shall include, but not be limited to, sending communication materials to Enrollees regarding the Eligibility Verification Period, providing call center support, receiving and processing documents to verify eligibility, and the reporting of ineligible Dependents to the Department. The Dependent eligibility audit tasks must conform to NYSHIP eligibility rules;

Secova affirms that it will administer up to three (3) Phases of eligibility verification during the Eligibility Verification Period. Administration of the Eligibility period shall include, but not be limited to, sending communication materials to Enrollees regarding the Eligibility Verification Period, providing call center support, receiving and processing documents to verify eligibility, and the reporting of ineligible Dependents to the Department. The Dependent eligibility audit tasks will conform to NYSHIP eligibility rules. Secova will administer an Appeal and Reinstatement Period(s) for Dependents who were terminated because sufficient documentation was not provided on a timely basis and who subsequently are able to provide the documentation. Secova will complete Reinstatements quickly and accurately and provide the Reinstatement File as outlined in Section IV.A.9.a.(6) of this IFB.

d. Transmit termination and reinstatement files on a schedule as outlined in Sections IV.A.9.a.(5) and IV.A.9.a.(6) of this IFB; and

Secova assures that it will transmit termination and reinstatement files on a schedule as outlined in Sections IV.A.9.a.(5) and IV.A.9.a.(6) of this IFB.

e. Complete all tasks related to the Amnesty Period, and Eligibility Verification Period, within one (1) year of the Agreement Start Date and the Appeal and Reinstatement Period(s) within fifteen (15) months of the Agreement start date.

Secova assures that it will complete all tasks related to the Amnesty Period, and Eligibility Verification Period, within one (1) year of the Agreement Start Date and the Appeal and Reinstatement Period(s) within fifteen (15) months of the Agreement start date.

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7. Communication Material:

Throughout the term of the Agreement resulting from this IFB, the Contractor must:

a. Develop customized Enrollee communications, subject to written approval by the Department for the Amnesty Period, the Eligibility Verification Period, and the Appeal and Reinstatement Period(s). The communications must provide sufficient detail so the Enrollee can clearly identify:

- (1) Dependent children verified in the prior audit for whom eligibility does not need to be confirmed;
- (2) Dependent children added to coverage on or after February 1, 2009 for whom documentation must be submitted to verify coverage;
- (3) Spouse or Domestic Partner, regardless of the date the individual was added to coverage for whom documentation must be submitted;
- (4) Dates by which documentation must be submitted; and
- (5) Termination date for Dependents deemed ineligible for coverage. The final letter must allow the Enrollee fourteen (14) Business Days for response prior to terminating the Dependent.

Secova affirms that it will meet the above listed requirements.

b. Send different Enrollee communications for different types of Dependents (i.e. Dependent child versus Spouse) and NYSHIP populations (NY versus Participating Agency (PA) or Participating Employer (PE);

Secova affirms that it will send different Enrollee communications for different types of Dependents (i.e. Dependent child versus Spouse) and NYSHIP populations (NY versus Participating Agency (PA) or Participating Employer (PE).

c. Mail sufficient Department approved Enrollee communication material to achieve the ROI guarantee as outlined in IV.A.10 of this IFB;

Secova assures that it will mail sufficient Department approved Enrollee communication material to achieve the ROI guarantee as outlined in IV.A.10 of this IFB.

d. Use a dedicated P.O. Box or other address as approved by the Department as the return address for all Enrollee communications; and

Secova affirms that it will use a dedicated P.O. Box or other address as approved by the Department as the return address for all Enrollee communications.

e. Acknowledge that the cost of all Project Services communication mailings (including postage) will be paid by the Offeror and will be considered by the Department as being included in the total DEA Project cost submitted by the Offeror.

Secova acknowledges that the cost of all Project Services communication mailings (including postage) will be paid by Secova and will be considered by the Department as being included in the total DEA Project cost submitted by the Offeror.

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8. Outgoing and Returned Mail Process:

Throughout the term of the Agreement resulting from this IFB, the Offeror must:

a. Conform to address labeling guidelines that will be provided by the Department that, at a minimum, will require the following:

(1) The Offeror must use coding as provided in the enrollment file, Exhibit III.E, above the Enrollee address block on each mail piece. This coding will be used by the Offeror to route returned mail to agencies or DCS as appropriate for handling;

(2) For all active Enrollees, as well as Retirees of PAs, the agency code and benefit program code will be used; and

(3) For all other Retirees, a unique code, to be identified by the Department, will be used.

Secova affirms that it will meet the above listed requirements.

b. Use USPS software as needed for simple address hygiene purposes. National Change of Address (NCOA) software may not be used as NYSHIP policy is that address changes must be requested by the Enrollee only;

Secova affirms that it will use USPS software as needed for simple address hygiene purposes. National Change of Address (NCOA) software will not be used as per the NYSHIP policy that address changes must be requested by the Enrollee only.

c. Provide mailing samples during the Implementation Period for testing and Department approval before mailing to Enrollees. The Department will review and approve or deny within two (2) Business Days;

Secova affirms that it will provide mailing samples during the Implementation Period for testing and Department approval before mailing to Enrollees. The Department will review and approve or deny within two (2) Business Days.

d. Provide a weekly file of returned mail, as outlined in Section IV.A.9.a.(12) of this IFB, to the Department;

Secova affirms that it will provide a weekly file of returned mail, as outlined in Section IV.A.9.a.(12) of this IFB, to the Department.

e. Accept one or more updated enrollment files, as outlined in Section IV.A.9.a.(12) of this IFB, containing corrected addresses, which the Contractor must load into their system within one (1) Business Day of receipt, should the Department determine such files are necessary.

Note: Typically, less than five percent (5%) of NYSHIP communications to Enrollees are returned as either undeliverable or with a forwarding address.

Secova affirms that it will meet the above mentioned requirement.

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9. Reporting:

Throughout the term of the Agreement resulting from this IFB, the Contractor must:

a. Work with the Department to develop reports acceptable to the Department for the Amnesty Period, Eligibility Verification Period, and Appeal and Reinstatement Period(s), that include, but are not limited to, measurement of the Contractor's response rates and outcomes, adherence to Agreement requirements, and measurement of performance guarantees. Reporting will be at intervals mutually agreed upon by the Department and the Contractor. Reporting, at a minimum, must cover:

(1) Verification Status Summary Report – to provide information on each letter mailed and received including number of letters mailed, number of responders, number of Amnesty Period requests, number of complete documentation received, number of incomplete documentation received, number of non-responders, number of returned mail, number of Appeals received, number of Appeals accepted, and number of Appeals rejected. The report will be required daily and may transition to weekly at the sole discretion of the Department;

Secova affirms that it will meet the above listed requirements.

(2) Call Center Statistics – report detailing each day's call center activity including, but not limited to, the number of calls, telephone response rate, telephone abandonment rate, and telephone blockage rate. The report will be required daily and may transition to weekly at the sole discretion of the Department;

Secova affirms that it will provide report detailing each day's call center activity including, but not limited to, the number of calls, telephone response rate, telephone abandonment rate, and telephone blockage rate. The report will be generated daily and may transition to weekly at the sole discretion of the Department.

(3) Secure Online Portal Statistics – weekly report providing information on the number of documents received daily, and the percent (%) processed within three (3) Business Days and the percent (%) processed within five (5) Business Days;

Secova affirms that it will provide a weekly report providing information on the number of documents received daily, and the percent (%) processed within three (3) Business Days and the percent (%) processed within five (5) Business Days

(4) Weekly Management Summary Report – provide progress of the DEA Project and the milestones met;

Secova affirms that it will provide a Weekly Management Summary Report.

(5) Results File – identifying Dependents to be terminated from coverage. A file will be required at the end of the Amnesty Period and at the end of each Phase of the Eligibility Verification Period. Refer to the "Results File Layout" tab in Exhibit III.E of this IFB for the file layout;

Secova affirms that it will provide a Results File – identifying Dependents to be terminated from coverage, as per the "Results File Layout" tab in Exhibit III.E of this IFB for the file layout.

(6) Reinstatement File – identifying those Dependents that are terminated during the audit and acceptable documentation is subsequently received prior to the completion of the DEA Project. The report will be required on a daily basis and must include all Reinstatements processed on the previous Business Day. Refer to the "Reinstate File" tab in Exhibit III.E of this IFB for the file layout;

Secova affirms that it will provide a Reinstatement File – identifying those Dependents that are terminated during the audit and acceptable documentation is subsequently received prior to the completion of the DEA

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Project. The report will be provided on a daily basis and will include all Reinstatements processed on the previous Business Day. Refer to the "Reinstate File" tab in Exhibit III.E of this IFB for the file layout

(7) Terminated and Deceased File – a file shall be sent from the Department to the Offeror on a weekly basis after the Amnesty Period. The file will identify Enrollees and/or Dependents who have had coverage terminated or were identified as deceased after the initial population was identified for Amnesty. Refer to the "Term & Deceased File Layout" tab in Exhibit III.E of this IFB for the file layout;

Secova affirms that a Terminated and Deceased File shall be sent from the Department to Secova on a weekly basis after the Amnesty Period. The file will identify Enrollees and/or Dependents who have had coverage terminated or were identified as deceased after the initial population was identified for Amnesty. Refer to the "Term & Deceased File Layout" tab in Exhibit III.E of this IFB for the file layout

(8) File of Imaged Eligibility Documentation –provide one (1) or more files of images of all eligibility documentation received, Enrollee correspondence received, and Contractor communications to Enrollees. The file will be provided on a weekly basis. Refer to Exhibit III.G of this IFB for the file layout;

Secova affirms that it will provide a file of Imaged Eligibility Documentation –one (1) or more files of images of all eligibility documentation received, Enrollee correspondence received, and Contractor communications to Enrollees. The file will be provided on a weekly basis. Refer to Exhibit III.G of this IFB for the file layout

(9) Guarantee Report – summarizing the Contractor's compliance with all Agreement guarantees (with the exception of the ROI Guarantee, which will be calculated by the Department). This report is to be provided 30 Days after the conclusion of the DEA Project;

Secova affirms that it will provide a Guarantee Report – summarizing our compliance with all Agreement guarantees (with the exception of the ROI Guarantee, which will be calculated by the Department). This report is to be provided 30 Days after the conclusion of the DEA Project

(10) Final Project Report – summarizing the DEA Project outcome and suggestions, including draft forms/documents, to improve the Department's ongoing management of Dependent eligibility. This report is to be provided 90 Days after the conclusion of the DEA Project;

Secova affirms that it will provide a Final Project Report – summarizing the DEA Project outcome and suggestions, including draft forms/documents, to improve the Department's ongoing management of Dependent eligibility. This report will be provided 90 Days after the conclusion of the DEA Project

(11) Ad Hoc Reports – the Department may, on occasion, request ad hoc reports or other data analysis to monitor Project Services and contract compliance. The format, frequency, and due dates for such reports, if any, will be specified by the Department to the Contractor during the term of the Agreement that results from this IFB.

Secova affirms that it will provide Ad Hoc Reports – as per the Department's request ad hoc reports or other data analysis to monitor Project Services and contract compliance. The format, frequency, and due dates for such reports, if any, will be specified by the Department to Secova during the term of the Agreement that results from this IFB

(12) File of Returned Mail– provides a complete listing of mail returned to the Contractor due to incorrect addresses. The file will be required weekly at the discretion of the Department. Refer to the "Returned Mail Layout" tab in Exhibit III. E of this IFB for the file layout.

Secova affirms that it will provide a File of Returned Mail–a complete listing of mail returned to Secova due to incorrect addresses. The file will be required weekly at the discretion of the Department. Refer to the "Returned Mail Layout" tab in Exhibit III. E of this IFB for the file layout

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10. Project Return on Investment (ROI)

Throughout the term of the Agreement resulting from this IFB, the Contractor must:

a. Guarantee a return on investment of at least 3:1 (Total Savings of at least three times the total DEA Project cost) for the DEA Project including administration of the Amnesty Period, the Eligibility Verification Period and the Appeal and Reinstatement Period(s);

Secova affirms that it will guarantee a return on investment of at least 3:1 (Total Savings of at least three times the total DEA Project cost) for the DEA Project including administration of the Amnesty Period, the Eligibility Verification Period and the Appeal and Reinstatement Period(s).

b. Total Savings will be calculated by the Department and will be based on the Plan (Empire, SEHP or HMO) the member is enrolled in at the time of the audit. The Total Savings shall be calculated as follows (refer to Exhibit III.F for an example of the ROI Calculation):

Secova affirms that Total Savings will be calculated by the Department and will be based on the Plan (Empire, SEHP or HMO) the member is enrolled in at the time of the audit. The Total Savings shall be calculated as follows (refer to Exhibit III.F for an example of the ROI Calculation):

(1) For the Empire Plan and SEHP, the savings shall be calculated by the Department as the average annual paid claims amount per Dependent determined to be ineligible by the vendor multiplied by the number of Dependents disenrolled. The annual paid claims per Dependent shall be calculated by the Department as the claims paid for each Dependent determined ineligible for the period 2010-2014 divided by the number of months such Dependent was enrolled in the Plan during that period multiplied by 12. PLUS

Secova complies with the above mentioned terms.

(2) For HMO Dependents, annual savings calculated as the difference between Family and Individual 2014 Net Premium multiplied by the number of Family Policies that changed to Individual as a result of all Dependents being determined to not be eligible. PLUS

Secova complies with the above mentioned terms.

(3) Annual savings of Medicare Part B Premium reimbursement paid for Medicare Dependents determined not eligible by the Contractor based on the standard 2014 monthly Medicare Part B Premium amount. PLUS

Secova complies with the above mentioned terms.

(4) For Enrollees with a Family Policy who are participating in the Opt-Out Program, there will be an annual savings of \$2,000 in instances where all of the Enrollee's Dependents are determined not eligible.

Secova complies with the above mentioned terms.

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11. Performance Guarantees:

a. The Parties agree that the following guarantees and the corresponding credit amounts for failure to meet the Contractor Performance Guarantees shall be implemented effective the first Day following a 60-Day Implementation Period. The Offeror must submit as part of its Administrative Section a completed Exhibit I.T.2 of this IFB "Performance Guarantees Attestations Form."

Secova complies with the above mentioned terms.

(1) Implementation and Start-up Guarantee and Credit Amount

(a) Guarantee: The Contractor guarantees that all implementation and start-up activities listed in Section IV.A.2 of this IFB will be in place on the Implementation Date.

(b) Credit Amount: If the Contractor fails to complete all implementation and startup activities within the Implementation Period, the Contractor shall credit against the Project Fees \$1,250 per Day that the Contractor fails to assume full operational responsibility to the satisfaction of the Department.

Secova complies with the above mentioned terms.

(2) Call Center Availability Guarantee and Credit Amount

(a) Guarantee: The Contractor guarantees the call center toll-free telephone line will be operational and available to callers at least ninety-eight percent (98%) of the Contractor's Call Center Hours. The call center availability will be reported daily, and may transition to weekly at the discretion of the Department, and calculated for the term of the Agreement.

(b) Credit Amount: For each .01 to 1% below the standard of ninety-eight percent (98%) that the Contractor's toll-free telephone line is not operational and available to callers during the Contractor's Call Center Hours, the Contractor shall credit against the Project Fees the amount of \$10,000.

Secova complies with the above mentioned terms.

(3) Call Center Telephone Response Time Guarantee and Credit Amount

(a) Guarantee: The Contractor guarantees the call center toll-free telephone line will be answered by a call center representative within 45 seconds at least ninety percent (90%) of the time during the Contractor's Call Center Hours. The call center response time will be reported daily, and may transition to weekly at the discretion of the Department, and calculated for the term of the Agreement.

(b) Credit Amount: For each .01 to 1% of incoming calls to the Contractor's telephone line below the standard of ninety percent (90%) that is not answered by a call center representative within 45 seconds, Contractor shall credit against the Project Fees the amount of \$10,000.

Secova complies with the above mentioned terms.

(4) Telephone Abandonment Rate Guarantee and Credit Amount

(a) Guarantee: The Contractor guarantees that incoming calls to the Contractor's call center toll-free telephone line in which the caller disconnects prior to the call being answered by a call center representative will not exceed the standard of three percent (3%) of total incoming calls. The call center telephone abandonment rate will be reported daily and may transition to weekly at the discretion of the Department, and calculated for the term of the Agreement.

(b) Credit Amount: For each .01 to 1% of incoming calls to the Contractor's call center toll-free telephone line in which the caller disconnects prior to the call being answered by a call center representative in excess

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of the standard of three percent (3%) of total incoming calls, the Contractor shall credit against the Project Fees the amount of \$10,000.

Secova complies with the above mentioned terms.

(5) Telephone Blockage Rate Guarantee and Credit Amount

(a) Guarantee: The Contractor guarantees that incoming calls to the call center toll-free telephone line that are blocked by a busy signal shall not exceed the standard of one percent (1%) of total incoming calls. The call center telephone line blockage rate will be reported daily, and may transition to weekly at the discretion of the Department, and calculated for the term of the Agreement.

(b) Credit Amount: For each .01 to 1% of incoming calls to the call center toll-free telephone line that are blocked by a busy signal, in excess of the standard of one percent (1%) of total incoming calls, the Contractor shall credit against the Project's Fees the amount of \$10,000.

Secova complies with the above mentioned terms.

(6) Secure Online Web Portal Guarantee and Credit Amount

(a) Guarantee: The Contractor must guarantee that ninety-five percent (95%) of all documents submitted by Enrollees, regardless of method of submission, will be uploaded, processed and viewable on the Contractor's secure online web portal within three (3) Business Days of receipt and one-hundred percent (100%) will be uploaded, processed and viewable on the Contractor's secure online web portal within five (5) Business Days of receipt. The document processing time shall be reported weekly and calculated for the term of the Agreement.

(b) Credit Amount: For each .01 to 1% below the standard of ninety-five percent (95%) of all documents received that are not uploaded, processed and viewable on the Contractor's secure online web portal within three (3) Business Days, the Contractor shall credit against the Project Fees the amount of \$10,000. Additionally for each .01 to 1% below the standard of one-hundred percent (100%) of all documents received that are not uploaded, processed and viewable on the Contractor's secure online web portal within five (5) Business Days, the Contractor shall credit against the Project Fees the amount of \$10,000.

Secova complies with the above mentioned terms.

(7) Amnesty Period, Eligibility Verification Period, and Appeal and Reinstatement Period(s) Guarantee and Credit Amount

(a) Guarantee: The Contractor must guarantee that all Amnesty Period and Eligibility Verification Period tasks will be completed within one (1) year of the Agreement start date and all Appeal and Reinstatement Period(s) tasks will be completed within fifteen (15) months of Agreement start date.

(b) Credit Amount: For each month or partial month that all Amnesty Period and Eligibility Verification Period tasks are not completed within one (1) year of the Agreement start date and all Appeal and Reinstatement Period(s) tasks that are not completed within fifteen (15) months of the Agreement start date, the Contractor shall credit four percent (4%) of the total Project Fees charged under the Agreement for all DEA Project Services.

Secova complies with the above mentioned terms.

(8) Reporting Guarantee and Credit Amount

(a) Guarantee: The Contractor must guarantee that accurate management reports as specified in Section IV.A.9.a of this IFB will be delivered to the Department no later than their respective due dates inclusive of the date of receipt and supply the reports in an electronic format (Microsoft Access, Excel, Word) as determined by the Department.

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(b) Credit Amount: For each management report that is not received by its respective due date, the Contractor shall credit against the Project Fees \$1,250 per report per each Business Day between the due date and the date the management report is received by the Department inclusive of the date of receipt.

Secova complies with the above mentioned terms.

(9) Return on Investment Guarantee and Credit Amount

(a) Guarantee: The Contractor must guarantee a ROI of at least 3:1 for the administration of the Amnesty Period and the Eligibility Verification Period: Total savings of at least three (3) times the total DEA Project cost. Total savings shall be calculated by the Department, as outlined in IV.10.b of this

IFB, and shall be based on the Plan (Empire, SEHP or HMO) the member is enrolled in at the time of the audit.

(b) Credit Amount: If total savings calculated by the Department is less than three (3) times the total DEA Project cost charged under the Agreement, the Contractor shall credit against the total Project Fees the difference between three (3) times the total DEA Project cost and actual total savings as calculated by the Department, not to exceed the total Project Fees charged under the Agreement.

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B. Technical Section Submission Requirements

1. Executive Summary

Overview

Introducing Secova

Secova, Inc. is an HR, Benefits Management and Audit Services company focused solely on helping clients communicate, support, control and drive down the costs of their health and welfare benefits programs. Founded in 1989 and headquartered in Newport Beach, California, Secova is a privately held company with a 25+ year history of providing excellent service and customer satisfaction in both the public and private sector.

Specific to all requirements and services for NYSHIP, all operations and data will be managed out of the following Secova locations and with Secova employees:

Service Centers	Location Address
Headquarters & Western Service Center	5000 Birch Street, Suite 1400, West Tower, Newport Beach, CA 92660 USA Telephone number: 1.800.257.0011
Eastern Service Center	1800 Route 34, Building 3, Suite 301 Wall, NJ 07719 USA Telephone number: 1.800.257.0011

RFP Understanding and Qualifications

Secova has extensively reviewed the DEAS IFB requirements released on May 7, 2015 including the amendments made through 5/29/2015. The State of New York's desired amnesty and audit approach and requirements as specified in pages 4-1 through 4-14 of the IFB are consistent with Secova's Dependent Eligibility Verification Audit project methodology and best practice deployment.

The level of descriptive detail and supportive information in the DEAS RFP provided us with the opportunity to respond with aggressive All Inclusive project pricing. We have made every effort to exceed the RFP response expectations and achieve the highest Ratings in both the Technical and Cost Evaluations. Our proposed Dependent Eligibility Verification Services are presented as Best in Class with delivery assurances, including project ROI and service performance guarantees as specified by the State of New York.

Secova's depth of experience with this specialized audit work combined with our historical knowledge of working in the complex large Public employer benefits environment provides us

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with the know-how to deliver this project for the State of New York in the required timeframe and within budget.

Our proposed DEAS solution will be provided turn-key with Secova in-house experienced staff and proprietary processes, tools and technology. The only exceptions are the inclusion of Segal Company's specialized Public Sector Benefits Communication Team with which we have enjoyed a 10+ year partnership (and for which we have jointly supported DEAS projects for 5 States) and a New York State certified Minority and Women Owned Businesses (M/WBE) fulfillment production partner that has worked within our partnership structure with Segal for over 20 years.

Secova's proposed service chain has managed complex projects comprised of multiple distinct employee groups for dependent populations in excess of 150,000 dependent lives. In 100% of the cases, all actions were met within the project schedule and were completed on time with the exception of the State of Hawaii where the State felt additional time was required to allow employees to respond even though target response rates were met. In that case, Secova accommodated an extended document submission and employee support timeline outside of the original project plan.

Using our current environment we have proposed:

- **Call Center** - 25 to 160 call center reps for the State with an average of 60 full time equivalents (FTE's) over the term of the project.
- **Mail Intake & Scanning** – 2 to 15 FTE's
- **Document Review** - 10 to 95 trained document processors with an average of 37 FTE's over the term of the project.

We have distributed locations and resources to operate significantly extended operating hour for both employee support and document auditing to ensure that all SLA's are met. Secova planning, staffing, facilities and tightly run operations allow us to scale work for any size population.

To demonstrate our preparation to begin work immediately, Secova has included in our bid submission a detailed project plan and a fully customized communications sample set inclusive of all employee communications and document requirements. This sample set has been based on the information provided in the IFB. Combined, these pieces will be used to review and discuss all

components necessary to capture required information, gain rapid approval of customized communications, document project schedule details, establish project metrics and begin training Secova staff for project deployment.

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Project Team

We are utilizing our most experienced project management and operations staff to support and deliver NYSHIP's DEAS. The DEAS team will be led by Secova's head of Audit Services, Bruce Borgos with Karen Delaney, our most experienced DEAS Project Manager, serving the role of dedicated Project Manager under Bruce's direct supervision.

As a team, Bruce and Karen have been responsible for managing all major Secova audit projects to date inclusive of all large Secova DEAS in the public sector. As an organization, Secova is committed to supporting NYSHIP at the highest level of our organization. While the State of New York has the full support of and access to the entire Secova Executive Team we have designated a specialized NYSHIP Executive Oversight Committee comprised of Bruce, Bob Parke (Secova's SVP of Quality & Process Control) and Joel Carter (Secova's SVP of Client Services) all reporting to Secova's CEO Venkat Tadanki, to provide additional assurances to NYSHIP of our commitment to ensure that all NYSHIP's goals are achieved.

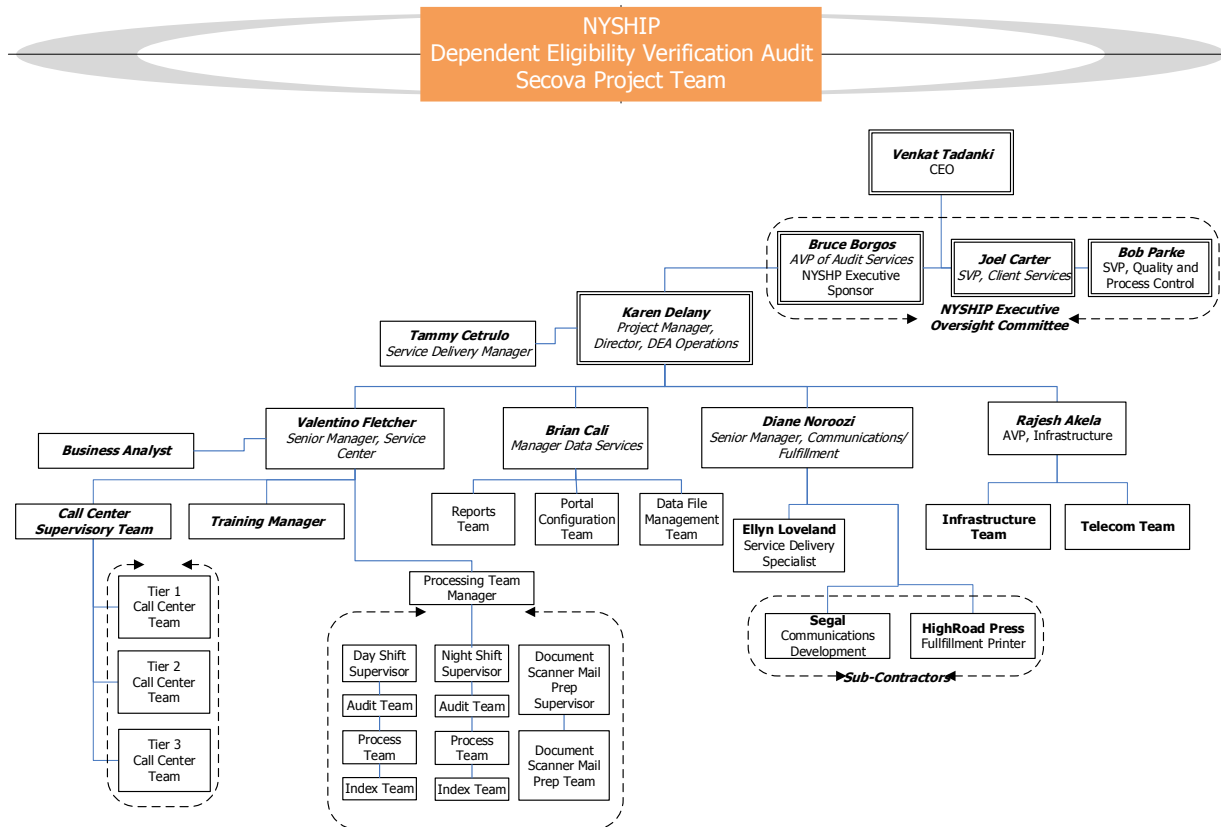
Proposed Project Team Relevant Experience (size and/or scope)

- ***State DEAS – Tennessee, North Carolina, Hawaii, Ohio, PEEHIP (Alabama), New Hampshire***
- ***Other Large Public Sector – University of California System, City of Philadelphia, School District of Philadelphia, Los Angeles Unified School District, The University of Colorado***

In addition to key project leadership, Secova's proposed service team for NYSHIP has assigned dedicated line and operational leaders that meet the criteria identified in the IFB for similar project experience (size and complexity) and individual excellence. As further detailed in the body of our response, the following organization and relevant experience charts depict the team that Secova has committed to NYSHIP:

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Team Reference Table:

	PEEHIP (AL)	Univ of CA	State of NH	State of NC
Bruce Borgos	✓	✓	✓	✓
Karen Delaney	✓	✓	✓	✓
Diane Noroozi	✓	✓	✓	✓
Tammy Certulo	✓	✓	✓	
Valentino Fletcher	✓	✓	✓	✓
Rajesh Akella	✓	✓	✓	✓
Brian Cali	✓	✓	✓	✓
Vickie Onderdonk	✓	✓	✓	✓
Elyn Loveland	✓	✓	✓	✓
Segal Team		✓		✓

Submitted References in
Section Admin Section E:

1. PEEHIP (State of AL)
2. University of CA System
3. State of NH
4. State of NC

Additional references
available on request

Conclusion

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Secova is uniquely positioned to deliver a high quality Dependent Eligibility Verification Audit for the Department. Having conducted similar audits for other large public entity clients like the Public Education Employer's Health Insurance Plan (PEEHIP) of Alabama, the State of Hawaii, the State of Tennessee, the State Health Plan for Teachers and State Employees of North Carolina, and the University of California, Secova typically achieves a 98% or better response rate from participants, a full 3% better than what our competitors normally realize. Our longstanding relationship with Segal has allowed our clients to receive valuable internal communications expertise specific to public entities and large populations, while Secova manages all external communications to enrollees. Our objective is to verify **every eligible dependent**, leaving the Department with the least possible amount of "clean-up" work at the close of the project. All of us at Secova appreciate the opportunity to propose these services to the State of New York. We are fully prepared to present and discuss our proposal with you.

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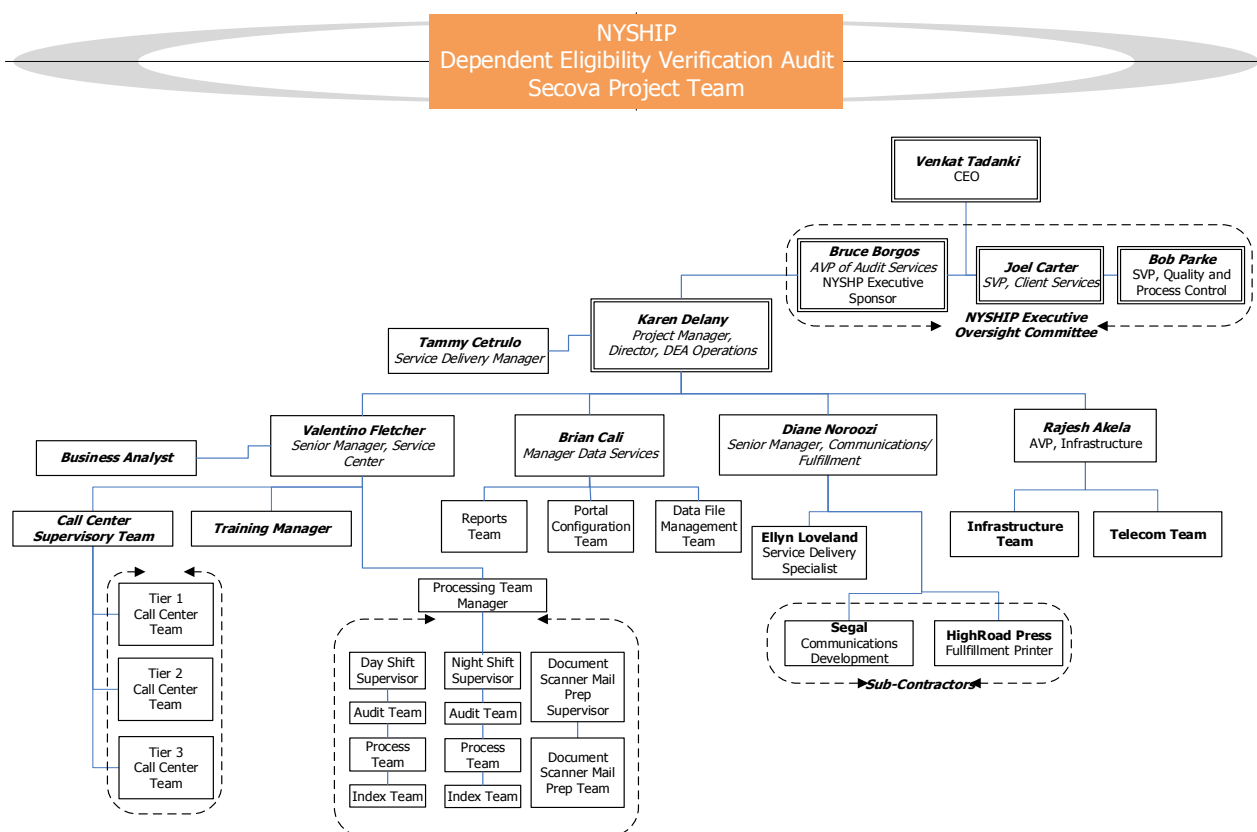
2. Project Team

1. Provide an organizational chart and description illustrating how you propose to administer, manage, and oversee all aspects of the DEA Project. Include the following: (1) Reporting relationships and the responsibilities of each key position of the Project Team and how the team will interact with other departments or functional areas within your organization and with any subcontractors for this Project. Describe how the Project Team interfaces with the organization's senior management and ultimate decision makers within your organization; and; (2) Where will your Project Team, document verification and call center be located and approximately how many staff members will work in each functional area?

Overview:

Secova utilizes a broad based team of subject matter experts to implement, manage and administer all aspects of the Dependent Eligibility Verification project. Based on the size and scope of the requirements as presented by the State of New York, Secova is proposing a dedicated team to both implement and manage the project throughout its tenure. Maintaining the assignment of the key resources from Implementation through completion will ensure clear and accurate execution on Secova's part and will provide a further assurance to the State of New York that all project variables are accounted for in both design and execution.

Project Team Details:



Secova administers a "single point of contact" project management team model. The Project Manager is the Team Lead assigned to carry the client from initial planning meetings through implementation service deployment and project results and recommendation conclusion. This individual is supported by the following highly specialized team members, each with multiple audit project experience:

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Project Manager (Karen Delaney) - Responsible for daily production activities, schedules, project metrics and reporting. Reports directly to Bruce Borgos for both this project and functionally within our organization. Karen's responsibilities as Project Manager will include coordinating all project deliverables for the Department, directing managers and other key staff on day-to-day project functions, leading weekly client conference calls, and acting as the client contact for project issues or questions.

Executive Sponsor (Bruce Borgos) - Responsible for direct project design and implementation oversight, application and database setup and final resource planning. Provides project guidance, final results analysis and recommendations. All special escalations or issues (if any) encountered by the Secova project Team and the Department during the course of the project will be handled by Bruce.

Data Services Manager (Brian Cali) - Responsible for application and data setup, systems operations and file exchanges. Brian will work directly with NYSHIP personnel to transmit and receive project data files and to design client reporting for the project.

Communications & Fulfillment Manager (Diane Noroozi) - Responsible for ensuring quality accurate and timely production and distribution of print and electronic project communications. Diane is the single point of contact with the Sub-Contractors, Segal (Communications Development) and HighRoad Press (Fulfillment Partner). She also ensures that all outbound written materials have received final approval from the Department before going to print. Diane reports directly to the Project Manager.

Service Delivery Manager (Tammy Certulo) – Acts as a Business Analyst in support of the Project Manager throughout the term of the project.

Communication Consultant (Segal) - Responsible for the design and content of all visual and written communications to ensure that all concepts and information are easily understood and presented in a clear and concise manner.

Call Center Manager (Valentino Fletcher) - Responsible for call center operations and staff including all process, procedures, performance audits and quality control.

Call Center Staff - Responsible for direct inbound and outbound voice communications with project population.

Document Processing Staff - Responsible for receiving, indexing, tracking and auditing verification documents.

For NYSHIP, the entire project team's functions are closely monitored by the 'NYSHIP Executive Oversight Committee' (NEOC), which consists of the executive management personnel of Secova including Bruce Borgos (AVP, Audit Services) Joel Carter (EVP, Client Services) and Bob Parke (SVP, Quality and Process Control).

Key Team Member Bios:

Name: Bruce Borgos

Title: Associate Vice President, Client Development and Audit Services

Industry Experience: 20+ years

Tenure at Secova: 10 years

Job Description: His responsibilities will include supporting the Project Manager in coordinating all project deliverables of the Department. He provides direction and oversight on all Dependent Eligibility Audit projects.

Bruce is a featured lecturer on Dependent Eligibility Practices for numerous professional organizations, including State and Local Government Benefits Association (SALGBA), the American Society for

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Healthcare Human Resource Administration (ASHHRA), and the International Society of Certified Employee Benefit Specialists (ISCEBS).

Bruce has more than 20 years of industry experience in employee benefits and risk management,. He has been leading Audit Services at Secova since 2005 and has been responsible for managing all major Secova audit projects to date ranging in size from 1,000 dependents to over 180,000 dependents in both the public and private sectors including State of New Hampshire, State of Tennessee, State of North Carolina, PEEHIP, State of Alabama, State of Hawaii, University of California and many others.

Name: Karen Delaney**Title:** Project Manager, Director, DEVA Operations**Industry Experience:** 25 years**Tenure at Secova:** 15 years

Job Description: Karen reports directly to Secova's Vice President of Audit Services. Her Responsibilities as Project Manager will include coordinating all project deliverables for the Department, directing managers and other key staff on day-to-day project functions, leading weekly client conference calls, and acting as the client contact for project issues or questions.

Karen has held a variety of positions at Secova, including Call Center Supervisor, Call Center Manager, and Audit Project Manager, in addition to her current position as Director of Dependent Eligibility Verification Audit Operations. Karen's experience includes organizing and leading large projects over multiple locations. She was the Call Center Manager responsible for Secova's first large (180,000 dependent) verification audit in 2009 and has been the Project Manager or Audit Director on many of Secova's large state and other public sector Dependent Eligibility Audits.

Name: Tammy Cetrulo**Title:** Manager –Service Delivery**Industry Experience:** 5 years**Tenure at Secova:** 5 years

Job Description: Tammy Cetrulo reports directly to the Project Manager – Service Delivery. Apart from supervising the data processing team, her responsibilities include the following: She ensures that the document processing team meets all mandatory client SLAs, i.e., 100% of all documents need to be indexed and processed within 3 days, 100% accuracy in processing at the end of the audit period. Audits 100% of all incompletes on an ongoing basis, and 20% of the verified records every day. Documents new updates in the training manual and immediately provides to the agents as quickly as possible. Resolves open Call sheets / open calls within 24 hours and if that is not possible escalates through proper channel.

Tammy has been with Secova for the past 5 years progressively taking up higher responsibilities within the Data Processing Team. Before joining Secova she was a Logistics Supervisor for a Major Retail chain for two years and prior to that she has served in the US Army for 5 years. Her experience includes successfully managing large data processing projects for large verification audits, both for public and private sector organizations

Name: Valentino Fletcher**Title:** Senior Manager, Service Center**Industry Experience:** 17 years**Tenure at Secova:** 6 years

Job Description: The Service Center Manager works in coordination with the Project Manager to manage all call center deliverables. These responsibilities include designing project-specific processes and training for call center representatives to ensure Service Level Agreements are met. Valentino has overall responsibility for the quality of call center services.

Valentino has 16 years of call center industry experience, including 14 years in call center management positions. During his tenure at Secova, he has managed call center activities for all of our Dependent Eligibility Verification

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Audits. He has significant background and expertise in the systems that Secova uses to manage and support the call center (AVAYA, CMS and NICE).

Name: Brian Cali**Title:** Manager, Data Services**Industry Experience:** 18 years**Tenure at Secova:** 12 years

Job Description: The Manager, Data Services will work with the Department to identify and collect requisite data for employees and dependents to issue project communications and set up Secova's online Dependent Eligibility Management System. Brian will work directly with the Department to transmit and receive project data files and to design client reporting for the project.

Brian has been involved in the systems set-up and management of all of Secova's mid and large Dependent Eligibility Verification Audit projects. He has also helped set-up and manage most of our on-going Benefits Administration clients. As a result, he has had experience sending and receiving files to a majority of the well-known HRIS and Payroll vendors and several "in-house" systems.

Name: Diane Noroozi**Title:** Senior Manager, Communications and Fulfillment**Industry Experience:** 16 years**Tenure at Secova:** 9 years

Job Description: In addition to the being the primary project manager on aspects of this project that will use a printing and fulfillment sub-contractor, Diane's responsibilities will include working directly with the Department on communication design, content, and distribution as well as version control. She also ensures that all outbound written materials have received final approval from the Department before going to print.

Diane has worked with every Secova Dependent Eligibility Audit client to develop and produce their audit communications. She is an expert at document layout where variable length fields are required. She has helped clients from varying industries and cultural backgrounds to tailor their communications to make them easy for employees to read and understand.

Name: Randolph B. Carter, Segal**Title:** Senior Vice President, National Communications Practice Leader**Industry Experience:** 30 years**Tenure at Segal:** 20+ years

Job Description: Mr. Carter is a Senior Vice President and Segal's National Communications Practice Leader. He is located in the firm's New York office and has over 30 years of experience in employee communications.

Mr. Carter works with clients to develop employee benefit and human resources communications strategies, approaches and materials. Clients include Time Warner, L-3 Communications Corporation, the Omnicom Group, and the Federal Retirement Thrift Investment Board (which administers the retirement savings plan for civilian employees of the United States Government and for members of the uniformed services).

Recent work includes wellness and disease management promotion campaigns, benefit satisfaction surveys, manager/supervisor compensation training and annual enrollment communications campaigns.

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Project Team & Functional Locations:

Secova has dedicated a project team, document verification and call center located in Wall, NJ and Newport Beach, CA to administer Dependent Eligibility Audit services to NYSHIP. All project personnel are assigned to operate out of one of these locations. To ensure efficiency and continuity of service in the event of a disaster, we have split service resources for Call Center and Document Verification between Wall, NJ (PRIMARY) and Newport Beach, CA (SECONDARY). Both facilities will remain operational and the secondary facility will remain fully staffed for NYSHIP throughout the term of the project.

Function	Location of Service/Team Members
Executive Leadership	Newport Beach, CA
Project Management	Wall, NJ
Mail Receipting & Scanning	Wall, NJ
Document Verification	Wall, NJ & Newport Beach, CA
Call Center	Wall, NJ & Newport Beach, CA
Data Services	Wall, NJ
Infrastructure & Telecom	Newport Beach, CA & Wall, NJ

We have provided a full staffing plan for your review attached as Exhibit ____.

- a. What executive resources are available to the Project Team to manage the DEA Project and ensure that any issues identified by the Department will be corrected to the satisfaction of the Department? How will you ensure the Project management Team will meet the Department's accessibility and timely response requirements?

Secova is committed to supporting NYSHIP at the highest level of our organization. While the State of New York has the full support of and access to the entire Secova Executive Team we have designated a specialized NYSHIP Executive Oversight Committee comprised of Bruce Borgos, Bob Parke (Secova's SVP of Quality & Process Control) and Joel Carter (Secova's SVP of Client Services) all reporting to Secova's CEO Venkat Tadanki.

This team will meet throughout the duration of the project on a preset schedule ranging from daily to no less than weekly based on the project phase. Primary focus for this group is to review and ensure the quality, accuracy and timeliness of all services provided to NYSHIP and act as an escalation point should it be required. A minimum of one member of Secova's NYSHIP Executive Oversight Committee will attend all regularly scheduled weekly status meetings with the Department.

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3. Project Implementation

- a. Provide an implementation plan (via a detailed narrative, diagram, and timeline) that results in the implementation of all DEA Project Services by the Implementation Date, including but not limited to: roles, responsibilities, estimated timeframes for individual task completion, testing dates and objectives, and areas where complications may be expected. For all tasks that require Department review and approval, a minimum review period of five (5) Business Days must be built into the implementation plan. Include key activities such as administration of Amnesty Period, evaluation of Dependent eligibility, processing of eligibility documentation submitted by the Enrollee, electronic reporting of final eligibility determinations and eligibility documentation to the Department, processing of returned mail and the following:

Implementation Plan

Secova utilizes a highly organized and detailed project plan approach to ensure the success of each Dependent Eligibility Verification Audit. We focus on eight key components of a Dependent Eligibility Verification Audit to achieve a successful project outcome with minimal client resource requirements:

- Project Design
- Project Management
- Employee Communications
- Verification Process
- Operations
- Data Security and Privacy
- Reporting and Metrics
- Project Results and Recommendations

Secova will conduct the customized design and setup tasks during project implementation. During this time, the project schedule, technical/data requirements, employee communications, call center staff training and production processes for the State of New York will be verified. Specific tasks during this period include:

- Define Project Objectives - Establish the purpose and direction of the project, including any financial savings, employee education, fiduciary compliance, etc.
- Confirm Project Population
- Define Rules for Verification:
 - Required and acceptable documentation from employees for validation process
 - Processes and procedures for Secova in reviewing the documents will be established
 - Define appeals process for post verification document submission and requests for reconsideration
- Define Employee Communication Methods – Secova will use home address, and home phone calls to communicate to employees, and email addresses when provided directly by the employee.
- Establish Documentation Collection Process – Employees can submit documents via the online portal, mail, or fax and will have a dedicated toll-free Secova Call Center phone for questions and inquiries
- Develop Communication Content – Secova will work with the Department to develop and test concise employee communication documents

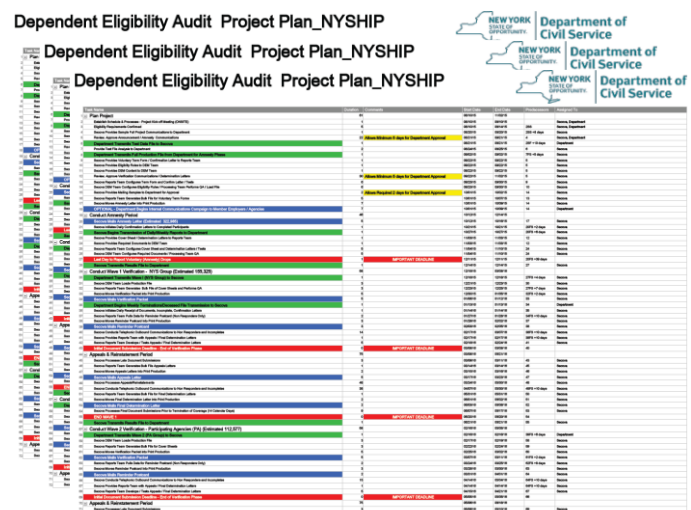
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- Define Data Management and Reporting – Secova will track daily incoming volumes of mail, fax, e-mail (if any), and phone calls related to the project. In addition, the validation status of each dependent is recorded using one of 8 (eight) different data states during the validation process
- Confirm Project Schedule, and Deadlines
- Conduct User Testing – employee communications, instructions, and directions will be tested internally prior to deployment to increase project compliance and reduce confusion
- Establish Production Processes – Secova has established standard procedures for all aspects of a verification to ensure security, accuracy, and efficiency of the verification process. These processes will be modified and implemented for the project as required
- Define Project Metrics and Reporting – Project metrics and reporting are essential in accurately managing project progress. The Department and Secova will review existing reporting metrics and establish additional ones as needed to keep both parties informed on the success of the project.

All projects are represented by a project plan created in Microsoft Project. Every element and phase of the process is detailed in the plan inclusive of task duration, task projected start, task projected finish, task assignments, and task dependencies, to name a few. For ease of communication between the Secova team and Department's team, an outline format is employed to help everyone involved clearly visualize the total scope and scheduling requirements.

Specific to the State of New York, we have developed a three phase project approach to account for the Implementation, Amnesty Period, and the three phased Audit deliverables by group. The summary for the Implementation and Amnesty phase milestones are presented in the project plan to the right and are included in more detail as an addendum to the Technical Proposal. Detailed actions within each section inclusive of required actions and assigned resources are presented following the initial kick-off meeting as State of NY project resources are identified. Secova affirms that all response times from the State meet the required minimum period as specified (5 days for all items except for noted 2 day item allowed by the State).



The concurrency of actions for Amnesty and all subsequent phases for each group have been specifically planned to allow for rolling peak activity timeframes to best utilize Secova's resources to assure complete adherence to the project goals as defined by the State of New York.

1. A plan to test the transmission of data to/from the Department as outlined in Section IV.A.3.a of this IFB;

Data Transmission Testing Plan

Secova follows a rigorous five step process to ensure that all data files received in conjunction with the Dependent Eligibility Verification contain the requisite information and are in the proper format to successfully complete the project and achieve the Department's goals.

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1. File Development: During initial discussions,. Secova will seek clarification of any data elements, coding, etc. that we may not fully understand.

As the Department's specific goals, Business Rules, and Reporting Requirements for the Project are discussed, Secova's DEA Technical Support team led by Brian Cali makes recommendations as to additional data elements needed to achieve the Project goals, if needed. Any further data requirements specific to the Department or Project are added to a revised, project-specific Data Requirements document and ratified by the Department.

2. Initial Test File Submission Analysis: The Department creates and submits to Secova an initial test file in the Department's required format. Secova analyzes the file and corresponding data to ensure adherence to structure and coding elements, completeness of data, and that the chosen method of encryption, data transmission, and decryption are functioning properly.

3. Initial Verification File Data Analysis: The test data is then processed and analyzed. This process of documenting all possible values, planned data transformation, and planned application and reporting utilization aids tremendously in the overall implementation process.

Secova's Initial Test Data Analysis is then presented to the Department. All questions or issues arising from the Initial Verification File Analysis are specifically addressed and answered. Any additional required field explanations, code translations, or resolution of conflicting or missing values are requested at that time.

4. Initial File Acceptance: Once the initial Test File data issues (if any) have been resolved, the Department is requested to send a production file created according to the updated Layout and specifications. This file is analyzed per the above Submission and Data Analysis steps to ensure its validity. At this time, a formal acceptance is presented by Secova to the Department certifying the data transmission stream.

5. Production File Processing: When the Initial Production Files are transmitted to Secova, they again undergo our rigorous analysis and testing process. Secova's Initial Production File Analysis is then presented to the Department. This analysis includes aggregates of the data as sent by the Department, the results of any data transformation performed by Secova, and the initial aggregates as they will appear in Secova's Dependent Eligibility Management System.

This data is then carefully uploaded to the system according to the rules, transformation, and mapping created during the analysis and testing process.

Data Security and HIPAA Compliance

Data transmission within the confines of the application is secured via SSL to ensure data moving across the Internet cannot be viewed. Data file transmission is generally via secure FTP transmission and files are secured via PGP encryption. All data is encrypted at rest within our environment. Secova currently supports the following encryption methods:

- PGP/GPG
- SSH2 Secure Shell
- (HTTPS) Secure file upload

Secova manages data security and confidentiality in accordance with HIPAA standards, and in full compliance with **ISO/IEC 27001:2013** (formerly ISO 27001:2005) standards. We are proud to say that we are the only firm within the United States, in our industry vertical, to achieve and maintain this for a period of 6 years.

Hard copy incoming documents are scanned, capturing an electronic image of the document and uploaded into Secova's document management system. All mailed paper documents will be

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maintained in our Newport Beach, CA headquarters inside locked cabinets located within a secure processing room until the project is concluded. Soft copy incoming documents (online submission and fax) are uploaded directly into Secova's system for indexing and processing. Indexing agents then file imaged documents to the correct client queue.

Our production systems are housed at an industry leading co-location facility in California, providing robust security (physical and network), redundant power sources and the ability to withstand an earthquake >7.0.

All data is backed up on a nightly basis and tapes are sent off-site weekly for storage. Our tape rotation is as follows: daily incremental backups, weekly full backups, weekly backups taken off-site for storage, and monthly restore test to validate data integrity of the backups.

All electronic data is maintained for six (6) years in Secova's indexed archive of data. Physical information is returned at project end or destroyed in a HIPAA compliant manner at the client's request. All data is archived in our co-lo facility and on physical media housed in our secure Newport Beach facility. Physical information is removed for destruction by a third party licensed vendor. Electronic data is wiped and then reformatted to remove all trace data. All writeable media is destroyed in a secure and compliant manner.

Copies of Secova's "Disaster Recovery and Business Continuity Plan" and "Data Protection and Privacy Policy" have been included as attachments with our submission.

All verification employee data is kept confidential and private throughout each step in Secova's work processes and is located solely in the United States. Incoming data is transferred via a secure FTP site, encrypted emails, or password-protected web uploads, then stored in our password-protected databases.

2. Establishment and maintenance of a fully trained call center as outlined in Section IV.A.4 of this IFB;

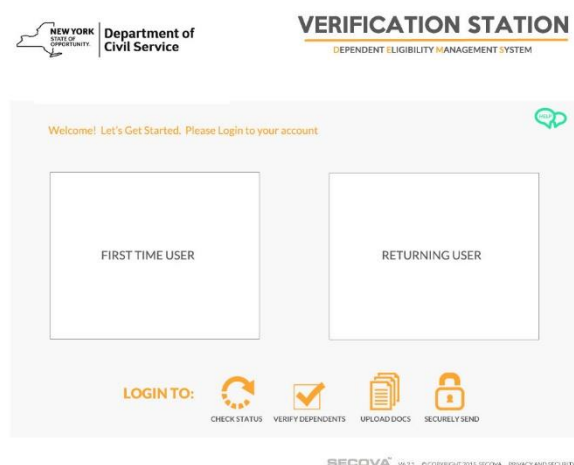
As Secova maintains 24 x 7 x 365 call centers on behalf of its clients, all infrastructure requirements exist within Secova's current operating footprint.

Additional information on Training and tasks required for "go-live" operation can be found in this Section 7.b; Call Center.

3. Establishment and maintenance of a secure online web portal as outlined in Section IV.A.5 of this IFB;and

Secova's web-based dependent eligibility management portal, the **Verification Station**, allows members to access their files, print forms, obtain answers to questions, submit documents (online submission, secure fax and US Mail are all supported), and track their submitted documents through the approval process. The site is accessible from desktops, laptops, tablets and mobile devices and is fully optimized for mobile devices.

The Verification Station has been developed to allow full configuration based on each client's specific eligibility and business rules. Configuration is completed by Secova personnel based on the business and plan eligibility requirements as captured during the implementation process.



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The system is designed to support each dependent's final eligibility status after all documents submitted have been processed against the eligibility rules defined by the Department. Based on the dependent type, only those document types matching the allowable dependent eligibility verification document set will be available on the screen for the Secova examiner to process against. Further, each of our examiners will be validating documents and their application to a specific dependent.

If a dependent's initial verification state does not meet the requirements for verification, outbound communications (Incomplete Notice and telephone / e-mail messages) are automatically generated detailing the missing items and providing instructions on how to meet the remaining requirements to complete the verification process.

Access to the system can also be provided to the Department's benefit administrators. The administrator portal allows access to detailed individual member records as well as online project progress reports and verification population data for review at any time.

We have included several screen shot examples in a separate attachment with this proposal.

4. Development of Enrollee communications for review and approval by the Department as outlined in Section IV.A.7 of this IFB;

As detailed in the Project Plan, Secova has factored in several standard review and approval checkpoints for Employee Communication Development and Approval. The implementation phase is critical for Secova to gain a better understand of NYSHIP's culture and historical communications experience, for as experienced as we are in helping employers verify the eligibility of their member's dependents, we do not know *your* members. Working with NYSHIP, Secova will customize all project communications with the overall philosophy of compliance. By the time we gain final approval from the Department, all project communications will include content that speaks effectively to NYSHIP enrollees and that will promote response.

Utilizing our extensive background in dependent eligibility verification communications development, Secova provides a consultative and practical approach to developing materials that are easy to understand and generate the appropriate response from members within the permitted time.

Project communications will achieve all Department requirements and objectives:

- Identify dependent children verified in the prior audit for whom eligibility does not need to be confirmed
- Identify dependent children added to coverage on or after February 1, 2009 for whom documentation must be submitted to verify coverage
- Identify all spouses and domestic partners currently enrolled
- Provide the deadline for documentation submission
- Provide the termination date for dependents determined to be ineligible for coverage.

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Secova's communication strategy is built around our objective of maximizing enrollee response and participation. In addition to mailed communications, Secova will work with the State to develop pre-audit communication pieces to ensure awareness of the upcoming audit. During the audit, we will utilize US Mail, email and telephone contact information (if available) to remind enrollees of the approaching deadline and offer assistance in completing the verification.



As a team, we achieve even higher response rates by incorporating the public entity communications expertise of Segal Company, our partner who will assist the Department in designing and distributing internal announcements and bulletins to NYSHIP enrollees that typically will begin rolling out prior to project information being mailed to enrollees.

GO PAPERLESS: Visit the NYSHIP Dependent Eligibility Verification secure website at: <https://verify.secovanyc.org> to complete your Dependent Eligibility Verification and submit your documentation electronically.

NYSHIP VERIFICATION FORM FOR DEPENDENT ELIGIBILITY

IMPORTANT: Please check the appropriate box for each dependent listed below to indicate eligibility for coverage and return this form to Secova along with the required documentation for each eligible dependent.

If you do not have access to a computer and choose to submit a paper copy of your Verification Form and Required Documentation, please use one of the following options:

- Fax: [FAX NUMBER]
- Mail: NYSHIP Dependent Eligibility Verification, C/O Secova, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966 (Please include a copy of all documents for your records.)

Verification Forms and Required Documents submitted with missing information will be considered incomplete and will not be processed. If you select "not eligible" your dependent will be removed from NYSHIP coverage.

NOTE: Dependent children who were verified in the previous audit in 2009 are excluded from this process, as is "VERIFICATION COMPLETE." You are not required to provide any further documentation for this dependent. Failure to respond to this request to provide proof of eligibility for your enrolled dependent(s) listed below will result in termination of benefits for your dependent(s).

Dependent Name	Relation	Is Dependent Eligible for Coverage?	ACTION REQUIRED to Verify Dependent
HAILEY SAMPLE	Spouse or Domestic Partner	<input type="checkbox"/> Yes <input type="checkbox"/> No	See the enclosed Definition of Required Documents and documentation.
MATTHEW SAMPLE	Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	See the enclosed Definition of Required Documents and documentation.
ASHLEY SAMPLE	Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	See the enclosed Definition of Required Documents and documentation.
JAKE SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.	
BRITTANY SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.	

CONTACT INFORMATION

Please give us your email address so we can send you correspondence regarding your Dependent Eligibility Verification and your telephone number so we can reach you if we have questions. Your information will be confidential. Secova does not disclose, sell, or share personal information with anyone.

Email address: _____ Telephone: () _____

DECLARATION: SIGNATURE IS REQUIRED. Verification Forms submitted without a signature will be incomplete and will result in a delay in the verification process.

By signing this Verification Form, I attest I have read and understand the Dependent Eligibility Rules and that I am submitting this, true, accurate as of the date signed. I understand that falsification of information on this form may result in immediate termination of coverage for dependents from NYSHIP.

Enrollee's Signature _____ Date _____

Please contact Secova at [PHONE NUMBER] (toll-free) if you have any questions during this process. Representatives are available to assist you 24 hours a day, 7 days a week. Your call is always confidential.

Enrollee Information:

[EMPLOYER LOCATION]
[ENROLLEE NAME]
[ADDRESS 1]
[ADDRESS 2]
[CITY, STATE ZIP]

RESPOND BY [DATE]

Secure Online Verification and Upload:
Visit the NYSHIP Dependent Eligibility Verification secure website at: <https://verify.secovanyc.org>

Secure Fax: [FAX NUMBER] toll-free

Mail: NYSHIP, C/O Secova Service Center, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966

Phone: [PHONE NUMBER] toll-free
Representatives are available 24 hours a day, 7 days a week. All calls are confidential.

IMPORTANT: ACTION IS REQUIRED TO PREVENT TERMINATION OF COVERAGE FOR YOUR DEPENDENT(S) CURRENTLY ENROLLED IN NYSHIP.

Dear [Enrollee Name]:

The New York State Health Insurance Program (NYSHIP) is conducting a Dependent Eligibility Verification to confirm the eligibility of every dependent covered by NYSHIP. We have contracted with Secova, the administrator for this project who is authorized to obtain documentation from enrollees as proof that a dependent enrolled in NYSHIP meets the eligibility requirements.

Protecting the personal information of enrollees and their dependents is a priority to NYSHIP and Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method - paper, electronic, fax - remains confidential and secure. Secova will not disclose, sell, or share personal information with anyone.

From [DATE] to [DATE] NYSHIP offered a one-time Amnesty period and we asked you to review the eligibility of your dependents and to remove coverage for any enrolled dependent who did not meet the eligibility requirements for NYSHIP coverage. The next phase of this project requires that all enrollees with a dependent covered by NYSHIP submit proof of dependent eligibility to Secova.

We realize that many of you may have already provided eligibility documentation to your Health Benefits Administrator (HBA) when enrolling your dependents; however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process. **NOTE:** Dependent children who were verified in the previous audit in 2009 will be excluded from this process, and will be marked as "VERIFICATION COMPLETE" on the Verification Form.

As an enrollee in NYSHIP, you must provide all required documentation for **each** ELIGIBLE dependent to Secova no later than [DATE].

FOLLOW THESE STEPS TO COMPLETE THE DEPENDENT VERIFICATION PROCESS:

1. **REVIEW** the enclosed Definitions and Required Documents insert to confirm your enrolled dependent(s) meets the eligibility requirements.
2. **OBTAIN** the required documentation for each dependent who is currently eligible for coverage. Write your Name, Enrollee ID# (listed in upper right hand corner of this letter) and NYSHIP ID# at the top of each document you submit.
3. **GO ONLINE** to complete your Dependent Eligibility Verification and upload the Required Documents. **OR** if submitting paper copies, complete the **VERIFICATION FORM** on the reverse side of this letter. **NOTE** and DATE the form.
4. **SUBMIT** your **VERIFICATION FORM** and copies of the **REQUIRED DOCUMENTS** to Secova by fax or mail (see enclosed Frequently Asked Questions for instructions). Please keep a copy of all documents for your records.

Si usted necesita esta información traducida al español por favor llame a Secova (sin cargos) al [PHONE NUMBER]. Representantes están disponibles para ayudarle las 24 horas del día, 7 días a la semana.

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4. Electronic Transfer of Data

- a. Describe your capabilities for receiving and transmitting data in a secure environment and on a schedule mutually agreed upon by the Offeror and the Department;

Secova supports multiple channels for the transmission and receipt of data from our clients and can accommodate any secure transmission methodology that may already be in place for the State.

For outbound data (From Secova to Client), our standard operating procedure centers on two data transmission paths that we believe are the most efficient and secure methods for data exchange. The first path results in Secova posting the data to the client operated secure environment (Push to Client Secure FTP Site). The second path results in posting the data to Secova's secure environment for retrieval by the client. We recommend that the data transmission's protocol and payload are encrypted via SFTP and PGP, respectively.

For inbound data (from Client to Secova), we support the required methods as specified by NYSHIPS for all scheduled files but also offer a secure web upload utility for use as may be needed for off-cycle transmissions.

All processes can be batched timed processes or manually initiated by Secova throughout the term of the project based on schedules as determined during Implementation that meet the State's needs.

- b. Complete Appendix C, Attachment 2, Part 1D to describe the HIPAA compliant level of security to be used to protect the confidentiality of Enrollee/Dependent information, including access controls, audit controls; working procedures for handling printed materials, method of disposal of media and paper, user account management and physical security

Please see attached Appendix C, Attachment 2.

As an overview, we have included the following narrative for your additional review.

Secova focuses on six levels of data security in our system to ensure full confidentiality:

User Security: Each enrollee and administrator will be assigned a unique username and password for accessing the system and will have access only to their personal information or their specific organization's information plus any public information that the employer has posted.

Transmission Security: Secova uses 256-bit Secure Socket Layer (SSL) encryption to protect all Web transmissions from being intercepted and read by a third party.

Network Security: Our network perimeter is protected by enterprise class firewalls and intrusion prevention systems. Access to remote systems for corporate users is allowed via VPN access only. Secova follows the below listed mechanisms:

- Access Control
- Authorization procedures
- Maintain access control list
- Monitoring mechanism
- Segregating Networks

Data-at-Rest Security: Secova understands the need of providing a fully secured setting for all data of our clients to reduce the risk of a costly data breach. We utilize the VNX2 series that introduces Data-at-Rest Encryption (D@RE) and uses hardware embedded in SAS controllers to encrypt data stored on disks.

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Some of the highlights of D@RE include:

- Encryption of all user data
- Embedded, fully-automated, and secure key generation, storage, deletion, and transport within the system:
 - RSA BSAFE for key generation
 - RSA Common Security Toolkit (CST) Lockbox for key storage
 - VNX Key Manager for monitoring status changes on drives
 - Encryption of all Data Encryption Keys (DEKs) prior to movement within the array
- Minimal performance impact for typical mixed workloads
- Support for all drive types, speeds and sizes
- Support for all advanced data services (e.g., compression, deduplication)
- Designed to be largely invisible to the user once enabled, with the exception of the keystore backup for administrators

Application Security: Our applications are secured against corruption through user-specific, restricted access to each individual component of the applications.

Database Security: Access to the databases and other sensitive information is restricted to authorized personal only. Identity verification functions prevent the false representation of a user's origin.

Physical Security: Secova's private, redundant server network is co-located in a locked cage at a commercial co-location facility in Southern California. Secova's Wall, NJ and Newport Beach, CA facilities are access controlled and the computer rooms are key card controlled with access limited to authorized individuals.

All participant data, including Social Security Numbers, is kept confidential and private throughout each step of the work processes. Incoming data is transferred via secure FTP sites; encrypted emails or password-protected web uploads, then stored in password-protected databases. Secova is also one of the few companies in its domain of business to maintain the latest **ISO/IEC 27001: 2013** certification as evidence of the commitment to ensure confidentiality and security of Clients' and respective participants

Secova requires that all files are encrypted prior to transmission. All data file transfers to outside carriers will be developed based on the carriers' preferred file layout and coding supplement. Files will be encrypted, based on the carriers' preferred encryption method. Currently Secova supports all available commercial encrypted transmission protocols such as HTTPS, SFTP and PGP to transmit files. The preferred technologies are PGP file encryption along with SFTP file transmission. Additionally all data is archived using AES 1024-bit ciphers.

Printed materials are confined to enrollee document submissions and are moved securely, upon receipt, to the mail room where they are opened and scanned, and then moved to an access-controlled room for storage until the close of the project.

Method of Disposal of media and paper:

Media	Data destruction methods for "Internal Use Only" and "Confidential" labels
Paper	Shred, place in secured containers for later shredding
Disk File	Overwrite with zeroes
Disk Drive Fixed/ Removable	Reformat, overwrite with zeroes and degauss
Tape	Overwrite with zeroes and degauss
CD-ROM	Destroy

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-
- c. Describe your ability to image Enrollee documentation in a standard format (i.e. Multi- Page TIFF) and transmit an indexed file to the Department.

Secova has a fully integrated Document Management System embedded within internal operating platform which stores all documents in a TIFF format. This allows us to seamlessly and efficiently index all documents received against the specific Department enrollee with sub-indexes to the applicable dependent(s).

We have the ability to provide an indexed archive extract of all documents received during the audit in addition to specific enrollee at any point during the project.

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5. Call Center

- a. Describe the call center operations that will be used for the project. Include a description of the technology that will be used including sample IVR scripts that will be used to route calls or permit self-service by callers. Describe how the call center will handle peak call volumes (for example, right after a letter is mailed). Describe the training call center staff will receive, including HIPAA training. Explain the process call center staff will use to provide responses to Enrollee questions and what procedures will be used to escalate difficult or complex calls;

Overview

For over 25 years, Secova has been operating HR and Benefits Administration Call Centers on behalf of some of the largest companies in the United States. Providing both year round and large scale project based services, as in the case of Dependent Eligibility Audits, Secova is well versed in managing call center staffing and services for populations well in excess of 100,000 eligible employees.

Built from this knowledgebase, Secova has developed modeling tools which rely on our experience to accurately predict volume based on indicative actions. In the case of Dependent Eligibility Audits, Secova plans on increased volumes for phone, fax and mail response triggered off of mail dates of the various communication pieces as well as increased volumes as the project comes to a close.

Unique to Secova is our philosophy that organizations should have the options they feel would work best for most impactful engagement of their enrollees. These options may include, but are not limited to, extended hour Live-answer Call Center, proactive live outbound calls, the use of IVR to navigate to the specific concerns of the caller, etc. We believe that a high touch solution, supported by top technology is the proper way to address any question presented by an enrollee. As a result, we supplement live-answer accessibility with the use of IVR systems and Automatic Call Distribution (ACD) systems and have customized the programming to support our unique approach. In short, our target is to have the Department's enrollee speaking with a Secova Call Center Agent within the required forty-five seconds.

Examples of the IVR Script and Call flow diagrams are included as Attachment 8 - ATT Secova - DEM Inquiry IVR BRD for NYSHIP.

Staffing and Service Methodology: As indicated in the sample chart below, Secova predictatively staffs call center agents at 110% of anticipated volume by day based on key project dates.

Overall, Secova trains staff at 125% of maximum anticipated FTE's for the duration of the project to account for vacations, sick time and spikes in volume.

Secova is proposing a three tiered staffing plan designed to meet the needs of NYSHIP's enrollees for the entire term of the service period. Tier 1 represents Secova's front line employees fully trained and dedicated to NYSHIP. Tier 2 employees are also fully dedicated to NYSHIP but represent the Senior Counselor and Supervisor group. Tier 3 represents our flexible staffing team that will be available to buffer high volume periods throughout the day. This group is fully trained on NYSHIP but may also handle other calls throughout the day depending on NYSHIP's intraday volume. FTE staffing is split into three tiers to ensure that all Standard Legal Agreements (SLA's) are met (at a minimum).

- **Tier 1** is the primary team assigned to the Department and is in line to be presented all calls. Should all Tier 1 personnel be on the phone, the calls are automatically routes to Tier 2 personnel
- **Tier 2** personnel consist of the supervisors and senior personnel assigned to the Department. These individuals are kept in reserve in Tier 2 as their primary function is to support Tier 1 personnel and act as an escalation point should it be required. Should all Tier 1 and Tier 2 personnel be on the phone, the call is routed to the available Tier 3 counselor.

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- **Tier 3** personnel are fully trained on the Department's requirements and are capable of addressing 100% of the issues and questions presented by the Department enrollee. Tier 3 personnel are defined as shared resources for the project and handle calls from other clients.

Secova staffs Tier's 1 and 2 to handle over 80% of all calls presented during peak periods and 95% of all calls in the normal daily cycle.

The Call Center supervisor-to-customer service representative ratio that Secova normally deploys is 1:10. One dedicated supervisor for a team of 10 representatives. Their responsibilities include providing floor support for call center representatives, acting as points of escalation, ensuring productivity, conducting quality performance reviews and to oversee team building and motivation.

The Call Center tracks all activity in our Customer Relationship Management (CRM) system. In this system we have the capability of escalating or forwarding issues to the Department with all history including the email sent to escalate the call. We have the ability to obtain answers regarding any client related questions within the CRM by using the Business Requirements Document that will be customized by Secova to the Department specific needs.

Utilizing this staffing methodology, Secova is able to cost effectively provide the highest possible level of service to the enrollees of the Department while exceeding the minimum standards for performance as presented in the RFP. Depending upon the phase, we have planned for between 6 and 160 Full Time Equivalents (FTE's) for our call center staffing spread across the three tiers. While we distribute staff based on project phases to minimize overlaps for high volume periods the approximate daily distribution of FTE's will be as follows:

Project Phase	Tier 1	Tier 2	Tier 3
Amnesty	80%	10%	10%
Phase I Verification	80%	10%	10%
Phase II Verification	80%	10%	10%
Phase III Verification	80%	10%	10%

This cohesive group will provide knowledgeable enrollee advocate support to ensure that all the NYS, PE and PA enrolled dependents have every opportunity to provide the required documentation within the required timeframe.

Training Overview

All personnel proposed to be assigned to the Department will have completed an extensive two-week training program designed to ensure quality, security, and consistency of service delivery. The service team is trained to meet specific client requirements utilizing the latest training methodologies designed to reinforce continued learning. The training will include aspects of client culture, reason for purchasing the service from Secova, and any 'branding' objective that may be specified. All service team members have received extensive training on health and welfare benefit fundamentals. The training program is designed to provide a contextual background to the wide variety of anticipated individual enrollee issues. In addition, it will equip them to probe more into queries made by callers, identify, and address the core issue of an inquiry. Only past detailed client-specific training administrators are certified to handle calls on behalf of the client.

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All agents assigned to this project will undergo a minimum of 80 hours of training, both classroom and mock call sessions prior to taking a live call. A table denoting the training schedule is provided below:

Training Program	Week 1	Week 2
Corporate		
Products and Services Overview	X	
Position Training Program	X	X
Systems		
CRM System	X	X
Call Recording & Monitoring System	X	X
HIPAA Policies and Compliance	X	
Life Events		X
Client		
Introduction to the Department's Culture and Population	X	
Department-Specific Benefits	X	X
Department -Specific Processes		X
Department -Specific Tools/Data		X
Department -Specific Reports/Audits		X
Quality		
Cornerstones of Quality	X	
Life in the Quality Center Company	X	
Skills For Effective Listeners	X	

Call Center Support & Response Knowledge Source Systems

At the disposal of each call center representative is a proprietary knowledgebase which houses all of the required information to answer any question presented by an enrollee of the Department. Types of allowable documentation by dependent type, real time status of documents processed and alternate methods to complete the verification are all available to Secova's representatives to assist in answering the enrollee's questions.

All issues are documented in Secova's integrated and proprietary issue management module which tracks Events (how the issue came to our attention such as phone, email, State inquiry, etc.), Event Date and Time, Issues (classified by type of issue/question with further detail on exact issue or question), Responses (which include detailed notes on our resolution path) and the date/time the resolution occurred.

As an integrated feature of our Issue Management Module, Secova's Counselor can schedule reminders as to date and time for follow-up actions as well as assign the issue to a specific Subject Matter Expert or request additional resources to assist in the resolution of the issue.

Issues remain classified as "Open" until the resolution is communicated to the enrollee. Open Issues are

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reviewed daily by the Account Management Team (Client Operations Manager and Team Leads).

All calls are tracked by Individual/by call/by action and are associated to a Secova Coordinator. In addition, all inbound calls are digitally recorded and are associated with the Counselors ID in our system.

Secova can pull all calls by enrollee name or any HIPAA compliant unique identifier supplied. In addition, Secova can also identify all calls taken by a specific HR Administrator and have their calls pulled for review. Further, 100% of all inbound and outbound calls are digitally recorded and retained by Secova for up to six (6) years.

Secova is fully compliant with ADA requirements providing access and functionality support to disabled participants and supports 126 different languages in real time using our 24 X 7 phone based interpreter service and our internal staff of bi-lingual representatives.

Should an escalation be required, Secova's systems allow for instant escalation (both from a processing system as well as from a telephony standpoint) to a supervisor for immediate assistance and/or review. Further escalation points from the supervisor are again supported by all systems and route from the Supervisor to the Manager to the Director of Audit Services to the appropriate escalation point within the Department (if required). All actions are fully documented within Secova's systems and are presented for review in each step of the escalation process.

The net result of the entire chain of staffing, training, systems, knowledge tools and program management utilizing Secova is the complete assurance that the right answer will be provided quickly and efficiently.

- b. Where will the call center be located? During what hours will call center representatives be available to take calls from Enrollees? Will the toll free service have after hour's features? If so, describe the features. Describe the system capabilities and how the system will help call center staff address Enrollee inquiries and document calls and resolutions; and

Secova call centers are located in Wall, N.J. and Newport Beach, CA. Secova is fully capable of delivering the required 8:00 am to 8:00 pm ET Monday – Friday call center assistance throughout the term of the project and 24 X 7 IVR access to check status, review verification actions and request assistance. During all call center hours, a full complement of agent tiers will be available to answer questions and process actions as required.

Secova's call center will provide a dedicated, non-vanity toll-free number, which will be available to the Department's enrollees throughout our partnership. Secova utilizes Avaya's call monitoring and routing system which displays the name of the specific client relating to the incoming participant call.

Secova's call centers can provide customer support to process all enrollee inquiries and to assist in the verification process.

- c. What provisions will be in place if the call center system is not operational during the required time? For example, do you have a back-up call center where calls will be routed, an upfront message directing the Enrollee to call back, or an answering machine to take messages?

Secova has proposed to utilize both our Wall, NJ (Primary) and Newport Beach, CA (Secondary) call centers for the duration of the project. We will maintain a full complement of agents at our secondary site in continual use for NYSHIP. Should either location become non-operational for any period, the other location will be able to continue operations in support of NYSHIP. In the highly unlikely event that both locations lose connectivity, there will be a recorded message presented to the caller with a brief explanation, a prompt should they wish to utilize the IVR solution for basic information and a direction to the website for additional details on the status of their verification. The caller will then be presented an opportunity to leave a message which will be returned within one business day of receipt.

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Secure Online Web Portal

- a. Provide a test ID for a sample secure online web portal so that the Department may view its functionality;

Secova has provided the following test ID's for use over a 2 week period so that the Department may view the system to be used to manage this project.

Enrollee Self-Service Site Address: <https://stagingdem.secova.com/NYSHIP> Use DOB of 01011975 after entering user ID. Test ID #1: 1121269447

Test ID #2: 1121269448

Test ID #3: 1121269449

Test ID #4: 1121269450

Test ID #5: 1121269451

Test ID #6: 1121269452

Test ID #7: 1121269453

Test ID #8: 1121269454

Test ID #9: 1121269455

Test ID #10: 1121269456

Administrative Portal Address: <https://stagingdem.secova.com/admin/NYSHIP>

User ID: NYSHIPDemo

PWD: \$ecov@123

- b. Describe the process Enrollees will follow to submit and confirm submission of eligibility;
- c. What options will you provide to allow Enrollees to send/receive answers to questions through the secure online web portal (via secure e-mail, a chat function, or both)? Describe the chat function, if offered;

Enrollees will be able to send/receive answers by accessing our platform and clicking on the NEED HELP button, which will allow them to send a secure email or by Chat function (note: Chat function is not enabled in the staging/demo environment provided to the Department for testing). The Chat function is managed in very much the same way as is the Call Center, using the three tiers so the same team answering calls on the Call Center will be responding to Chat sessions.

- d. Provide samples of the management reports that will be available for the Department to generate from the secure online web portal. Provide a test ID and URL for a sample secure online web portal so that the Department may view the reporting capabilities.

Secova reports weekly during our conference calls a recap of response and verification rates to date, call center and document activity as well as any voluntary drops reported. We can provide all reports by required organization structure. Information is available on an aggregate basis and by individual identifier or location. Every material project activity and milestone can be measured and reported as

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required by the Department. If the Department requires additional reports, this can be configured to be reported on.

In addition to the Department's required reporting, the following standard online reports will be provided:

- Dependent Eligibility Verification Status Reports
- Daily Dashboard Listing Communication Activities and Volumes

Additional reports can be posted online, transmitted through secure email, or posted to a secure FTP site and include:

- Weekly Project Management Summary Reports
- Appeals Status Reports
- Performance Guarantee Reports
- File Management Reports

Samples of our Standard reports are provided in the attachment section of this response.

At project conclusion, detailed deliverables about the dependent eligibility verification audit findings and eligibility management review will be provided, which include a written comparative analysis and recommendations for dependent enrollment and eligibility management improvements. The analysis will be customized for the Department and can be subdivided as required. The analysis will include the following:

- Objectives of the verification and results against objectives
- Process and procedures taken to conduct the verification
- Full description of the verification and verification population
- Detailed results by category, type, and sub-type
- Analysis and recommendations for future compliance and cost savings activities
- Recommendation of cost savings recovery plans from activities

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6. Amnesty Period, Eligibility Verification Period, and Appeal and Reinstatement Period

- a. Describe how you will administer the Amnesty Period of the project for Enrollees to report ineligible Dependents. At a minimum, describe the proposed process to communicate the Amnesty Period to Enrollees, call center support, the processing of requests from Enrollees to terminate ineligible Dependents and the reporting of ineligible Dependents to the Department;

As required by the Department, Secova will provide a sixty (60) day amnesty period.

Secova will provide General Population and Directed Individual communications for the Amnesty period of the Audit. Individual Notification shall occur via US Mail to the home address provided to Secova by the Department. Included in the communication material will be a letter introducing the audit, directions on reviewing dependent eligibility rules and how to report voluntary dependent terminations (phone, web, mail/fax), and information on, how to contact Secova (phone, web, email) with any questions the enrollee may have about the amnesty phase or dependent verification in general.

AMNESTY COMMUNICATION PLAN

General Communication

- Post Amnesty message on benefits website at start of amnesty
- Include Amnesty message in any available benefit communications (newsletters, email blast, etc.)
- Promote Amnesty with the Health Benefit Administrators (HBA's) representing each NYS department, PA and PE

Individual Communication

- Amnesty Letter to all 322,985 enrollees at start of amnesty

Secova provides the enrollee with four options for communicating an amnesty drop; Online, telephone, mail and secure fax. Should the enrollee wish to self-process the amnesty drop, instructions will be provided on how to log onto Secova's Dependent Eligibility Management platform, how to validate their identity and how to mark dependents for Amnesty Drop. Should the enrollee wish to contact the call center, Secova will verify the enrollee's identity and process the drop action on their behalf in our system. Should the enrollee wish to return the Voluntary Termination of Dependent Benefit Coverage form by mail or secure fax, Secova will image all documents received and process the voluntary termination as requested.

Secova proposes to send weekly files during the amnesty period to the Department detailing the dropped dependents.

- b. Describe how you will verify Dependent eligibility in accordance with NYSHIP eligibility rules, including the proofs you will require to be submitted by the Enrollee for each Dependent type (see Exhibits II.A and II.B of this IFB). Explain how you verify that a Spouse or Domestic Partner is still currently the Spouse or Domestic Partner of the Enrollee. In addition to a narrative description, include a detailed flow chart that includes all processes and proposed timeframes;

Overview:

The Verification Station has been developed to allow configurable coding based on each of our client's eligibility and business rules. Based on the dependent type, only those document types matching the Department's allowable verification document set will be available on the screen for the Auditor to process against. Further, each of our auditors are validating documents and not determining eligibility.

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The system is designed to determine final eligibility after all documents submitted have been processed. If the final state does not meet the requirements for verification, an outbound mail communication piece is automatically generated to the enrollee detailing the missing items and providing instructions on how to submit those items to complete the verification process.

Verification Phase: The Verification Phase follows the Amnesty Phase and begins the process of document collection and processing. The Verification Letter carries much the same message as the Amnesty Letter but now directs the enrollee to submit documentation on all eligible dependents. This communication packet will include:

- Verification Letter
- Verification Form
- NYSHIP Dependent Eligibility Rules
- List of Required Documents
- Return Envelope

Document Verification Compliance

The process of verifying dependent eligibility begins with document proofs. In general, the purpose of requiring documentation is to evidence the currency and legitimacy of a dependent relationship. As life events occur (divorce, child reaching age 26, etc.), dependents' eligibility statuses may change. Secova recommends providing each member with multiple options to comply with the documentation requirements by dependent type to allow them to choose the document or document set that is most current and readily accessible. Examples of relevant document sets for common dependent types are shown in the table below. Secova typically requests photocopies of these documents unless otherwise directed by clients.

REQUIRED DOCUMENT(S) – <u>All</u> required documents must include a date, employee and dependent(s) name. (Please send PHOTOCOPIES ONLY, NO ORIGINALS, documents provided for this dependent verification will not be returned.)	
SPOUSE	Marriage Certificate AND ONE of the following documents (these are some examples) to show marriage is still current (Note: if document lists SPOUSE ONLY the document must reflect an address, and the address must be the same as the address on file for the employee): <ul style="list-style-type: none"> ▪ Page 1 and signature page of employee's 2013 or 2014 Federal Income Tax Return or Email Confirmation of Certificate of filing listing the spouse (See enclosed FAQs for instructions on redacting private information.) ▪ A document dated within the past 6 months such as a mortgage statement, home equity loan, lease agreement, automobile registration, credit card or account statement, utility bill, or property tax document.
CHILD UP TO AGE 26	Birth Certificate (issued by a state, county, or vital records office) listing employee as the parent
ADOPTED CHILD UP TO AGE 26	Certificate of adoption, petition to adopt (court documents) signed by a judge, AND Birth Certificate
STEPCHILD UP TO AGE 26	Marriage Certificate (indicating stepchild's biological parent is married to employee), AND Birth Certificate of stepchild (issued by a state, county or vital records office) listing spouse as parent.
CHILD UP TO AGE 26 UNDER LEGAL GUARDIANSHIP OR QMCSO	Court Order signed by a judge verifying legal custody of the child; OR Medical Support Order issued by a State agency.
DISABLED CHILD	You must submit the required document(s) for one of the dependent categories above , as proof that the dependent is your child or the child of your spouse.

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Secova recommends the following documents be required when practical for the audited population (sample Required Documents List provided):

Alternative Tax Documents

Electronic tax returns are generally acceptable alternatives because they are, in fact, the same forms. Most tax preparation software programs allow the user to print out a copy of the completed forms for the user's records, so many times these will appear identical to returns filed through the mail. Tax summaries prepared by an accountant or other third party should not be accepted because they are not on the IRS forms.

Birth Certificate

The birth certificate can be used to verify dependents but is generally more difficult for enrollees to locate than the tax return. For biological or other underage dependent children, it can be used in lieu of a tax return because it can evidence the necessary link to the enrollee and contains the child's date of birth, which allows us to verify the child's current age and determine eligibility for underage dependents. A biological child is the only dependent type for which the birth certificate should be a primary document. Step children, foster, grandchildren, adopted children and full-time students normally require additional documentation.

Marriage Certificate

The marriage certificate should not generally be used as primary documentation because it only evidences that the enrollee and his spouse were married at a particular time and is not necessarily representative of the enrollee's current marital status. If the tax return is not available, Secova recommends requiring a marriage certificate along with evidence of joint tenancy.

The marriage certificate is useful in the case of a stepchild. Since stepchildren often have different last names than the enrollee, the marriage certificate (along with the child's birth certificate) can establish the necessary link between the child and parent who is currently married to the enrollee.

Domestic Partnership Affidavit or Declaration

Verifying domestic partners is much the same as for spouses. NYSHIP's requirement for the PS-425 forms along with evidence of cohabitation and financial interdependence is good. However, Secova recommends requiring only those proofs that do not reveal an enrollee's personal financial information such as a mortgage or lease agreement, utility bills, homeowner's or renter's insurance certificates, etc.

Qualified Child Medical Support Order

The QCMSO is a court order directing a person to provide medical coverage for a child. The order should clearly indicate both the child's name and the name of the parent ordered to provide coverage. The QCMSO should also bear either a judge's signature or court stamp/seal.

Divorce Decree

Similar to a QCMSO, a divorce decree may mandate the enrollee provide coverage for a dependent child, and it should be accepted as sufficient documentation as long as it indicates the same requirements and bear a legitimate signature or seal from the court.

Divorce decrees sometimes require an enrollee to provide medical coverage for an ex-spouse. In this instance, however, the employer bears no responsibility for providing coverage; it is up to the enrollee to obtain coverage from a private health plan.

Full-Time Student Documents

To demonstrate that an overage dependent child (normally 19 year and over until age 25) is currently enrolled as a full-time student, documentation from an accredited college-level institution is typically

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required, along with more primary documentation (e.g. tax return, birth certificate). What constitutes “full-time” may be a determination made by the employer or the employer may define full-time as whatever the institution recognizes as such. Examples of appropriate documents include:

- A letter from the Registrar’s Office attesting to current full-time status
- An official copy of the enrollee’s current enrolled classes
- An unofficial transcript (although this typically only shows previous activity)
- Receipt of tuition payment available from the Registrar’s Office

Disabled Child Documents

Disabled dependents are normally verified with either a Notice of Determination from the Social Security Administration or a Certification or Letter of Disability from the employer’s medical plan. It is important to verify the date the child became disabled as most employers require that the disability had to be present before the child turned a certain age (normally 19 years). Secova recommends that disabled children also be verified with primary documentation (e.g. tax return).

Affidavits

Affidavits can be useful when a tax return or other primary documentation may not be available. Domestic partner affidavits are common, for instance. General affidavits can be used in lieu of required documentation for a temporary period (example: if enrollee is out of the country and does not have access to normal documentation).

Document Processing:

The processing of received documents occurs in the following stages:

1. Incoming documents are scanned, capturing an electronic image of the document and uploading into Secova’s document management system.
2. All hard copy documents are filed by date and locked in secure cabinets specific to the client.
3. Indexing agents then push received documents to the correct client queue.
4. Secova processing agents pick up the imaged documents and review them according to employer rules. Verification data is entered into the Secova application and statuses set for each dependent.
5. Once a determination is met, Secova provides Confirmation Letters to those enrollees who have completed verification of all dependents. Incomplete Letters are sent to enrollees who have submitted some documentation but not all necessary evidence of dependent eligibility. This letter instructs the enrollee on the additional documentation required.

The second part of the Verification Phase typically involves a Reminder Letter being sent to all enrollees who have not yet submitted any documentation. This letter is normally produced about midway between the Verification Letter and the document submission deadline. As the deadline approaches, Secova call agents conduct outbound calls to enrollees who have not yet responded.

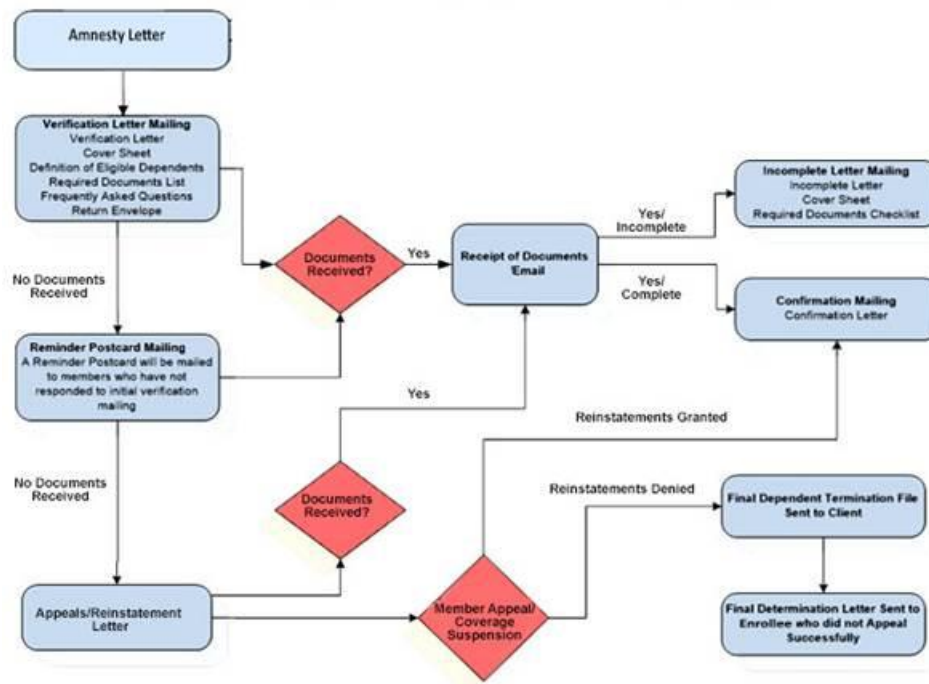
Once the deadline for document submission has passed, Secova mails an Appeals/Reinstatement to enrollees who have dependents remaining in an unverified status. A formal Appeals Period usually follows for a specified time frame.

Secova maintains a very detailed process to account for all Dependent Eligibility Management actions. The following flow charts depict the document and verification cycle as described within this Technical Proposal section.

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Dependent Eligibility Verification Major Project Activities



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- c. Describe the process that will be implemented to review appeals and reinstate Dependents who were terminated because sufficient documentation was not provided on a timely basis and who subsequently are able to provide the documentation.

Reinstatements for those dependents terminated due to lack of proper documentation at the end of the Verification phase of the project are handled in the Appeals phase. Enrollees with unverified dependents will receive an Appeals and Reinstatement Letter which includes a description of the Appeals process and are encouraged to contact the Secova call center with any questions. Should the enrollee wish to continue with the appeal, the enrollee will be required to resubmit all documentation.

Secova will process all forms received and will determine eligibility based on the documents provided. Should all documents meet the Verification requirements, Secova will forward, on a daily basis, all Reinstatements processed on the previous Business Day to the appropriate department within the Department with Secova's findings on the documents submitted for determination by the Department.

All steps of the appeals process are fully documented within Secova's systems and each determination of the Appeal will be communicated back to the enrollee by Secova, regardless of the outcome of the appeal. Any appeals that are granted will result in a Confirmation Letter being mailed to the enrollee, confirming the change in status. Denied appeals will be communicated to the enrollee along with information on re- enrolling terminated dependents at the earliest possible time.

Reinstatements will be processed in Secova's DEMS system and sent to the Department in an electronic file format at the end of the appeals period OR in a weekly file to the Department detailing the reinstated dependents. The file will be in a format acceptable to the Department for direct import into the Department's system(s), thereby fully automating the Dependent Reinstatement Process.

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7. Communication Material

- a. Describe your ability to provide communications that clearly identify to the Enrollee all Dependents, (except Dependent children who were verified in the previous Dependent eligibility audit) for whom verification must be provided to confirm eligibility. Information identifying previously verified Dependent children would be obtained from a file provided by the Department during implementation. Provide a sample document showing how this will be communicated;

All dependents enrolled for coverage are listed on the Verification Form included in the packet mailed to enrollees. We recommend listing children (if still enrolled) who were verified in the previous audit to avoid any confusion on the part of the enrollee when he/she receives the packet. For any dependent for whom sufficient documentation is already on file with the Department, Secova will indicate that no further action is required.

NYSHIP VERIFICATION FORM FOR DEPENDENT ELIGIBILITY				
<p>IMPORTANT: Please check the appropriate box for each dependent listed below to indicate eligibility for coverage; sign, date, and return this form to Secova along with the required documentation <u>for each eligible dependent</u>.</p> <p>If you do not have access to a computer and choose to submit a paper copy of your Verification Form and Required Documentation, please use one of the following options:</p> <ul style="list-style-type: none"> • Fax: [FAX NUMBER] • Mail: NYSHIP Dependent Eligibility Verification, C/O Secova, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966 (Keep a copy of all documents for your records.) <p><u>Verification Forms and Required Documents submitted with missing information will be considered incomplete and will result in a delay in the verification process for your eligible dependent(s). If you select "not eligible" your dependent(s) will be terminated from NYSHIP coverage.</u></p> <p>NOTE: Dependent children who were verified in the previous audit in 2009 are excluded from this process, and are marked as "VERIFICATION COMPLETE". You are not required to provide any further documentation for this dependent(s).</p> <p>Failure to respond to this request to provide proof of eligibility for your enrolled dependent(s) listed below by [DATE], will result in termination of benefits for your dependent(s).</p>				
Dependent Name	Relation	Is Dependent Eligible for Coverage?		ACTION REQUIRED To Verify Dependent Eligibility
HAILEY SAMPLE	Spouse or Domestic Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed Definitions and Required Documents and submit required documentation.
MATTHEW SAMPLE	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed Definitions and Required Documents and submit required documentation.
ASHLEY SAMPLE	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed Definitions and Required Documents and submit required documentation.
JAKE SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.		
BRITTANY SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.		

Previously verified dependents indicated in shadowed section below

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b. Provide samples of recommended communications the Offeror proposes to use in the project;

Secova's recommended communication material, customized to the Department based on the requirements presented in the IFB has been included in the attachments as Attachment 5 – Sample Communications.

c. Describe your experience with other clients in developing customized communications;

Each Dependent Eligibility Audit conducted by Secova centers on clear, concise and customized communication material and processes designed to address the unique needs of the client's population. All materials must be written with critical constituents in mind to avoid missteps that can derail a project, if not carefully attended to early in the development process.

Secova believes that it is imperative to craft a message that explains the "why" as much as the "how to." We work with our client's leadership team to create a message to enrollees that encourage participation and a sense of shared responsibility for providing quality health benefits at affordable rates. In all cases, we prepare and present communications with the theme of education and compliance as the cornerstone of the project.

For every DEA project, our approach is to draft communication materials based on information provided by each client, complete with a full analysis from a demand generation (response) specialist within our organization. Following submission of these draft documents to the client, Secova works with the designated departments and/or entities within each client to further define the look, feel and message contained within each piece.

Utilizing our extensive background in DEA communication development, Secova provides a solid consultative and practical approach to developing materials that are easy to understand and elicit the appropriate action from the recipient. Additional information on client specific results and approaches can be found in the Project write-ups contained in the Reference Section of our response.

Since 2006, Secova and The Segal Group have collaborated to provide a broad range of benefits administration outsourcing services and employee benefits communications to our clients. The combined capabilities of these organizations will serve to deliver the services sought under this RFP

Segal's Ability to Deliver Communications Services

Assisting clients with the development and delivery of employee communications throughout the year and during annual enrollment is one of Segal's core services. Segal's National Communications Practice is staffed with 17 human resources and benefits communication consultants; six consultants specializing in personalized communications; a graphic designer on staff plus close, ongoing relationships with a dozen design firms; six designers/programmers who specialize in web, mobile and other electronic media; a full-time videographer and editor; and a full-time production manager. These experienced, technically adept and creative consultants work with clients to write, design and deliver print, video and web materials and tools that are easy for employees to navigate and understand, and that help facilitate well-informed decision-making.

Segal's communicators have extensive experience in managing complex benefits communications initiatives and projects that leverage multiple media for clients across the public, multiemployer, and private sectors. Segal possesses the subject matter expertise, experience and technology to ensure flawless execution of their project work. Segal works with 300+ clients ranging in size from 100 to 145,000 employees. Segal's public sector client list includes the State of North Carolina, the State of Illinois, the State of Delaware, the State of Maryland and the Pennsylvania Public School Employees' Retirement System (PSERS).

Segal communicators are well-respected professionals and are invited frequently to write articles for

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industry magazines and speak at a variety of conferences. Most recently, one of their senior consultants penned an article for HR News, published by the International Public Management Association for Human Resources (IPMA-HR), entitled “Taking Control: How Effective Communications Can Help Public Employers Navigate Change.” Their industry leadership also is demonstrated by their frequent presentations in such forums as the National Conference of the State and Local Government Benefits Association (SALGBA), the College and University Professional Association for Human Resources (CUPA-HR), and the International Foundation for Employee Benefit Plans (IFEBP).

In addition, Segal’s communications work has won considerable industry recognition, which has been expressed in numerous industry awards in the recent past. Below is a partial list of their most recent recognitions:

Award	Year	Client Campaign
APEX Grand Award (highest distinction) and Communicator Award of Distinction	2013	State of Delaware: Open Enrollment 2013 – Animated Video
APEX Award of Excellence	2013	Robins, Kaplan, Miller & Ciresi, LLP – Retirement Income Statement
Communicator Award of Excellence (highest distinction)	2013	L-3 – How to Choose a Medical Plan – Animated Video
Communicator Award of Distinction	2013	L-3 – How to Choose a Beneficiary – Animated Video
Communicator Award of Distinction	2013	L-3 – How to Talk With Your Doctor – Animated Video

- d. Describe your approach for contacting non-responders or Enrollees who have submitted partial, but not full documentation. How many attempts are made to reach the Enrollee to obtain adequate documentation prior to terminating their Dependent(s)?

Secova distributes its communications over the period of the project to ensure every possible channel is used to reminding enrollees of submitting documentation and assisting them in their case update. If beyond the communications the enrollee fails to respond, Secova will use a minimum of 2 outbound call attempts (one using a live agent) to remind the enrollee of pending documentation. These attempts will be date and time stamped against the enrollee homepage. Those responding with partial information will receive an Incomplete Notification and providing guidance on how to complete the submission. A non- responder report can be sent to the Department if required, to follow up with specific enrollees in person.

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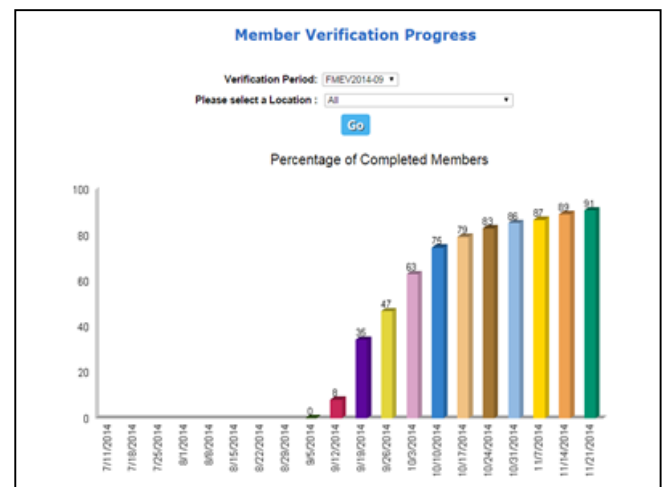
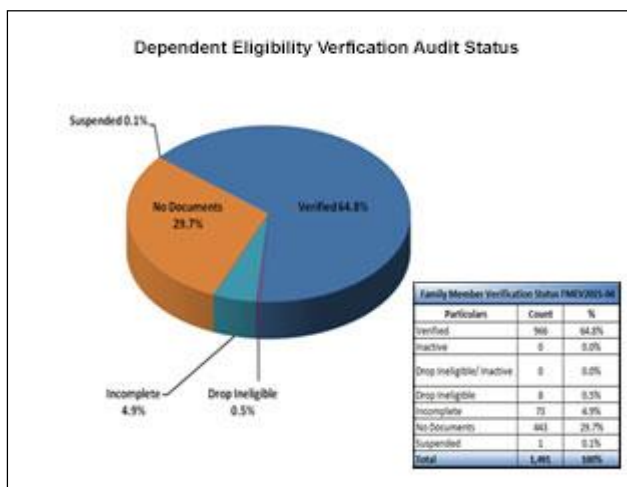
8. Reporting

- a. Describe the reports that you recommend for this DEA Project that conform to the minimum reporting requirements described in this section. Provide report samples for each report type.

Secova reports weekly during our conference calls a recap of response and verification rates to date, call center and document activity as well as any voluntary termination of coverage reported. We provide all reports by required organization structure. Information is available on an aggregate basis and by individual identifier or location. Every material project activity and milestone is measured and reported as required by the Department. If the Department requires additional reports, this is configured to be reported on.

The following standard online reports will be provided:

- Dependent Eligibility Audit Status Reports
- Daily Dashboard Listing Communication Activities and Volumes



Additional reports are posted online, transmitted through secure email, or posted to a secure FTP site and include:

- Weekly Project Management Summary Reports
- Appeals Status Reports
- Performance Guarantee Reports
- File Management Reports

Samples of our Standard reports are provided in the attachment section of this response.

Annually, detailed reporting on audit findings and eligibility management review are provided, which include a written comparative analysis and recommendations for dependent enrollment and eligibility management improvements. The analysis is will be customized for the Department. The analysis will include the following:

- Objectives of the verification and results against objectives
- Process and procedures taken to conduct the verification
- Full description of the verification and verification population
- Detailed results by category, type, and sub-type
- Analysis and recommendations for future compliance and cost savings activities
- Recommendation of cost savings recovery plans from activities

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SSAE 16 TYPE -II REPORT

ON OPERATING EFFECTIVENESS OF CONTROLS

FOR THE PERIOD April 1, 2014 TO September 30, 2014



Comprising

Secova eServices Pvt Ltd and its subsidiaries Secova eServices Inc., Secova Services Inc & Secova Inc.,

Audit Conducted and Certified by

Mr. Sriram Visvanathan, CPA

Report Compiled by:

IRISK ASSURANCE SERVICES

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Independent Service Auditor's Report

To the Board of Directors of Secova e-Services Private Ltd:

I have examined the description of employee benefit plan administration processing services of Secova e-Services Private Ltd and its subsidiaries Secova e-Services Inc., Secova Services Inc. & Secova Inc. throughout the period April 1, 2014 to September 30, 2014 (the "description"), and the suitability of the design and operating effectiveness of controls to achieve the related control objectives stated in the description. For the purposes of this report all of these entities are together referred to as Secova unless the context requires otherwise.

In Section I, Secova has provided an assertion about the fairness of the presentation of the description and suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. Secova is responsible for preparing the description and for the assertion, including the completeness, accuracy, and method of presentation of the description and the assertion, providing the control environment, services covered by the description, specifying the control objectives and stating them in the description, identifying the risks that threaten the achievement of the control objectives, selecting the criteria, and designing, implementing, and documenting controls to achieve the related control objectives stated in the description.

My responsibility is to express an opinion of the fairness of the presentation of the description and on the suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description, based on my examination. I conducted my examination in accordance with attestation standards established by the American Institute of Certified Public Accountants. Those standards require that I plan and perform my examination to obtain reasonable assurance about whether, in all material aspects, the description is fairly presented and the controls were suitably designed and operating effectively to achieve the related control objectives stated in the description throughout the period April 1, 2014 to September 30, 2014.

An examination of a description of a service organization's system and the suitability of the design and operating effectiveness of the service organization's controls to achieve the related control objectives stated in the description involves performing procedures to obtain evidence about the fairness of the presentation of the description of the system and the



suitability of the design and operating effectiveness of the controls to achieve the related control objectives stated in the description. My procedures included assessing the risks that the description is not fairly presented and that the controls were not suitably designed or operating effectively to achieve the related control objectives stated in the description. Our procedures also included testing the operating effectiveness of those controls that we consider necessary to provide reasonable assurance that the related control objectives stated in the description were achieved. An examination engagement of this type also includes evaluating the overall presentation of the description and the suitability of the control objectives stated therein, and the suitability of the criteria specified by the service organization and described in Section II. I believe that the evidence I obtained is sufficient and appropriate to provide a reasonable basis for my opinion.

Because of their nature, controls at a service organization or subservice organization may not prevent, or detect and correct, all errors or omissions in processing or reporting transactions. Also, the projection to the future of any evaluation of the fairness of the presentation of the description, or conclusions about the suitability of the design or operating effectiveness of the controls to achieve the related control objectives is subject to the risk that controls at a service organization or subservice organization may become inadequate or fail.

In my opinion, in all material respects, based on the criteria described in Secova's assertion in Section I,

- a) The description fairly presents the HR & Benefits Plan Administration processing services that were designed and implemented throughout the period April 1, 2014 to September 30, 2014.
- b) The controls related to the control objectives stated in the description were suitably designed to provide reasonable assurance that the control objectives would be achieved if the controls operated effectively throughout the period April 1, 2014 to September 30, 2014.
- c) The controls of Secova that we tested, which were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period April 1, 2014 to September 30, 2014.

The specific Controls tested and the nature, timing, and results of those tests are listed in Section III.



The information included in Sections IV of this report is presented by Secova to provide additional information to user organizations and is not a part of Secova's description of controls placed in operation. The information in Sections IV has not been subjected to the procedures applied to the examination of the description of the controls related to the HR & Benefits Plan Administration processing services and, accordingly, I express no opinion on it.

This report, including the description of tests of controls and results thereof in Section III, is intended solely for the information and use by the management of Secova, users entities of Secova's HR & Benefits Plan Administration processing services during some or all of the period April 1, 2014 to September 30, 2014, and the independent auditors of such user entities, who have a sufficient understanding to consider it, along with other information including information about controls implemented by user entities themselves, when assessing the risks of material misstatements of User entities' financial statements. This report is not intended to be and should not be used by anyone other than these specified parties.



Sriram Visvanathan
FCA, Certified Public Accountant
CPA M No. 25816

Dated 24th October 2014.

Intertek

Secova eServices Private Limited

has been assessed and registered by Intertek as conforming to the requirements of

ISO 27001:2013

Information security management system covering all aspects of business relating to HR outsourcing services.

See attached appendix for lists of other sites covered by certification



Authorised Signature: Calin Moldoveanu – President, Business Assurance
Intertek Certification Limited, 10A Victory Park, Victory Road,
Derby DE24 8ZF, United Kingdom

Intertek Certification Limited is a UKAS accredited body under schedule of accreditation no. 014.

In the issuance of this certificate, Intertek assumes no liability to any party other than to the Client, and then only in accordance with the agreed upon Certification Agreement. This certificate's validity is subject to the organisation maintaining their system in accordance with Intertek's requirements for systems certification. Validity may be confirmed via email at certificate.validation@intertek.com or by scanning the code to the right with a smartphone.

The certificate remains the property of Intertek, to whom it must be returned upon request.

CT- BS ISO/IEC 27001:2005-UKAS-EN-A4-P-20.jun.13



Intertek

Secova eServices Private Limited

5000 Birch Street, West Tower, Suite 1400, Newport Beach - 92660, California,
United States of America

Certificate Number: 010048-01
Original Issue Date: 07 October 2010
Issue Date: 16 February 2015
Certificate Expiry Date: 06 October 2016



014

CT- BS ISO/IEC 27001:2005-UKAS-EN-A4-P-20.jun.13





Disaster Recovery and Business Continuity Plan

January 2, 2015

EXTERNAL CONFIDENTIAL

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Document Overview

The objective of the Business Continuity Plan is to minimize any service disruption or financial loss resulting from the premises of Secova being rendered totally or partially in operative during a disaster.

It is also to identify when and how to declare a disaster and ensure that the site is aware of the protocol and procedures to follow in the event a disaster is declared.

Client Business Relationship Manager at Secova

Joel Carter – Senior Vice President, Product Development & Client Services, has been designated by Secova as its Business Relationship Manager and represents Secova for services offered to its clients.

Business Continuity Coordinator / Leader at Secova

Rajesh Akella – CISO & Associate Vice President - Infrastructure at Secova will be the designated Business Continuity Manager

1.1 Plan Overview

The Business Continuity Plan depicts various disaster scenarios and Recovery steps that will be taken by Secova to identify the business functions that will be needed for business continuity and the levels of continuity provided for these business functions.

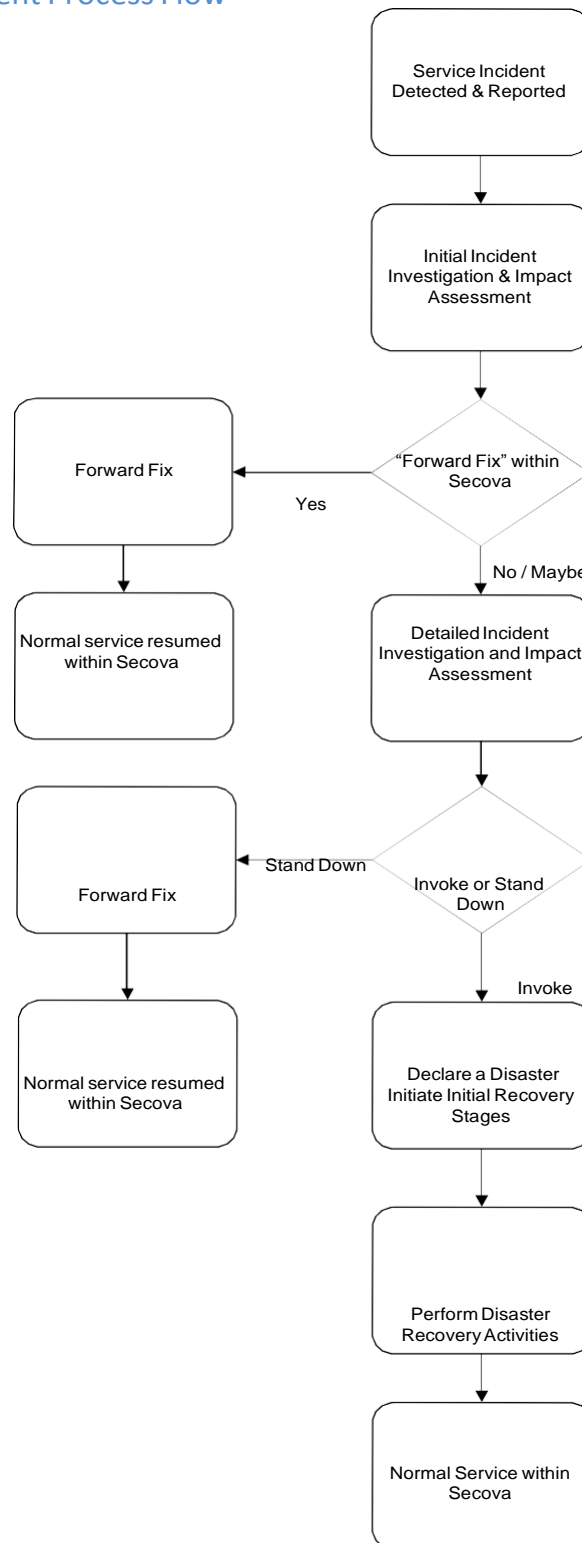
Secova currently carries a global footprint with three physical locations in the United States and one located at Chennai, India.

1.2 Physical Locations

1. *Newport Beach, CA (Corporate Headquarters / Service Delivery site) Physical Address: 5000 Birch Street, West Tower, Suite 1400, Newport Beach, California 92660-2127*
2. *Wall, NJ (Service Delivery site) Physical Address: 1800. Route 34, , Building 3, Suite 301, Wall, New Jersey 07719*
3. *Hawthorne, CA (Data Center – Managed by AT&T) Physical Address: 2301 W 120TH ST, HAW, CA, 90250*
4. *Chennai, India (Service Delivery site) Physical Address: RR Tower III, Second Floor, TVK industrial Estate, Guindy, Chennai – 600 032*

EMERGENCY MANAGEMENT PLAN

1.3 Incident Management Process Flow



1.4 Notification Process

In case of an emergency, the top priority is to preserve the health and safety of staff before proceeding to the Notification procedure. Any employee who is aware of a potential incident within the facility will notify the team lead and Infrastructure lead with the following information:

1. Employee Name
2. A description of the event
3. A preliminary report of damages and injuries
4. Information regarding any attempted or actual notification contacts
5. A phone number and location where the employee can be reached

In the event of a building evacuation, employees shall report to the departments' pre-designated assembly point. The Recovery Lead performs a quick assessment of the incident reported and ensures all appropriate emergency response procedures follow. On determination of the crisis management center, the lead performs the following alert notifications.

- Alert the assessment personnel listed below. Alternates if the primary person cannot be reached
- Alert Facilities and other appropriate support areas of the incident
- Alert remaining team members, senior executives and vendors of the incident
- Instruct / notify where to report (e.g., Crisis Management Center, damaged site, other sites, stay home)

BUSINESS RESUMPTION / DISASTER RECOVERY PLAN

1.5 Plan Overview

This business resumption plan outlines the resumption of business critical services, which includes business applications, call center services and data / document management.

1.6 Business Management

In the event of a disaster, the emergency management plan will be followed. The personnel empowered to manage a disaster situation have been listed by location as part of the emergency management plan.

1.7 Client Services

Service Delivery Managers and Client Analysts assigned to customers are spread across all three-service locations. Primarily, Service Delivery Managers are located at Wall, NJ and Newport Beach, CA. Client Analysts are primarily located at Chennai, India and Newport Beach, CA, and shadow Service Delivery Manager on a cross functional basis. In case of a disaster and if a state of emergency is declared, Service Delivery Managers notify customers and provide operational support by working from alternate locations using VPN connectivity. In case of an inability to communicate or connect with the customer, Client Analysts will step into the role of their respective Service Delivery Managers and deliver service at the requisite levels.

1.8 Call Center

Secova provides call center support across two locations within the United States and one out of Chennai India. All three locations are integrated to a high degree using state-of-the-art Avaya phone systems. The system is setup with fail over mechanisms that alternate to available sites during any disaster. The primary PBX equipment is located at data center in CA, and the standby PBX equipment is located at Wall, NJ service location. Our current setup offers all customer inbound calls (HR Service Center Calls) to terminate at primary site. If connectivity is lost to or any equipment failure happens impacting the availability of PBX the primary site, PBX at the Wall location will take over and all customer calls are routed via the Wall location. Service center representatives are cross-trained across all systems and processes.

Reports and Electronic Data Interchange

All reports and data files that comprise critical PHI data, required for customer consumption, will be generated from servers located at data center. Secova has IT development and software support services across its three service locations. Staff in one of these alternate locations will resume services for report and file generation.

Data Processing and Online Processing Applications

Business applications, Data processing and Document Management Systems are located at data center, CA. Document intake services are currently available at Wall, NJ and Newport Beach, CA. Backups of production data residing at data center, CA are made daily to a disk based backup system which is then replicated every 24 hours to a secondary system located in Wall, NJ. Critical production data at data center is replicated on an hourly basis to standby systems available in the Wall, NJ, facility. All core systems necessary for business are available at the Wall facility and can be switched from standby to active in the event of a disaster and/or unavailability of the data center for extended period.

Recovery will take place within three days once a disaster is declared. Once ported to the Wall facility the applications will have a 30% availability rating. Data / Document processors across all three service locations will be cross-trained on all the processes. All three sites are capable of processing services.

1.9 Business Resiliency lead Coordination

Secova's Service Delivery Managers, assisted by the Client Analysts, perform coordination with their assigned clients. They take the lead in notification efforts to a customer in the event of a disaster.

1.10 Plan Maintenance and Testing

The Secova Business Continuity team is responsible for maintaining the plan, testing the plan, training, and communication with all relevant personnel.

The plan will be revised based on feedback from tests as well as technology or process changes. Elements of the plan are tested once a year on a perpetual basis. Secova tests client specific delivery and resiliency at least once a year prior to the Open / Annual enrollment period.

1.11 Escalation & Communication Procedures

The escalation process internally will be as per the emergency management plan defined earlier in this document.

1.12 Business Processes Supported

Listed below are the business processes supported under this plan:-

1. Call Center Support Services
2. Online Enrollment Services
3. Dependent Eligibility Management Services
4. Premium Billing Services

5. Data / Document Processing
6. Reporting Services
7. EDI Services

1.13 Primary and Alternate locations conducting business

Primary service locations vary from customer to customer based on contractual agreements. Secova's core service centers are our Wall, NJ and Chennai, India locations. These two sites are functionally equipped with resources and infrastructure to perform as alternate sites for each other. Secova's location in Newport Beach, CA functions as an additional alternate site if Chennai, India and Wall, NJ are experiencing failures.

1.14 Event Scenarios

This Plan addresses the scenarios listed below. In the event of any of the listed scenarios, Secova will alternate from the service location in distress to one of its other service locations. Each of Secova's service centers are alternates for each other.

The following Recovery and Restoration Matrix details the current capacity of Secova on a scenario basis.

Recovery Time	Description	Recovery	Restoration
Loss of Facility Loss of Region	Functionality of an operating facility is disrupted due to a natural calamity or local incident	<ol style="list-style-type: none"> 1. Recovery will be managed by the available two sites to ensure service delivery. This is usually enabled within 24 hours from the incident reported time. 2. Each site has enlisted temporary staff for quick ramp up to meet demand. 	<ol style="list-style-type: none"> 1. Ramping up the alternate location to manage the increased demand with trained temporary staff until the failed site is fully restored or an alternate location is made available.
Connectivity Outage	Communication Outage	<ol style="list-style-type: none"> 1. Secova is on an MPLS network with inherent redundancies and committed SLAs by the service provider 2. All our data centers are connected through redundant links to the MPLS networks. 3. All service locations also have site-to-site VPN links as an alternative to the MPLS connectivity 4. Communication infrastructure is setup to route traffic through alternative paths. <p>Any breakage in communication to a specific site will result in the loads being distributed to alternate locations.</p>	
IT Outage	Loss of Data Center [, CA]	<ol style="list-style-type: none"> 1. In the event of loss of CA Data Center (primary), telephony services will be recovered through the Wall, NJ. 2. In the event of loss of CA Data Center, the core applications and data will be recovered in three days to the Wall facility, providing a diminished level of service. 	<ol style="list-style-type: none"> 1. [Telephony] full restoration will occur when the alternate site is functional 2. Full Restoration at an alternate site will take a minimum of 3 weeks once partial recovery is complete <p>Note: In the event of complete loss of the primary data center, Secova has arranged to restore critical systems at the Wall facility at 30% availability. Once partial recovery is complete 100% availability will occur 3 weeks thereafter.</p>
High Absence Scenario	Chennai, India	<ol style="list-style-type: none"> 1. All functions performed at Chennai, India are replicated either at Wall, NJ or at Newport Beach; CA. Services can continue to be provided to Secova's customers at a diminished capacity level. 2. Customer setup / configuration are handled solely out of Chennai. In the event of service interruption at Chennai, standby resources in Newport Beach and Wall can support this function at a diminished level until full service is restored. 	Secova will address the root cause for the high absence (transportation, etc.) When outside of Secova's control (weather, etc.), Secova will ramp up service capability at the alternate locations until full restoration is achieved at the affected site.
High Absence Scenario	Wall, NJ	<ol style="list-style-type: none"> 1. Virtually all functions performed at Wall are replicated either at Chennai, India or at Newport Beach; CA. Services can continue to be provided to Secova's customers at a diminished capacity level. 	Secova will address the root cause for the high absence (transportation, etc.) When outside of Secova's control (weather, etc.), Secova will ramp up service capability at the alternate locations until full restoration is achieved at the affected site.

Recovery Time	Description	Recovery	Restoration
High Absence Scenario	Newport Beach, CA	1. Virtually all functions performed at Newport Beach are replicated either at Chennai, India or at Wall, NJ. Services can continue to be provided to Secova's customers at a diminished capacity level.	Secova will address the root cause for the high absence (transportation, etc.) When outside of Secova's control (weather, etc.), Secova will ramp up service capability at the alternate locations until full restoration is achieved at the affected site.



Data Protection and Privacy Policy

Version No: 3.0

Effective Date: 05-Aug-2014

	Issued By	Approved By
Name	Suresh Kamaraj	Rajesh Akella
Designation	Sr. Manager	CISO
Signature		
Date	19th Jun 2013	20th Jun 2013

Revision History

S.No	Date	Version No.	Description	Approved By
1	18 th Feb 2010	1.0	Initial release	CISO
2	20 th Jun 2013	2.0	Revised	CISO
3	1 st Aug 2014	3.0	Revised for ISO27001:2013	CISO

1. Purpose

The purpose of this document is to

- outline the policy of Secova and each of its direct and indirect subsidiaries regarding direct communications to the public and/or specific employees to ensure compliance with California Senate Bill 168; Use of Social Security Numbers (“SB 168”), and California Civil Code section 1798.85(a) and the Department of Health and Human Services, Office of the Secretary, 45 CFR Parts 160 and 164, Standards for Privacy of Individually Identifiable Health Information
- protect important records from loss, destruction, falsification and maintain privacy in accordance with statutory, regulatory, contractual and business requirements.

2. Scope

This policy applies to all employees of Secova and any of its subsidiaries. Human Resources and the Chief Executive Officer (“CEO”) are responsible for working with the Board of Directors to ensure that the Privacy Protection policy is adhered to. **Policy Enforcement:** All policy additions, modifications, and deletions are subject to review for appropriateness and approval by Secova’s Privacy Officer, CTO and the Board of Directors. **Responsibility:** The Director of Human Resource, Privacy Officer, and the CEO are responsible for the interpretation, administration, and enforcement of this policy.

This Privacy Policy is effective April 1, 2003 and is the responsibility of the Privacy Officer, who may amend it, in any respect, as he or she deems necessary or appropriate from time to time with the approval of the Chief Operations Officer.

3. Principle

A number of countries have introduced legislation placing controls on the collection, processing and transmission of personal data. Depending on the respective national legislation controls may impose duties on those collecting, processing and disseminating personal information and restrict the ability to transfer that data to other countries. Data Protection and privacy is achieved by

- Implementing controls specified by the national laws on data protection and privacy.

4. Policy

It is the policy of Secova to comply with the regulations stipulated in HIPAA, SB 168 and Civil Code section 1798.85(a). Secova's Privacy Protection policy includes physical information access, posted information, print, facsimiles, electronic communications, telephone exchanges, and mail.

This policy covers all Social Security Numbers, medical records and other individually identifiable health information held or disclosed by a covered entity, in any form, whether communicated electronically, on paper, or orally.

Secova considers maintaining the security and confidentiality of Protected Health Information (PHI) and Social Security Numbers (SSN) a matter of its highest priority. Each person accessing Secova data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. The following conditions apply to all those having access to Protected Health Information and Social Security Numbers.

While Secova strives to hire employees of high integrity, Secova establishes policies, practices, and standards in order to comply with various federal and state regulations. Employees who engage in conduct that violates Company policies, practices, or standards or whose performance is unsatisfactory may be subject to corrective action (up to and including termination).

Standards

1. Physical Access Safeguards and Clean Desk Practices

- a) **Posted Information:** Employees may not publicly post or display in any manner an individual's Social Security Number. This means that employees may not communicate or otherwise make available to the general public an individual's Social Security Number.
- b) **Print:** A Responsible Employee must take reasonable steps to ensure that all print jobs containing PHI are retrieved and viewed only by a Responsible Employee. Employees may not print an individual's Social Security Number on any card, ID, or badge required for the individual to access products or services provided by the company.
- c) **Facsimiles:** A Responsible Employee must take reasonable steps to ensure that all incoming faxes containing PHI are retrieved and viewed only by a Responsible Employee. In the course of performing ministerial tasks on behalf of our employer clients, Secova employees may need to send to third parties information containing Social Security Number[s] for verification, enrollment, eligibility and administrative purposes. Employees may forward this information to third parties provided the purpose for which information containing Social Security Numbers[s] is clearly stated and Secova's HIPAA and SB168compliant Facsimile cover sheet is utilized in the transmission at all times.

d) **Shredding of Printed Materials and Handwritten Notes:** Any Secova employee that provides services to a member must promptly shred, or store in a secure place until shredding is appropriate, any notes that contain a member's name, Social Security Number, benefits information, protected health information or any other applicable personal information.

e) **Computer Protocol:** All employees must lock their computer when stepping away from their desk.

f) **Secured Areas:** All Secova offices are considered "secured areas" and must be treated as such. Any visitor to an office must be greeted by the receptionist or employee on duty and will be issued a "Visitor" pass. All doors that open to the general public are locked at all times and opened with an employee key card. To this end, the door opening to the lobby from the Call Center is to be kept shut at all times.

2. Phone Correspondence Safeguards:

Employees may not ask for an individual's Social Security Number for identification. Instead they must ask for the individual's name, address, or any other identifier. Should there be further need for to use his/her Social Security Number, only the last four digits of the Social Security Number should be requested to complete the identification process. (See list below for other qualifying information.)

3. Non-member Authorization to Release Information:

Any release of member information must be pre-approved by the member on the "Authorization for Release of Health Information" form or by requiring the caller to provide any and/or all of the following information:

- ✓ Last 4-digits of Social Security Number
- ✓ Employee Number
- ✓ Date of Birth
- ✓ Address
- ✓ Relation to Member
- ✓ Employer Name
- ✓ Dependent's Names
- ✓ Dependent's Dates of Birth

4. Electronic Communications

a) **Emails and Data Files:** Employees may not transmit or require an individual to transmit his or her Social Security Number over the Internet, unless the connection is secure or the Social Security Number is encrypted. The use of password-protected documents is also acceptable, as long as the password is kept secure.

b) Internet Web Sites: Employees may not utilize or require an individual to utilize his or her Social Security Number to access an Internet Web site, unless a password or a unique personal identification number ("PIN") or other authentication device is also required to access the Web site.

5. Electronic Access to Member Information

a) Safeguards of Historic information: Access to this information is limited to select team. The information is accessible on a secured application and restricted to those with the correct user id and password.

b) CRM Usage and Safeguards: All member and/or client calls are documented on the Secova CRM system. The CRM system tracks the following information:

- ✓ Member
- ✓ Client
- ✓ Carrier
- ✓ Reason for call
- ✓ Topic of call
- ✓ Duration of call
- ✓ Status of call
- ✓ Resolution of call
- ✓ Secova employee taking call
- ✓ Any other pertinent information

c) Disclosure of Confidential Medical Information: Any electronic CRM file that contains protected health information will be indicated with a flag on the record to alert the Secova employee to request verbal confirmation of the member's identification or a written authorization to release information to a third party. When documenting such information into the CRM system an alert must be activated. Protected health information includes, but is not limited to the following:

- High Blood Pressure
- Heart, Liver and/or Kidney Disease
- Diabetes
- Mental Illness
- Prescription Medications
- HIV Testing Results
- Herpes or Hepatitis Diagnosis

Individual health information provided to an employer by or on behalf of an employee in connection with verifying an absence from employment, request for a reasonable accommodation of a disability, workers compensation claim, or other employment-related purpose, is not subject to this Privacy Policy.

6. Mail

Employees may not print an individual's Social Security Number on any materials that are mailed to the individual, unless state and federal law requires the Social Security Number to be on the document to be mailed. Notwithstanding this provision, check your department administrative and work flow procedures regarding the printing of Social Security Numbers on certain documents.

Mail addressed to a Health Plan (or known to relate to a Health Plan) and sent to Secova must be delivered to a Responsible Employee. Any other correspondence addressed to the Company that contains PHI must be forwarded to a Responsible Employee. Mail likely to contain PHI sent to a Business Associate shall be handled and processed in accordance with the guidelines established by the Business Associate to reasonably assure compliance with the Privacy Policy. Mail containing PHI should be handled and stored in accordance with the same general guidelines.

Procedures

1. Protected Health Information (PHI) and Social Security Number (SSN) Confidentiality

The following procedures must be followed to maintain client confidentiality:

- a) Collect SSNs preferably only where required to do so by federal or state law.
- b) When collecting PHI and/or SSNs is allowed, but not required, by law, do so only as reasonably necessary for the proper administration of lawful business activities.
- c) If a unique personal identifier is needed, we will develop our own or work with the client to use their own identifiers as a substitute for the SSN.

2. Inform individuals when you request their SSNs

- a) Whenever you collect PHI and/or SSNs as required or allowed by law, inform the individuals of the purpose of the collection, the intended use, and the consequences of not providing the number.
- b) Any conversations with members or clients must be conducted in a tone that is professional and low to prevent them from being overheard by other Secova employees/visitors.

3. Elimination of public display of PHI and SSNs

- a) Do not put PHI and/or SSNs on documents that are widely seen by others, such as identification cards, badges, time cards, employee rosters, bulletin board postings, and other materials.
- b) Do not send documents containing SSNs on them through the mail, except on applications or forms or as allowed by your department's workflow procedures.

- c) When sending applications, forms or other documents required by law to carry SSNs through the mail, place the SSN where it will not be revealed by an envelope window. Where possible, leave the SSN field on forms and applications blank and ask the individual to fill it in before returning the form or application.
- d) Do not send PHI and/or SSNs by email unless the connection is secure or the PHI and/or SSN are encrypted.
- e) Do not require an individual to send his or her PHI and/or SSN over the Internet or by email, unless the connection is secure or the PHI and/or SSN are encrypted.
- f) Do not require individuals to use SSNs as passwords or codes for access to Internet web sites or other services.

4. Control access to PHI and/or SSNs

Secova limits access to records containing PHI and/or SSNs only to those who need to see the information and numbers for the performance of their duties. Protect records containing PHI and/or SSNs, including back-ups, during storage by encrypting the numbers in electronic records or storing records in locked cabinets. Do not store records containing PHI and/or SSNs on computers or other electronic devices that are not secured against unauthorized access. Avoid sharing PHI and/or SSNs with other companies or organizations except where required by law, or authorized by the individual. If you do share PHI and/or SSNs with other companies or organizations, including contractors, use written agreements to protect their confidentiality.

Prohibit such third parties from re-disclosing SSNs, except as required by law.

Require such third parties to use effective security controls on record systems containing SSNs.

Hold such third parties accountable for compliance with the restrictions you impose, including monitoring or auditing their practices.

NOTE: If PHI and/or SSNs are disclosed inappropriately and the individuals whose PHI and/or SSNs were disclosed are put at risk of identity theft or other harm, promptly notify your manager or Compliance Officer immediately.

5. Employee Commitment

When handling confidential information, each employee is held responsible to:

- a) Respect the privacy and rules governing the use of any information accessible through the computer system or network and only utilize information necessary for performance of employee's job.
- b) Respect the ownership of proprietary software. For example, do not make unauthorized copies of such software for your own use, even when the software is not physically protected against copying.
- c) Respect the finite capability of the systems, and limit use so as not to interfere unreasonably with the activity of other users.
- d) Respect the procedures established to manage the use of the system.
- e) Prevent unauthorized use of any information in files maintained, stored, or processed by Secova
- f) Do not seek personal benefit or permit others to benefit personally by any confidential information or use of equipment available through employee's work assignment.
- g) Adhere to all stated policies; including but not limited to the Privacy Protection Policy and any specific departmental guidelines.
- h) Do not operate any non-licensed software on any computer provided by Secova
- i) Do not exhibit or divulge the contents of any record or report except to fulfill a work assignment and in accordance with Secova policy.
- j) Do not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
- k) Do not remove PHI and/or SSNs from the office where it is kept except in the performance of employee's duties.
- l) Understand that the information accessed through all Secova information systems contains sensitive and confidential patient/member care, business, financial and hospital employee information, which should only be disclosed to those, authorized to receive it.
- m) Do not release any authentication code or device to anyone else, or allow anyone else to access or alter information under employee's identity.
- n) Do not utilize other employee's authentication code or device in order to access any Secova system.
- o) Do not write user id and passwords on paper and leave unsecured.
- p) Respect the confidentiality of any reports printed from any information system containing patient/member information and handle, store and dispose of these reports appropriately.

- q) Do not divulge any information that identifies PHI and/or SSNs.
- r) Understand that all access to the system will be monitored.
- s) Sign the Privacy Protection Policy Acknowledgement.
- t) Terms of policy extend two-year post termination.

Definitions

Business Associate: "Business Associate" shall mean, Secova and its subsidiaries, a person or entity, which performs or assists in the performance of a function or activity involving the use or disclosure of PHI from or on behalf of a Health Plan. Such functions or activities include claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, re-pricing, and other professional services. "Business Associate" will include all employees of the Business Associate who perform or assist in the performance of functions on behalf of a Customer

Covered Entity: "Covered Entity" shall mean a health plan, a health care clearinghouse, or a Health Care Provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA.

Proprietary Information: shall mean information relating to Secova and its Clients that is not generally known to the public, including be not limited to information that relates to past, present, or future research and development, trade secrets, products and services, pricing, marketing, financial matters, or business affairs (including policies, procedures, plans, and methods or operation).

Protected Health Information (PHI): means individually identifiable health information that (a) relates to the past, present, or future physical or mental condition of an Individual, provision of health care to an Individual, or payment for such health care; (b) can either identify the Individual or there is a reasonable basis to believe the information can be used to identify the Individual; and (c) is received or created by or on behalf of a Customer.

Electronic Transmissions includes transactions using all forms of electronic media. Such transactions include the transfer of information over the Internet (wide-open), Extranet (using Internet technology to link a business with information only accessible to collaborating parties), leased lines, dial-up lines, and private networks. Electronic media includes magnetic tape, disk or compact disc media. Telephone voice response and "fax back" (a request for information made via voice using a fax machine and requested information returned via that same machine as a fax) systems and facsimile transmissions are not included.

Privacy Officer. The person designated by Secova as responsible for implementing and updating the Privacy Policy and for carrying out the duties assigned to him or her under the Privacy Policy.

Reference to the Privacy Officer includes any person(s) to whom the Privacy Officer has made an applicable delegation under this policy.

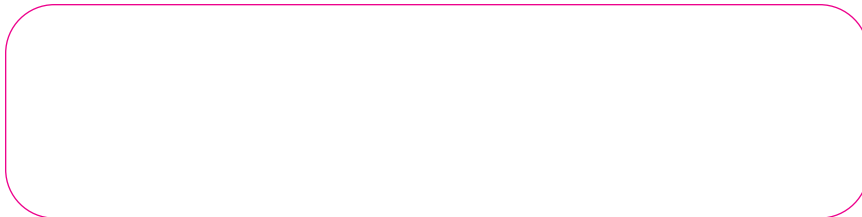
Responsible Employee: An employee of Secova whose duties (a) require that the employee have access to PHI for purposes of Secova Operations, or (b) make it likely that he or she will receive or have access to PHI. Any employee who receives PHI from, or on behalf of Secova, even though his or her duties do not (or are not expected to) include receiving PHI; will be treated as a Responsible Employee under the Privacy Policy.



NYSHIP
New York State
Health Insurance Program

Dependent Eligibility Verification
C/O Secova Service Center
1800 Route 34, Bldg 3, Suite 301
Wall, NJ 07719-9966

Dependent Eligibility Verification
Important Amnesty Information Enclosed

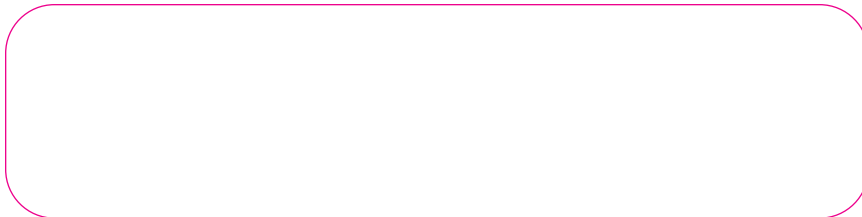




NYSHIP
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Important: Dependent Eligibility Information Enclosed





NYSHIP
New York State
Health Insurance Program

Dependent Eligibility Verification
C/O Secova Service Center
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Wall, NJ 07719-9966

URGENT: Dependent Eligibility Verification Final Determination

A large, empty rounded rectangle with a thin black border, intended for a signature or stamp.



NYSHIP
New York State
Health Insurance Program

Dependent Eligibility Verification
C/O Secova Service Center
1800 Route 34, Bldg 3, Suite 301
Wall, NJ 07719-9966

URGENT: Pending Termination of Dependent Eligibility - Appeals Period





NYSHIP
New York State
Health Insurance Program

Dependent Eligibility Verification

C/O Secova Service Center

1800 Route 34, Bldg 3, Suite 301

Wall, NJ 07719-9966

Time Sensitive: Dependent Eligibility Verification

Your response may impact your dependent's eligibility.

A large, empty rounded rectangle with a thin black border, intended for a response or signature.



DEPENDENT ELIGIBILITY VERIFICATION PROJECT COMMUNICATIONS

Communication Type	Audience	Method	Frequency/Timeline
One-time Amnesty Mailing <ul style="list-style-type: none"> Amnesty Letter/Form Definition of Eligible Dependents #10 Mailing Envelope 	All enrollees of NYSHIP.	First Class US Mail	One time mailing – offers a set period of time for all enrollees to remove any non-eligible dependents from coverage with no penalties.
Verification Packet Mailing <ul style="list-style-type: none"> Verification Letter/Form Definitions and Required Documents Frequently Asked Questions #10 Mailing Envelope 	All enrollees with a dependent enrolled in NYSHIP coverage.	First Class US Mail	One time mailing – initiates the Verification phase of the project. Provides enrollees with instructions on how to submit documentation to complete their dependent eligibility verification.
Reminder Postcard	All enrollees who have yet not responded to the Verification Mailing.	First Class US Mail	One time mailing – reminds enrollees that the submission deadline is approaching.
Pending Termination/Appeals Notice <ul style="list-style-type: none"> Pending Termination/Appeals Notice #10 Mailing Envelope 	All enrollees with unverified dependents due to non-response or incomplete documentation	First Class US Mail	One time mailing – provides enrollees with an appeals period beyond the submission deadline to submit documentation.
Final Determination Notice <ul style="list-style-type: none"> Final Determination Notice #10 Mailing Envelope 	All enrollees with unverified dependents	First Class US Mail	One time mailing – informs enrollees that they have unverified dependents that will be removed from NYSHIP.
Determination Notices			
Receipt of Documents E-mail	Any enrollee with an email address on file who submits verification documentation for their eligible dependents	Email	24 hours of receipt of documentation <i>(Emails are sent daily from commencement of project until the final submission deadline for each group)</i>
7 Day E-mail Reminder	Any enrollee with an email address on file who completes the <i>Verification Form for Dependent Verification</i> online but has not submitted the required documentation to complete the dependent eligibility verification process	Email	Every 7 days until the required documentation has been submitted <i>(Emails are sent daily from commencement of project until the final submission deadline for each group)</i>
Incomplete Notice <ul style="list-style-type: none"> Incomplete Notice Verification Form for Dependent Eligibility Verification (if required) #10 Mailing Envelope 	Any enrollee who submits incomplete verification documentation for any enrolled dependent – notice provides specific information as to what documents were incomplete and action required to complete the dependent eligibility verification process.	First Class US Mail Email (if email address on file)	48 hours once documentation is reviewed and determined to be incomplete for one or more dependents <i>(Notices are sent daily from commencement of project until the final submission deadline for each group)</i>
Confirmation Notice <ul style="list-style-type: none"> #10 Mailing Envelope 	Any plan member who completes the verification process for ALL eligible dependents	First Class US Mail Email (if email address on file)	Within 24 hours once the verification process has been completed for all enrolled dependents <i>(Notices are sent daily from commencement of project until the final submission deadline for each group)</i>



Dear Enrollee,

Thank you for submitting documentation to verify the eligibility of your dependent(s) currently enrolled in NYSHIP coverage. Secova is in the process of reviewing this documentation and will notify you of the eligibility status of your dependent(s) within the next ten (10) business days.

We appreciate your efforts to support this process. If you have questions regarding the verification process, please contact Secova at [PHONE NUMBER] (toll-free). Representatives are available to assist you 24 hours a day, 7 days a week. Your call is always confidential. Telephone translation services are also available.

Sincerely,

Secova Dependent Verification Department

PLEASE DO NOT RESPOND TO THIS MESSAGE BY CLICKING "REPLY" OR "REPLY TO ALL." Instead, call the Secova call center at [PHONE NUMBER] (toll-free) to speak with a representative directly.

Thank you for submitting your *Verification Form for Dependent Verification*. Your submission initiates the NYSHIP Dependent Eligibility Verification process. Please send the required documents for all eligible dependents by [DATE]. Please write your Name, Enrollee ID#, and NYSHIP in the top right corner of all documents you send. You can find your Enrollee ID# at the top of the *Verification Form for Dependent Verification*.

To Send Your Documents

- Upload online to the NYSHIP Dependent Eligibility Verification secure website at:
<https://verify.secova.com/NYSHIP>

- Fax: [FAX NUMBER] (toll-free)
- Mail: NYSHIP, C/O Secova
1800 Route 34, Bldg. 3, Suite 301
Wall, NJ 07719-9966

If you have questions,
please call Secova at
[PHONE NUMBER] (toll-free).
Representatives are available
24 hours a day, 7 days a week.
Your call is confidential.

This reminder will be sent to you every seven (7) days until Secova receives your required documents. **Please ignore this message if you have already sent your documents.** When you complete the verification process, Secova will send you confirmation of the status of your dependent(s) enrolled in the State's medical and/or dental benefits coverage.

Remember, if you do not send Secova proof of eligibility by [DATE], your dependent(s) will be terminated from coverage.

Your help during this process is important. Thank you for your time.

PLEASE DO NOT RESPOND TO THIS MESSAGE BY CLICKING "REPLY" OR "REPLY TO ALL."
Instead, call the Secova call center at [PHONE NUMBER] (toll-free) to speak with a representative directly.



AMNESTY PERIOD – CONFIRMATION OF DEPENDENT(S) REMOVED FROM NYSHIP

<Enrollee Name>

<Address 1>

<Address 2>

<City, State Zip>

<Date>

Dear <Enrollee Name>,

Thank you for responding to our request to remove non-eligible dependents from your NYSHIP coverage. This letter confirms that coverage for the dependent(s) listed below will terminate effective [DATE]. No further action from you is required for these dependents.

Dependent Name	Relation	Eligibility Status
HAILEY SAMPLE	Spouse	Not eligible – Coverage terminates on [DATE].
MATTHEW SAMPLE	Stepchild	Not eligible – Coverage terminates on [DATE].

If you have questions about this process, please contact Secova at [PHONE NUMBER] (toll-free). Representatives are available to assist you 24 hours a day, 7 days a week. Your call is always confidential.

Sincerely,

Secova Dependent Verification Department



AMNESTY PERIOD - DEPENDENT COVERAGE REMOVAL FORM

As of [DATE], your dependent(s) listed below is enrolled in the New York State Health Insurance Program (NYSHIP). **Review the *Definition of an Eligible Dependent* on the reverse side of this form to identify any dependent(s) not eligible for NYSHIP coverage. You have until [DATE] to remove any dependent(s) who does not meet the eligibility requirements.**

FOLLOW THESE STEPS TO REMOVE AN INELIGIBLE DEPENDENT FROM YOUR NYSHIP COVERAGE:

- **GO PAPERLESS** - Visit the NYSHIP Dependent Eligibility Verification secure website at: <https://verify.secova.com/NYSHIP> to complete and submit your Amnesty Period Dependent Coverage Removal Form electronically; **OR**
- **COMPLETE, SIGN, DATE, AND SUBMIT** this Form to Secova by fax: [FAX NUMBER] or mail to: NYSHIP Dependent Eligibility Verification, C/O Secova, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966 (*Please keep a copy of all documents for your records.*); **OR**
- **CONTACT SECOVA** at [PHONE NUMBER] (toll-free)

Your Amnesty Period Dependent Coverage Removal Form must be submitted to Secova no later than [DATE]. Submission by mail must be postmarked on or before [DATE].

If the dependent(s) listed below meets the eligibility requirements for NYSHIP coverage, NO ACTION IS REQUIRED AT THIS TIME. On [DATE], you will be or mailed a Verification Packet with instructions on submitting documentation for dependent eligibility verification.

Dependent Name	Relationship	Check box if dependent is NOT ELIGIBLE FOR COVERAGE
HAILEY SAMPLE	Spouse or Domestic Partner	<input type="checkbox"/>
MATTHEW SAMPLE	Child	<input type="checkbox"/>
ASHLEY SAMPLE	Child	<input type="checkbox"/>
JAKE SAMPLE	Child	<input type="checkbox"/>
BRITTANY SAMPLE	Child	<input type="checkbox"/>
CHRISTOPHER SAMPLE	Child	<input type="checkbox"/>

NYSHIP coverage ends on [DATE] for all dependents you are voluntarily removing from coverage.

CONTACT INFORMATION

Please give us your email address so we can send you correspondence regarding your Dependent Eligibility Verification and your telephone number so we can reach you if we have questions. This information will be kept confidential.

Email address:

Telephone: ()

DECLARATION: Forms submitted without a signature are incomplete.

I acknowledge removing the above marked dependent(s) from my NYSHIP coverage.

Enrollee's Signature

Date

If you have questions, please call Secova at [PHONE NUMBER]. Representatives are available to assist you 24 hours a day, 7 days a week. Your call is confidential.

 **SEE REVERSE SIDE – THIS FORM CONTAINS MORE INFORMATION** 

NYSHIP DEFINITION OF AN ELIGIBLE DEPENDENT

DEPENDENT TYPE	DEFINITION
Spouse	A lawful spouse, including a legally separated spouse as recognized by federal law. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.
Domestic partner	For eligibility under NYSHIP, a domestic partnership is one in which you and your partner are able to certify that you: <ul style="list-style-type: none"> • are both 18 years of age or older; • have been in the partnership for at least six months; • are both unmarried (proof of divorce decrees required, if applicable); • are not related in a way which would bar marriage; • have shared the same residence and have been financially interdependent for at least six months; • have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations.
Biological (natural) child up to age 26	Your biological (natural) child
Biological (natural) child of domestic partner up to age 26	Your domestic partner's biological (natural) child
Adopted child up to age 26	Your legally adopted child, including a child in a waiting period prior to finalization of adoption
Stepchild up to age 26	Your stepchild. You must be married to the child's biological (natural) parent.
Legally placed child up to age 26	Your child for whom you or your spouse/domestic partner has become the child's court-ordered guardian or has been awarded legal and physical custody of the child pursuant to a valid court order.
Disabled child	Your disabled child may be eligible for coverage after turning age 26. To be eligible, the child must meet all of the following requirements: <ul style="list-style-type: none"> • be unmarried; • be incapable of self-support by reason of mental or physical disability; • be incapacitated before the age at which dependent coverage would otherwise be terminated.
Full-time student with military service	For the purposes of eligibility for health insurance coverage as a dependent, you may deduct from your child's age up to four years for service in a branch of the U.S. Military. Proof of full-time student status at an accredited secondary or preparatory school, college or other educational institution will be required for verification.

If you have questions, please call Secova at [PHONE NUMBER] (toll-free). Representatives are available to assist you 24 hours a day, 7 days a week. Your call is confidential.

[DATE]

<EMPLOYER LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

IMPORTANT: Our records indicate that you are enrolled in the New York State Health Insurance Program (NYSHIP) and cover a spouse, domestic partner, and/or child on your benefits; the following information pertains to you.

Dear <Enrollee Name>,

The New York State Health Insurance Program (NYSHIP) continuously strives to seek ways to balance the demands of escalating health care costs and mandated changes while maintaining high quality benefits for our enrollees and their families. NYSHIP is preparing to conduct a Dependent Eligibility Verification project to ensure that all dependents enrolled in our health insurance program are eligible for coverage. All enrollees with one or more dependents enrolled in coverage will be required to provide eligibility documentation for their dependents.

We have contracted the services of Secova, Inc. to manage the project. Secova is a leader in the industry and has more than twenty-three years of experience administering confidential dependent eligibility verifications. During this process, rest assured that your confidentiality will be of utmost concern to both NYSHIP and Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method – paper, electronic, fax, remains secure. Secova does not disclose, sell, or share personal information with anyone or any company.

NYSHIP OFFERS A ONE-TIME AMNESTY PERIOD

Between now and [DATE], we are asking you to remove any non-qualified dependents from coverage. This is your one-time opportunity to remove an ineligible dependent from coverage on a “no-fault” basis. **If you remove a dependent from coverage at this time, you will not be required to reimburse NYSHIP for claims paid through the end of the Amnesty Period - [DATE].** If you fail to remove a dependent from coverage who is later found to be NOT ELIGIBLE, you will be required to reimburse NYSHIP for the full cost of coverage.

If one or more of your enrolled dependents does not meet the eligibility requirements to be covered under NYSHIP, you must remove these dependents from coverage on or before [date]. To remove an ineligible dependent, please see the enclosed Amnesty Period Dependent Coverage Removal Form and follow the instructions. If all of your dependents qualify for NYSHIP coverage, no further action is required at this time.

In [DATE], Secova will send (Verification Packets) with instructions on how to submit verification documentation to all enrollees with a dependent enrolled in NYSHIP coverage. You will not receive this communication if you do not have coverage or have single coverage (i.e. No spouse or children are enrolled). We realize that many of you may have already provided eligibility documentation to your Health Benefits Administrator (HBA) when enrolling your dependent(s); however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process. **NOTE: Dependent children who were verified in the previous audit in 2009 will be excluded from this process, and will be marked as “verification complete” on the Verification Form.**

During this process, Secova is available to answer any questions 24 hours a day, 7 days a week. You can contact Secova at [PHONE NUMBER].

We are making every effort to make this process as simple as possible. Thank you, in advance, for helping us with this important initiative.

Sincerely,

NYSHIP

Si usted necesita esta información traducida al español por favor llame a Secova (sin cargos) al [PHONE NUMBER]. Representantes están disponibles para ayudarle las 24 horas del día, 7 días a la semana.



Enrollee ID#: a032456789



<EMPLOYER-LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

[DATE]

Dear < Enrollee Name>,

Thank you for your recent participation in the NYSHIP Dependent Eligibility Verification project. We appreciate your cooperation in supplying documents needed to establish the eligibility of your dependent(s) enrolled in NYSHIP coverage.

This notice serves as confirmation of the status of your enrolled dependent(s) based on the documentation you submitted.

<u>Dependent Name</u>	<u>Relation</u>	<u>Eligibility Status</u>
HAILEY SAMPLE	Spouse	Eligible for coverage
MATTHEW SAMPLE	Child	Eligible for coverage
ASHLEY SAMPLE	Child	Eligible for coverage
JAKE SAMPLE	Child	Eligible for coverage
BRITTANY SAMPLE	Child	Not eligible – Voluntarily removed from coverage

At this time, no further action is required. If you have questions regarding the results of this Dependent Eligibility Verification project, contact Secova by calling [PHONE NUMBER] (toll-free). Representatives are available to assist you 24 hours a day, 7 days a week. Your call is always confidential.

Your participation in this process helps us maintain the integrity of our program so we are able to provide the highest quality benefits for you and your eligible dependents.

Sincerely,

NYSHIP



DEFINITIONS AND REQUIRED DOCUMENTS

Documentation to verify eligibility must be provided for all dependents identified on the *Verification Form* as being eligible for coverage under your NYSHIP benefits. **ALL required documents must include a date, enrollee and dependent(s) name.** Please send COPIES ONLY, NO ORIGINALS; documents provided for this dependent verification will not be returned.

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
Spouse	A lawful spouse, including a legally separated spouse as recognized by federal law. If you are divorced or your marriage has been annulled, your former spouse is not eligible, even if a court orders you to maintain coverage.	Marriage Certificate AND ONE of the following documents to show marriage is current: <ul style="list-style-type: none">❖ Page 1 and signature page of enrollee's 2015 or 2016 Federal Income Tax Return or Email Confirmation of Certificate of filing listing the spouse.❖ Mortgage statement, home equity loan, lease agreement, automobile loan, credit card or account statement, utility bill, or property tax document. Document must be dated on or after January 1, 2016. Note: if the document lists SPOUSE ONLY it must reflect an address that is the same as the enrollee's address.
Domestic partner	For eligibility under NYSHIP, a domestic partnership is one in which you and your partner are able to certify that you: <ul style="list-style-type: none">~ are both 18 years of age or older;~ have been in the partnership for at least six months;~ are both unmarried (proof of divorce decrees required, if applicable);~ are not related in a way which would bar marriage;~ have shared the same residence and have been financially interdependent for at least six months;~ have an exclusive mutual commitment (which you expect to last indefinitely) to share responsibility for each other's welfare and financial obligations.	Domestic Partnership Affidavit AND TWO of the following documents to show partnership is current: <ul style="list-style-type: none">❖ Mortgage statement, home equity loan, lease agreement, automobile loan, credit card or account statement, utility bill, or property tax document. Document must be dated on or after January 1, 2016. Note: if the document lists DOMESTIC PARTNER ONLY it must reflect an address that is the same as the enrollee's address.
Biological (natural) child up to age 26	Your biological (natural) child	Birth Certificate (issued by a vital records office) listing enrollee as parent
Biological (natural) child of domestic partner up to age 26	Your domestic partner's biological (natural) child	Birth Certificate (issued by a vital records office) listing domestic partner as parent
Adopted child up to age 26	Your legally adopted child, including a child in a waiting period prior to finalization of adoption	<ul style="list-style-type: none">❖ Adoption petition signed by a judge; OR❖ Birth Certificate (issued by a vital records office) listing enrollee as parent
Stepchild up to age 26	Your stepchild. You must be married to the child's biological (natural) parent.	Marriage Certificate (indicating stepchild's biological parent is married to enrollee); AND <ul style="list-style-type: none">❖ Birth Certificate of stepchild (issued by a vital records office) listing spouse as parent

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENTS
Legally placed child up to age 26	Your child for whom you or your spouse/domestic partner has become the child's court-ordered guardian or has been awarded legal and physical custody of the child pursuant to a valid court order.	Birth Certificate; AND ❖ Court Order signed by a judge verifying legal custody of the child; OR ❖ Medical Support Order issued by a State agency
Disabled child	Your disabled child may be eligible for coverage after turning age 26. To be eligible, the child must meet all of the following requirements: ~ be unmarried; ~ be incapable of self-support by reason of mental or physical disability; ~ be incapacitated before the age at which dependent coverage would otherwise be terminated.	You must submit the documents for one of the child dependent categories listed above.
Full-time student with military service-between the ages of 19 and 25	For the purposes of eligibility for health insurance coverage as a dependent, you may deduct from your child's age up to four years for service in a branch of the U.S. Military. To be eligible your child must: ~ return to school on a full-time basis ~ be unmarried, and ~ not be eligible for other employer group coverage	You must provide written documentation from the U.S. Military along with ONE of the following from an accredited secondary or preparatory school, college or other educational institution: ❖ A letter from the registrar's office with the dependent's name, semester and number of units enrolled, and school phone number ❖ A transcript with the dependent's name, school name, semester and number of units enrolled, and school phone number

How to submit required documentation:

- **Document proofs** - Birth Certificates, Marriage Certificates, etc. are to be copied and submitted on a single sheet, one sided. The back side is to remain blank.
- **Confidentiality** - Each employee should submit his or her own documentation. Do not submit documentation on behalf of others.
- **Sending multiple verification documentation** - Whether you are uploading, faxing or mailing the required documents, make sure each document is copied on its own separate page. (For example, if you are submitting a Marriage Certificate for your spouse and a Birth Certificate for your child, the Marriage Certificate should be copied onto one page and the Birth Certificate onto a second page).
- **Submitting a copy of a Federal Tax Return** - Use a black marker to hide financial and Social Security Numbers on the tax return copies before submitting it to Secova. Please note that it is a felony to falsify the information on IRS tax forms.



RESOURCES TO OBTAIN DOCUMENTS:

NOTE: If your legal documents are in a foreign language please include a notarized translation in English.

- NY Birth Certificates: NY Birth Certificates & Marriage Licenses: <http://www.ny.gov/services/obtain-copy-birth-certificate>
- Birth Certificates & Marriage Licenses: <http://www.cdc.gov/nchs/w2w.htm> (click on your State for details)
- Children born outside the United States: http://travel.state.gov/passport/get/first/first_825.html

**Please contact Secova at [PHONE NUMBER] (toll-free) if you have any questions during this process.
Representatives are available to assist you 24 hours a day, 7 days a week.
Your call is always confidential.**

DEPENDENT ELIGIBILITY VERIFICATION FINAL DETERMINATION NOTICE

<EMPLOYER-LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

[DATE]

Dear <Enrollee Name>:

As a result of the recent NYSHIP Dependent Eligibility Verification your dependent(s) listed below is/are no longer eligible for coverage under NYSHIP.

Eligibility for the dependent(s) listed below ends effective [DATE]:

Dependent Name	Relation	Eligibility Status
HAILEY SAMPLE	Spouse	Coverage Terminated – Incomplete Documentation
BRITTANY SAMPLE	Child	Coverage Terminated – No Documentation Received

All other dependents (if applicable) have been verified and their eligibility is unaffected by this audit. This notice provides you with the final eligibility status of your dependent(s).

If you have any questions about this process, please contact Secova at [PHONE NUMBER], 24 hours a day, 7 days a week. Your call is always confidential.

Sincerely,

NYSHIP

Si usted necesita esta información traducida al español por favor llame a Secova (sin cargos) al [PHONE NUMBER]. Representantes están disponibles para ayudarle las 24 horas del día, 7 días a la semana.

DEPENDENT ELIGIBILITY VERIFICATION FREQUENTLY ASKED QUESTIONS & DOCUMENT SUBMISSION CHECKLIST

GENERAL INFORMATION

1. Why is the New York State Insurance Program (NYSHIP) conducting a Dependent Eligibility Verification?

We continuously strive to seek ways to balance the demands of escalating health care costs and mandated changes while maintaining high quality benefits for our enrollees and their families. It's important that all dependents covered under NYSHIP meet the eligibility requirements. The dependent verification process is an opportunity for us to update dependent information and then monitor it for the future.

2. Will my personal information be safe with Secova? What will Secova do with my documents?

Yes, your personal information will be safe with Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method including paper, electronic and telephonic, remains secure. **Do not send original documents to Secova, only photocopies.** When Secova receives your paper documents, they are scanned to an electronic image. This image is stored on a secure system with password-protected access. After the verification process is complete, Secova will destroy all copies and images.

Secova does not disclose, sell, or share personal information with anyone or any company. All enrollee data is kept confidential and private throughout each step in Secova's work processes. Incoming data is transferred via a secure ftp site, encrypted e-mails, or password-protected web uploads, then stored in Secova's password-protected databases. Secova's Information and Data Security plan is fully compliant with all current federal regulations and international standards.

3. Will I receive confirmation once my verification is complete?

Yes. Secova will send you a confirmation notice after your verification is complete. If your *Verification Form* or Required Documents are incomplete, Secova will send you a notice that lists all additional information needed to complete the process. You may go online to the NYSHIP Dependent Eligibility Verification secure website at <https://verify.secova.com/NYSHIP> to check the status of your dependent eligibility verification at any time.

4. What do I need to do if one or more of my enrolled dependents no longer meets one of the eligibility requirements and I forgot to remove them during the Amnesty Period?

You must check the appropriate box on the *Verification Form* for each dependent who does not meet the NYSHIP eligibility requirements and return it to Secova. Secova will notify NYSHIP, and coverage for your dependent(s) will be terminated. You will be responsible for repaying claims paid under NYSHIP for those dependents that are not eligible for coverage.

5. Who do I contact if I have questions about the Dependent Eligibility Verification Process?

You can visit the NYSHIP Dependent Eligibility Verification secure website at <https://verify.secova.com/NYSHIP> or call Secova at [PHONE NUMBER] (toll-free). Representatives are available 24 hours a day, 7 days a week. Your call is always confidential.

DEPENDENT ELIGIBILITY

6. Which dependents are not eligible?

Any dependent not specifically listed on the enclosed *Definition and Required Documents* insert is not eligible for coverage.

7. What happens to the coverage of a dependent(s) enrolled in benefits who does not meet the eligibility requirements?

A dependent(s) who does not meet the eligibility requirements will be terminated from coverage and:

- May be eligible for COBRA coverage if due to a qualifying event (such as a spouse who divorces or a child who becomes too old for coverage) occurring within the last 30 days. Please follow normal procedures and notify your Health Benefits Administrator (HBA) of the qualifying event to ensure that COBRA information is mailed to you.

NYSHIP reserves the right to request documentation proving prior eligibility status — such as a divorce decree or court order — from individuals who enroll in COBRA.

DOCUMENTATION TO PROVE ELIGIBILITY

8. I have already provided eligibility documentation to the State at the time I enrolled my dependent(s) in benefits coverage. Do I still need to send eligibility documentation to Secova?

We realize that many of you may have already provided eligibility documentation to your Health Benefits Administrator (HBA) when enrolling your dependent(s); however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process. **NOTE:** Dependent children who were verified in the previous audit in 2009 will be excluded from this process, and will be marked as "verification complete" on the Verification Form.

9. What happens if I do not submit/return my *Verification Form* and Required Documentation by the deadline?

Secova will attempt to reach you via phone, email and/or mail to make sure you meet the deadline. If you do not submit/return the *Verification Form* and Required Documents by [DATE], your dependent(s) will no longer be eligible for coverage under NYSHIP. You will also be required to reimburse NYSHIP for benefit payments made on behalf of ineligible dependents.

10. Can electronically submitted tax returns (such as Turbo Tax) be submitted as verification documentation?

Yes. However, in addition to the first page of your electronically filed tax return, we will need a copy of the certificate of electronic filing or email confirmation of electronic submission.

SUBMISSION OF DOCUMENTATION

11. What are my options for completing the Dependent Eligibility Verification and submitting my documents to Secova?

Secure Online Verification and Uploads at: <https://verify.secova.com/NYSHIP>: Follow the instructions on the screen to enter your Enrollee ID# (listed in upper right hand corner of the enclosed *Letter/Verification Form*), and password. The first time you log into the system your password will be your date of birth (MMDDYYYY) and the last 4 digits of your Enrollee ID# (no dashes or spaces). You will be prompted to change your password once you have confirmed your email address.

Secure Fax: [FAX NUMBER] (toll-free): Make sure documents are placed in the proper position on the fax machine, either face up or face down (depending on the fax machine) to prevent sending blank documents. Blank documents cannot be processed and will result in the dependent(s) being placed in a "no response" status. You are responsible for making sure that your fax is properly transmitted to Secova's secure fax line. Please remember to keep a copy of your fax confirmation page for future reference.

Mail: NYSHIP, C/O Secova Service Center, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966
You may need to use more than one envelope if you are submitting multiple documents. **For speedy processing, do not use color paper, color ink, staple, tape or clip your documents.**

*****Allow ten (10) business days for processing once Secova receives your *Verification Form* and documentation.**

DOCUMENT SUBMISSION CHECKLIST

- ☐ Sign, date, and return the enclosed *Verification Form* or submit online, along with the Required Documentation, for each dependent who is currently eligible for coverage in NYSHIP.
- ☐ Submit a legible black and white COPY of the document – No originals, please. Original documents will NOT be returned.
- ☐ Write your Name, Enrollee ID# (listed on the enclosed *Letter/Verification Form*), and NYSHIP at the top of each document you submit - to avoid processing delays.
- ☐ Provide your email address and telephone number on the *Verification Form* for faster response.

RETURN THE VERIFICATION FORM AND REQUIRED DOCUMENTS TO SECOVA NO LATER THAN [DATE].

<EMPLOYER-LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

<DATE>

Dear <Enrollee>,

Thank you for submitting documentation in response to the New York State Health Insurance Program (NYSHIP) Dependent Eligibility Verification project. Unfortunately, the documentation received is incomplete for the following reason(s):

Dependent Name	Documents Received	Incomplete Reasons - Actions
HAILEY SAMPLE	Verification Form Federal Tax Return	Federal Tax Return does not contain Signature Page or Certificate of e-Filing - Please submit Signature Page or Certificate of e-Filing.
ASHLEY SAMPLE	Verification Form Birth Certificate	Birth Certificate does not meet requirements - Please refer to the Required Documents and submit appropriate documentation.
BRITTANY SAMPLE	Verification Form	Additional documentation is required to verify your dependent - Please refer to the Required Documents and submit appropriate documentation.

To verify the eligibility of your dependent(s), please provide the required documents listed above to ensure your enrolled dependent(s) are eligible for coverage in NYSHIP.

Documents may be:

- **scanned and uploaded** securely online:
NYSHIP Dependent Eligibility Verification - <https://verify.secova.com/NYSHIP>
- **faxed**; to Secova at [FAX NUMBER] (toll-free)
- **mailed**: to NYSHIP, C/O Secova, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966

Please respond to Secova by [DATE]. If you have questions or need help in responding to this request, please contact Secova at [PHONE NUMBER] (toll-free). Representatives are available to assist you 24 hours a day, 7 days a week. ***If you have already responded by submitting new or updated documents/forms, disregard this notice.***

Upon completion of the verification process, you will receive confirmation of the verification status of your dependent(s) from Secova.

Thank you for your time and responsiveness. Your cooperation helps to ensure that NYSHIP coverage continues for your eligible dependent(s).

Sincerely,

Secova Dependent Verification Department

URGENT: PENDING TERMINATION OF DEPENDENT ELIGIBILITY – APPEALS PERIOD

<EMPLOYER-LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

[DATE]

Dear <Enrollee Name>:

Beginning in [MONTH], we initiated a Dependent Eligibility Verification process to ensure that all enrolled dependents meet the eligibility requirements for coverage by NYSHIP. We asked that you review the “*Definitions and Required Documents*” and submit proof of eligibility for all dependents enrolled in NYSHIP coverage.

To date, Secova has not received your completed and signed *Verification Form for Dependent Eligibility* and/or the required documentation for your dependent(s) verification, OR the documentation submitted was insufficient to verify eligibility for your dependent(s). The deadline for submitting documents was [DATE]; however, NYSHIP is providing an appeals period until [DATE] at which time your dependent(s) will be terminated from coverage if not verified.

To ensure your dependents are not terminated from coverage, you must either fax the required documentation to Secova to [FAX NUMBER], or scan and upload to <https://verify.secova.com/NYSHIP>, or mail to NYSHIP, C/O Secova Service Center, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966.

Please note: Submission by mail must be postmarked on or before [DATE].

Here is the current status of your dependents’ eligibility verification:

Dependent Name	Relation	Eligibility Status
HAILEY SAMPLE	Spouse	Incomplete Documentation Received
MATTHEW SAMPLE	Child	Enrollment Verified
ASHLEY SAMPLE	Child	No Documentation Received
JAKE SAMPLE	Child	Enrollment Verified
BRITTANY SAMPLE	Child	Enrollment Verified

Please respond to this request right away so your dependent’s eligibility is not terminated. If you need help with this request, please contact Secova at [PHONE NUMBER] (toll free). Representatives are available to assist you 24 hours a day, 7 days a week. Your call is always confidential. Thank you for your help with this important process.

Sincerely,

NYSHIP

Si usted necesita esta información traducida al español por favor llame a Secova (sin cargos) al [PHONE NUMBER]. Representantes están disponibles para ayudarle las 24 horas del día, 7 días a la semana.

Hurry...before it's too late!
You only have until [DATE].

**Complete your
Dependent Eligibility Verification
for all of your dependents
enrolled in NYSHIP coverage.**



NYSHIP
New York State
Health Insurance Program

<https://verify.secova.com/NYSHIP>



NYSHIP
New York State
Health Insurance Program

Dependent Eligibility Verification

First Class
Postage

We are in the final weeks of the Dependent Eligibility Verification.

Secova sent Verification Packets beginning [DATE]. The deadline for submission of your Verification Form and copies of required documents is [DATE]. **If you fail to provide them to Secova, your dependents will be removed from NYSHIP coverage.**

Verification Forms for Dependent Eligibility Verification and required documentation must be faxed to Secova at [FAX NUMBER], or scanned and uploaded to <https://verify.secova.com/NYSHIP>, or mailed to NYSHIP, C/O Secova Service Center, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966

Questions? Call Secova at [PHONE NUMBER].
Representatives are available 24 hours a day, 7 days a week. All calls are confidential.

If you have recently submitted your documentation, you may want to check the status of your Dependent Eligibility Verification online.

Employer-Location

Enrollee Name

Address 1

Address 2

City, State, Zip



RESPOND BY [DATE]

[DATE]

<EMPLOYER-LOCATION>
<ENROLLEE NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY, STATE ZIP>

Secure Online Verification and Uploads:

Visit the NYSHIP Dependent Eligibility Verification secure website at: <https://verify.secova.com/NYSHIP>

Secure Fax: [FAX NUMBER] toll-free

Mail: NYSHIP, C/O Secova Service Center
1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966

Phone: [PHONE NUMBER] toll-free
Representatives are available 24 hours a day, 7 days a week. All calls are confidential.

IMPORTANT: ACTION IS REQUIRED TO PREVENT TERMINATION OF COVERAGE FOR YOUR DEPENDENT(S) CURRENTLY ENROLLED IN NYSHIP.

Dear <Enrollee Name>:

The New York State Health Insurance Program (NYSHIP) is conducting a Dependent Eligibility Verification to confirm the eligibility of every dependent covered by NYSHIP. We have contracted with Secova, the administrator for this project who is authorized to obtain documentation from enrollees as proof that a dependent enrolled in NYSHIP meets the eligibility requirements.

Protecting the personal information of enrollees and their dependents is a priority to NYSHIP and Secova. Secova enforces a strict company privacy policy to ensure that the information you submit by any method – paper, electronic, fax – remains confidential and secure. Secova will not disclose, sell, or share personal information with anyone.

From [DATE] to [DATE] NYSHIP offered a one-time Amnesty period and we asked you to review the eligibility of your dependents and to remove coverage for any enrolled dependent who did not meet the eligibility requirements for NYSHIP coverage. **The next phase of this project requires that all enrollees with a dependent covered by NYSHIP submit proof of dependent eligibility to Secova.**

We realize that many of you may have already provided eligibility documentation to your Health Benefits Administrator (HBA) when enrolling your dependent(s); however, you will need to resubmit the required documentation to Secova to complete the Dependent Eligibility Verification process. **NOTE: Dependent children who were verified in the previous audit in 2009 will be excluded from this process, and will be marked as “VERIFICATION COMPLETE” on the Verification Form.**

As an enrollee in NYSHIP, you must provide all required documentation for each ELIGIBLE dependent to Secova no later than [DATE].

FOLLOW THESE STEPS TO COMPLETE THE DEPENDENT VERIFICATION PROCESS:

1. **REVIEW** the enclosed *Definitions and Required Documents* insert to confirm your enrolled dependent(s) meets the eligibility requirements.
2. **OBTAIN** the required documentation for each dependent who is currently eligible for coverage. Write your Name, Enrollee ID# (listed in upper right hand corner of this letter) and NYSHIP at the top of each document you submit.
3. **GO ONLINE** to complete your Dependent Eligibility Verification and upload the Required Documents, **OR** if submitting paper copies, **complete the VERIFICATION FORM on the reverse side of this letter. SIGN and DATE the form.**
4. **SUBMIT** your **VERIFICATION FORM** and copies of the **REQUIRED DOCUMENTS** to Secova by fax or mail (see enclosed Frequently Asked Questions for instructions). Please keep a copy of all documents for your records.

Si usted necesita esta información traducida al español por favor llame a Secova (sin cargos) al [PHONE NUMBER]. Representantes están disponibles para ayudarle las 24 horas del día, 7 días a la semana.



Enrollee ID#: a032456789

GO PAPERLESS - Visit the NYSHIP Dependent Eligibility Verification secure website at: <https://verify.secova.com/NYSHIP> to complete your Dependent Eligibility Verification and submit your documentation electronically.

NYSHIP VERIFICATION FORM FOR DEPENDENT ELIGIBILITY

IMPORTANT: Please check the appropriate box for each dependent listed below to indicate eligibility for coverage; sign, date, and return this form to Secova along with the required documentation for each eligible dependent.

If you do not have access to a computer and choose to submit a paper copy of your Verification Form and Required Documentation, please use one of the following options:

- Fax: [FAX NUMBER]
- Mail: NYSHIP Dependent Eligibility Verification, C/O Secova, 1800 Route 34, Bldg. 3, Suite 301, Wall, NJ 07719-9966
(Keep a copy of all documents for your records.)

Verification Forms and Required Documents submitted with missing information will be considered incomplete and will result in a delay in the verification process for your eligible dependent(s). **If you select "not eligible" your dependent(s) will be terminated from NYSHIP coverage.**

NOTE: Dependent children who were verified in the previous audit in 2009 are excluded from this process, and are marked as "VERIFICATION COMPLETE". You are not required to provide any further documentation for this dependent(s).

Failure to respond to this request to provide proof of eligibility for your enrolled dependent(s) listed below by [DATE], will result in termination of benefits for your dependent(s).

Dependent Name	Relation	Is Dependent Eligible for Coverage?		ACTION REQUIRED To Verify Dependent Eligibility
HAILEY SAMPLE	Spouse or Domestic Partner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed Definitions and Required Documents and submit required documentation.
MATTHEW SAMPLE	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed <i>Definitions and Required Documents</i> and submit required documentation.
ASHLEY SAMPLE	Child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	See the enclosed <i>Definitions and Required Documents</i> and submit required documentation.
JAKE SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.		
BRITTANY SAMPLE	Child	VERIFICATION COMPLETE. No further action is required.		

CONTACT INFORMATION

Please give us your email address so we can send you correspondence regarding your Dependent Eligibility Verification and your telephone number so we can reach you if we have questions. Your information will be kept confidential. Secova does not disclose, sell, or share personal information with anyone.

Email address:

Telephone: ()

DECLARATION: SIGNATURE IS REQUIRED. Verification Forms submitted without a signature will be considered incomplete and will result in a delay in the verification process.

By signing this Verification Form, I attest I have read and understand the Dependent Eligibility Rules and that the information I am submitting is true, accurate as of the date signed. I understand that falsification of information on this form may result in repayment of premiums and all expenses and can result in immediate disqualification for dependents from NYSHIP.

Enrollee's Signature

Date

Please contact Secova at [PHONE NUMBER] (toll-free) if you have any questions during this process.
Representatives are available to assist you 24 hours a day, 7 days a week.
Your call is always confidential.

SECOVA™

Incident Management procedure

Marketing Copy

Scope

This procedure covers the complete incident management activities of the organization. This process applies to all Secova businesses on a twenty-four hours a day, seven days a week (24X7) basis, and applies to all Secova-related internal and external Information Security incidents

1. Responsibility

- CISO is the owner of this procedure
- All employees/contract staff are responsible for timely notification of security incidents
- The ISF team would oversee the handling of the security incidents.
- Top Management is responsible for the authorizing action items, approve changes to the procedure

2. Activity

An information security incident is defined as:

- An actual or possible security breach to one or more Secova information assets.
- Any adverse event which occurs either internally or at an outside vendor whereby the confidentiality, integrity or availability of Secova Information could be threatened. This may involve accidental or intentional damage, disclosure, loss, misuse or theft of Secova's information or technology assets.
- The unauthorized use of Secova technology resources for purposes other than conducting company business.
- Examples of Security Incidents
 - Inadvertent or intentional disclosure of customer data, including Restricted or Confidential data
 - Loss or stolen laptops, hard disks, or data storage devices
 - Improper handling or disposal of data
 - Denial of service attacks
 - Unauthorized changes to configurations, code or data
 - Unauthorized sharing of Secova system configurations, code, data or information in chat rooms on the Internet or publicly
 - Significant violation of Secova Information security Policies and Standards
 - Sharing or unauthorized use of passwords
 - Unauthorized access to systems or information

Incident Reporting

- Information security weaknesses and events are reported, immediately they are seen or experienced to the ISF team through either email or Phone.

- Users are not allowed to continue working after identifying a possible weakness or information security event
- If a potential breach involves restricted or confidential data, the incident would be deemed a Security Incident and this process would be invoked. Some scenarios are more obvious than others. If there is any possibility that Restricted or Confidential data was inadvertently disclosed, please contact Information Security team member immediately. The ISF team records the incident. (Refer Template: A.13.1 Security Incident Management Report)

Incident Responding

- All information security events and weaknesses are, immediately upon receipt assessed and categorized by the ISF team. Initially, there are four categories: events, weaknesses, incidents and unknowns.
 - "Events" are occurrences that, after analysis, have no [or very minor] importance for information security;*
 - "vulnerabilities" are weaknesses that, after analysis, clearly exist as significant weaknesses compromising information security;*
 - "incidents" are occurrences of events (series of events) that have a [significant] probability of compromising the Organization's information security;*
 - "unknowns" are those reported events or weaknesses that, after initial analysis, are still not capable of allocation to one of the four categories.*
- The "unknowns" are subject to further analysis to allocate them to one of the other three categories as soon as possible.
- The prioritization for responses, when there are multiple event reports to deal with, is: incidents, unknowns, vulnerabilities, events.
- When there are multiple event reports in each category, the Information Security Manager prioritizes responses in the light of the criticality of the business systems and information assets at risk, the danger of further compromise to the Organization's information security, and the resources at his disposal.
- Specific Work Instructions set out the necessary containment and corrective action and standing contingency plans in respect of the following types of information security incident:
 - Systems failure and loss of service
 - Malware, including viruses
 - Denial of service
 - Errors resulting from poor data
 - Breaches of confidentiality
 - Breaches of information integrity
 - Misuse of information systems
 - Non-standard incidents

- The IT manager seeks additional input from qualified technical staff, as necessary and where he considers the standing instructions to be inadequate, to analyze and understand the incident and to identify appropriate actions to contain it and to implement contingency plans.
- The Information Security Manager invokes actions as set out in the standing Work Instructions plus additional activity that he considers necessary to contain and recover from the incident, and to implement contingency plans.
- The Information Security Manager confirms that the affected business systems have been restored and that the required controls are operational before authorizing a return to normal working.

Learning from the Incident

Once the incident is contained, and the required corrective action is completed, the ISF team reports to the CISO with

- a summary of the incident,
- identifying the cause of the incident and analyzing its progress,
- trying to identify how the Organization could have responded earlier or more effectively,
- preventive action that might have been taken in advance of the information,
- the effectiveness of the containment and corrective actions and the contingency plans, and
- how the incident was closed out

Evidence collection and Analysis

The Information Security Manager is responsible for closing out the incident:

- this includes any reports to external authorities;
- initiating disciplinary action by referring the incident to the [Head of HR];
- planning and implementing preventative action to avoid any further recurrence;
- collecting and securing audit trails and forensic evidence;
- Initiating any action for compensation from software, service suppliers by referring the incident to the Head of Admin, and communicating with those affected by or involved in the incident about returning to normal working and any other issues.
- The ISF team prepares a monthly report to the which identifies the number, type, category and severity of information security incidents during the preceding month, the cost of containment and recovery, and the total cost of the losses arising from each incident, and recommends (where appropriate) additional controls that might limit the frequency of information security incidents, improve the Organization's ability to respond, and reduce the cost of response.
- All the incident reports from the period since the last management review are taken into account at the next one, to ensure that the Organization learns from the incidents.

Security Incident Handling

STEP 1: Identify the Nature of the Security Breach

Type: Physical Security Breach – includes break-in, glass breakage, stolen equipment, etc.

Type: Data Breach – includes Customer data, breach of IT systems that may involve Customer data, documents containing information on Customer employees

STEP 2: Make Emergency Notifications

Immediately contact the following individuals:

The ISF team would notify the CISO for all emergency notifications. The CISO would decide if the incident needs to be escalated further and may communicate to the senior management accordingly for approval/actions

The ISF team would work with location specific list of contact personnel for incident handling

STEP 3: Secure the Area Breached

Type: Physical Security Breach – ensure at least one person remains in the area of the intrusion until local authorities arrive and the facility can be secured. The site Operations Manager will contact a locksmith or glass company to repair any damaged entryways and secure the building. Restrict access to the site to only Secova managers or authorities.

Type: Data Breach – lockdown all equipment that is being used to manage Customer data or documents. Restrict access to equipment until extent of breach can be determined by IT personnel.

STEP 4: Protect evidence and Chain of Custody

Do not move anything or allow anyone else to move company materials or potential evidence until authorities or the Operations Manager has approved it. Any materials or equipment retained by Secova after a security breach must be secured until processed and the extent of the breach determined. Data / document breaches, especially, require Secova personnel to control access and chain of custody until released by Secova senior management.

STEP 5: Communication of Security Incidents to external parties

(External Parties refer to customers, legal authorities, regulatory bodies). This can be initiated only by the following personnel

Executive Team of Secova

SLAs for Incident Handling

Following are the current SLAs defined for Incident Management

Severity Level/ Impact Assessment	Description	Timeframe to Notify Client
5 – Low*	Incident where the impact is minimal. Examples are isolated malicious virus infections, accidental violation of process or procedure, and minimal unsuccessful <i>non-intelligent</i> attempts to breach a Low or Medium Criticality system.	72 hrs
4- Medium*	Incident where there may be moderate impact to a Business. Examples include <i>intelligent</i> unsuccessful attempts to breach any Criticality system, multiple unsuccessful <i>non-intelligent</i> attempts to breach any Criticality system, multiple reports of malicious SPAM or virus within a Business, theft of Client Internal Information, unexplained system failures or outages, possible or actual minor suspicious business interruption.	Within 24 hours after incident detection
3- High	Incident where the impact to a Business may be serious. Examples include malicious intent, internal wrongdoing, <i>possible</i> breach of any Criticality system, <i>actual</i> breach of Low or Medium Criticality system, compromise of Client information classified as Confidential, hacker websites that harvest customer information, moderate business interruption, simultaneous system outages, breach of Local Laws.	ASAP but not to exceed 4 hours after incident detection
2- Very High	Incidents where the impact to a Business may be severe and represent a crisis to the Business, or where the impact to the Franchise may be serious. Examples include possible or actual serious Business disruption, possible breach of multiple systems of any Criticality, compromise of Client Highly Confidential Information, <i>actual</i> breach of High Criticality level system.	ASAP but not to exceed 2 hours after incident detection
1- Critical	Incidents where the impact to the Franchise may be severe and represent a crisis to the Franchise. Examples include possible disruption of multiple businesses, compromise of Client Information classified as Restricted, or significant public impact to Client's reputation or regulatory posture.	ASAP but not to exceed 1 hour after incident detection

3. Records

1. Incident reports
2. Evidences of security violations



Welcome! Let's Get Started. Please Login to your account

FIRST TIME USER

RETURNING USER

LOGIN TO:



CHECK STATUS



VERIFY DEPENDENTS



UPLOAD DOCS



SECURELY SEND



WELCOME JOHN DOE

NEED HELP?

LOG OUT

WELCOME	VERIFICATION FORM	REQUIREMENTS	MY STATUS	MY PROFILE	FAQS
---------	-------------------	--------------	-----------	------------	------

PLEASE COMPLETE THE INFORMATION BELOW FOR YOUR DEPENDENT(S)

Name	Relation	Eligible	Voluntary Drop Reason	Effective Date
SUE SAMPLE (03/23/1968)	SPOUSE ? SELECT RELATION TYPE	<input type="radio"/> YES <input type="radio"/> NO		
SEAN3 SAMPLESAMPLE (12/25/1995)	SPOUSE ? SELECT RELATION TYPE	<input type="radio"/> YES <input type="radio"/> NO		
SEAN3 SAMPLESAMPLE (12/25/1995)	SPOUSE ? SELECT RELATION TYPE	<input type="radio"/> YES <input type="radio"/> NO		

By Checking the box below, I attest that I have reviewed the [CompanyName] Definitions and Required Documents and that the information I am submitting is true and accurate. I understand that if I provide false or misleading information it will result in the termination of coverage for my dependents and I will be required to reimburse [CompanyName] for all premiums and expenses.

Please Check Here ☐

If you have any questions please call Secova at [PhoneNumber] toll-free. Representative are available [Hours/Days]

You must click the 'Submit' button below to complete and submit your Verification Form for Dependent Verification

SUBMIT

CONTINUE TO VIEW YOUR REQUIREMENTS



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LOG OUT

WELCOME	VERIFICATION FORM	REQUIREMENTS	MY STATUS	MY PROFILE	FAQS
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PLEASE CLICK BELOW TO UPLOAD A DOCUMENT OR PRINT FORM
TO FAX/MAIL WITH REQUIRED DOCUMENTATION

CLICK TO UPLOAD DOCS

View **REQUIRED DOCUMENT(S)** below

All required documents must include a date, member and dependent(s) name.
(If mailing, please send **COPIES ONLY, NO ORIGINALS**. Documents provided for this dependent verification will not be returned)

VIEW YOUR DOCUMENT OPTIONS

VIEW ALL DOCUMENT OPTIONS



LEGALLY MARRIED SPOUSE

A current legal spouse as recognized by federal law. A legally separated or ex-spouse is not an eligible dependent.

Option 1:

One of the following documents:

- Page 1 and signature page of participant's 2010 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse
- Page 1 and Certificate of Electronic Filing of participant's 2010 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the spouse

Option 2:

Marriage Certificate

AND one of the following to show participant and spouse currently share the same residence:

- Copy of a current lease agreement listing both participant and spouse
- Copy of a current account statement listing both participant and spouse at the same address
- Copy of a current utility bill listing both participant and spouse at same address
- Two separate copies of current utility bills, one listing the participant and one listing the spouse, both showing the same address
- Designation of spouse as primary beneficiary of the participant's life insurance or retirement benefits (document must reflect a date within the last six months)

BIOLOGICAL (NATURAL) CHILD UNDER AGE 25

An unmarried biological (natural) child of a participant.

One of the following documents:

- Page 1 and signature page of participant's 2010 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent
- Page 1 and Certificate of Electronic Filing of participant's 2010 Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child as dependent.
- Birth Certificate.



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WELCOME	MY DOCUMENTS	REQUIREMENTS	MY STATUS	MY PROFILE	FAQS
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UPLOAD REQUIRED DOCS FOR YOUR DEPENDENT(S)

There is a limit to the file that you will be able to upload. The size limit is 10MB.If your file is over 10 MB, please mail or fax your documentation.
Acceptable file formats : tif, jpg, gif, png, pdf

CHOOSE DOCUMENT TYPE

FIND A DOCUMENT

BROWSE

CLICK TO
UPLOAD DOC

Repeat to upload multiple docs

OR

CLICK FOR
COVER SHEET

And fax/mail in with your supporting documentation

YOUR UPLOADED DOCUMENTS

Document Name	Document Type	Date Received
---------------	---------------	---------------

No Documents have been received by you yet.

	birthcertificate.jpg	Birth Certificate	03/13/2015
--	----------------------	-------------------	------------

Clicking trash can will remove the document. Only documents that have been uploaded and not processed can be removed

COMMUNICATION FROM US

Communication Type	Communication Date
--------------------	--------------------

Cover Sheet Submission Acknowledgement	03/13/2015 09:22:38
--	---------------------

VISIT MY STATUS PAGE



WELCOME JOHN DOE

NEED HELP?

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WELCOME	MY DOCUMENTS	REQUIREMENTS	MY STATUS	MY PROFILE	FAQS
---------	--------------	--------------	-----------	------------	------

MY CURRENT STATUS: DOCUMENTS UNDER REVIEW

Audit status as of April 22,2015

DEPENDENTS

Name	DOB	Relation	Relation Type	Relation Detail	Status
Sue Sample	03/23/1968	Spouse	Legally Married	--	No Documents
Sean SampleSample	03/23/1968	Child	Other Dependent	--	No Documents
Sean SampleSample	03/23/1968	Child	Legal Guardianship	--	No Documents

CLICK TO UPLOAD A DOCUMENT OR PRINT VERIFICATION FORM
TO FAX/MAIL WITH REQUIRED DOCUMENTATION

CLICK TO UPLOAD DOCS



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NEED HELP?

LOG OUT

WELCOME

MY DOCUMENTS

REQUIREMENTS

MY STATUS

MY PROFILE

FAQS

FREQUENTLY ASKED QUESTIONS

GENERAL INFORMATION

- ▼ Why is ERS conducting a Dependent Eligibility Verification and a Coordination of Benefits Audit?
We want to continue providing a comprehensive package of health benefits to employees and their eligible dependents. As health care costs continue to rise, it's important that all dependents covered under the ERS Health Plan meet the eligibility requirements. The dependent verification process is an opportunity for us to update dependent information and then monitor it for the future.
- ▶ Will my personal information be safe with Secova? What will Secova do with my documents?

DEPENDENT ELIGIBILITY

- ▶ Which dependents are not eligible?
- ▶ What happens to the coverage of a dependent(s) enrolled in coverage who does not meet ERS's eligibility requirements?
- ▶ My divorce decree/legal separation requires me to provide health benefits for my ex-spouse/legally separated spouse. Can I cover him/her under my health benefits?

DOCUMENTATION TO PROVE ELIGIBILITY

- ▶ Should I provide the supporting documentation for my dependents to ERS?
- ▶ Can electronically submitted tax returns (such as Turbo Tax) be submitted as verification documentation?

1. Call Center Inquiry IVR Script

Scripting - English

Voice Prompts: Staci

SD = System Dictionary

Prompt	Prompt Verbiage
Welcome Greetings:	
Welcome_93	Thank you for calling Secova, the administrator for the Department's Dependent Eligibility Verification. For information on the eligibility verification, you can also go online at https://verify.secova.com/NYSHIP . Using the online portal, you can also submit documentation or check the status of documents already submitted, and check the status of your dependents. Once again the website is https://verify.secova.com/NYSHIP . In a moment you'll be asked to enter your Employee ID#.
Participant / Employee ID Entry	
010	For English, press 1, Para español, presione dos
Participant_93	For information on your account, I'll need your Employee ID. Your employee ID may contain both numbers and letters. Please enter only the numbers, followed by the pound sign. <i><pause></i> This number is located in the upper right hand corner of the Cover Sheet for Dependent Verification you received in your packet.
011	Your participant id number has been confirmed. Next...
012	Your employee id number has been confirmed. Next...
013	Your member id number has been confirmed. Next...
014	Please enter your personal identification number followed by the pound side. <i><pause></i> Unless otherwise notified, your PIN is your 8 digit date of birth. For example, January 1, 1960 would be entered as 01011960.
015	You have entered an incorrect participant id number or the number is not on file. Please check the participant id number and enter it again followed by the pound sign.
016	You have entered an incorrect employee id number or the number is not on file. Please check the employee id number and enter it again followed by the pound sign.
017	You have entered an incorrect member id number or the number is not on file. Please check the member id number and enter it again followed by the pound sign.
Validate PIN	
020	The PIN you entered does not match your participant ID number
021	The PIN you entered does not match your employee ID number
022	The PIN you entered does not match your member ID number
023	Please re-enter your PIN followed by the pound sign.
024	Thank you!
025	To check if your dependent verification is complete, press 1. For information on the documents required to verify your dependents and eligibility rules, press 2.
026	To be transferred to a representative, press 3
Dependent Status Check	

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030	Our records indicate that we have not received any documentation to verify your dependents. If you have recently submitted documentation, please allow 4 business days for processing your documentation before you check your status again. To repeat this information, press 1. For information on the documents required to verify your dependents, press 2. To speak to a representative about the documentation required, press the star key. Or, if you're finished, simply hang up
031	Our records indicate that we have not received all the required documentation to verify one or more dependents. If you have recently submitted documentation, please allow 4 business days for processing of your documentation before you check the status again. Once processing has been completed, you will receive a determination letter in the mail within 7 business days. To repeat this information, press 1. For information on the documents required to verify your dependents, press 2. To speak to a representative about the documentation required, press the star key. Or if you're finished, simply hang up.
032	Our records indicate that we have received the required documentation and all of your dependents have been verified as of < SD VerificationDate>.
033	You will receive a confirmation letter in the mail within 7 business days of the verification date. To repeat this information, press 1. Or if you're finished, simply hang up.
034	We have recently received documents from you which have not yet been processed. Normal processing time is 4 business days after receipt of documentation. Please check back in 4 business days for the status of your dependent verification. To repeat this information, press 1. Or if you're finished, simply hang up.
035	Our records indicate you are no longer required to complete the dependent verification. If you have questions about your status, press the star key to be transferred to a representative. <5 second pause>
Documents Required:	
DocReq_93	For information on the required documents for your married spouse press 1, for your biological child press 2, for information on dependent eligibility rules or all other dependent types, press 0.
Relationship Messages:	
Rel1_93_1	To verify eligibility for your spouse you must provide the following acceptable documents to satisfy this requirement: Marriage Certificate AND ONE of the following tax documents: Page 1 and signature page of your <SD TaxStartPrompt_93> ...
Rel1_93_2	...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or email confirmation of electronic submission of <SD TaxStartPrompt_93> ...
Rel1_93_3	... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse OR ONE of the following documents listing employee AND spouse: mortgage statement; home equity loan; lease agreement; automobile registration; credit card statement or other account statement (e.g. bank account); utility bill; or a property tax documents. Documents must be dated on or after January 1, 2015. If the document lists spouse only it must reflect an address that is the same as the employee's address to show marriage is still current NOTE: "Current" is defined as within the last 6 months.

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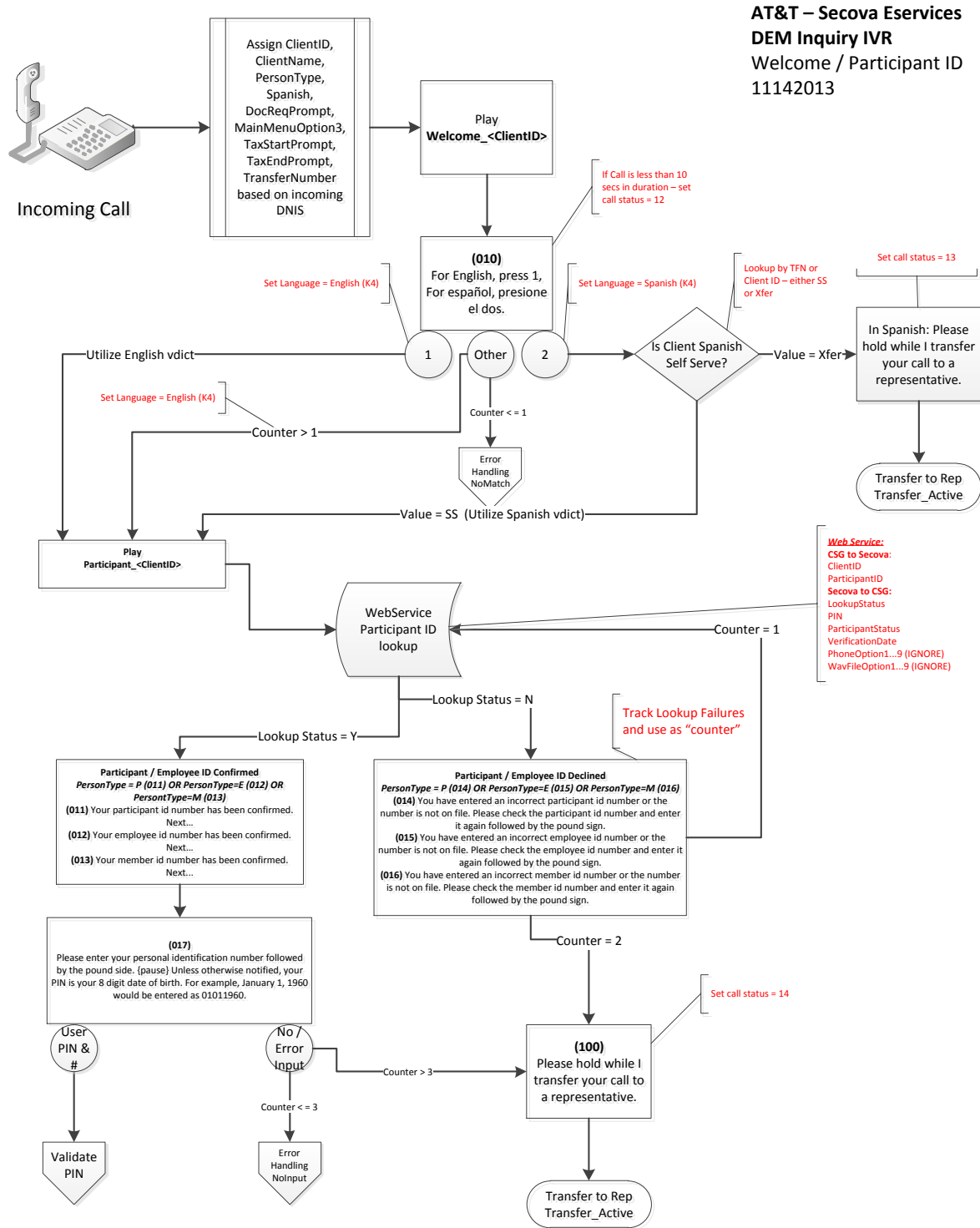
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Rel3_93_1	To verify eligibility of your biological child you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office listing employee as parent. Note: Your biological child ceases to qualify as a dependent on the last day of the month in which he or she turns age 26
040	To repeat this information, press 1. To return to the documents required to verify your dependents menu, press 2. To return to the main menu, press 3. To speak to a representative, press the star key. Or if you are finished, simply hang up.
050	Thank you for calling the Dependent Eligibility Verification Assistance System. It was a pleasure assisting you today. Goodbye.
051	You have entered an invalid choice. Please try again
052	I didn't get that.
100	Please hold while I transfer your call to a representative.

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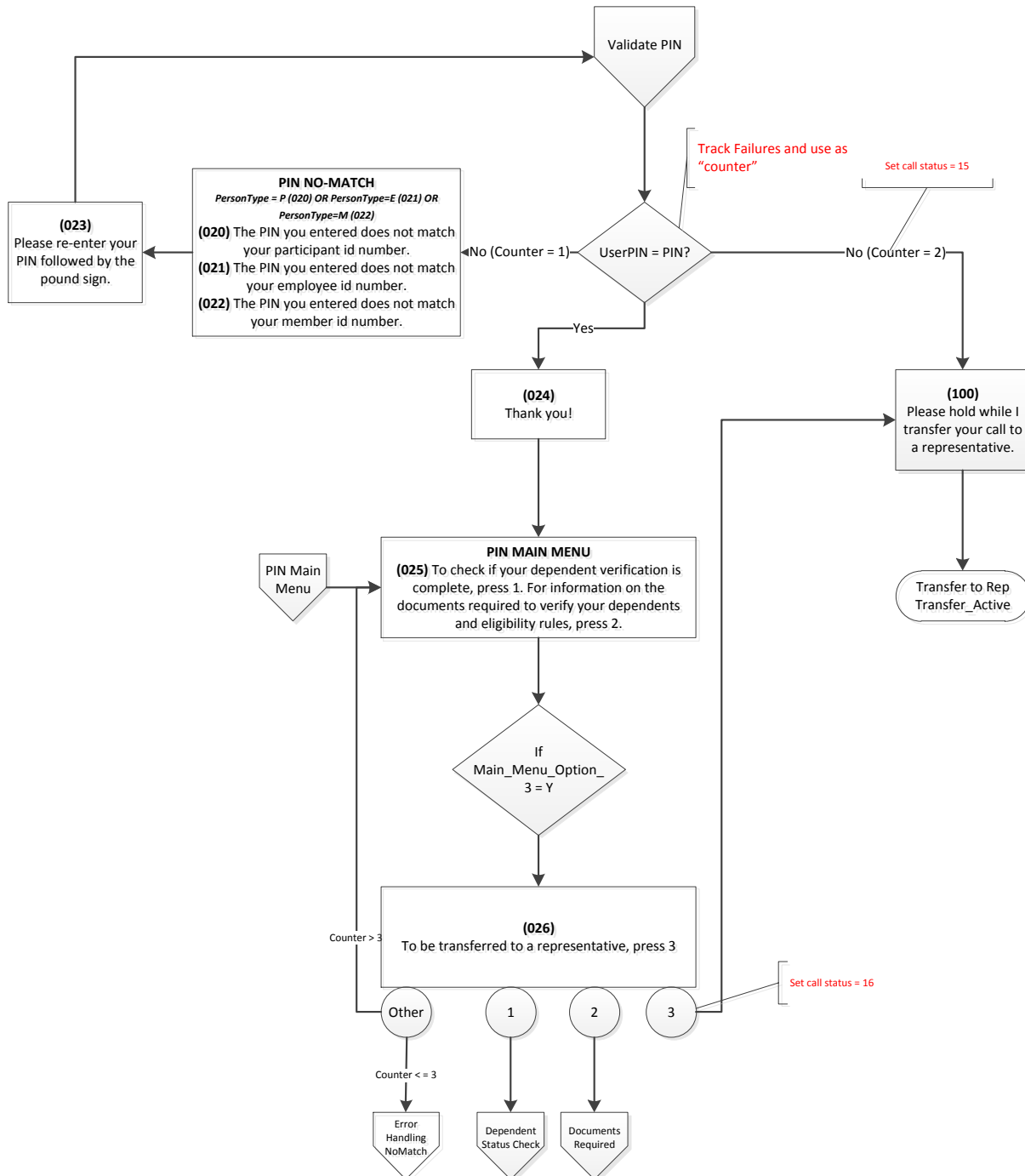
2. Call Flow Diagram



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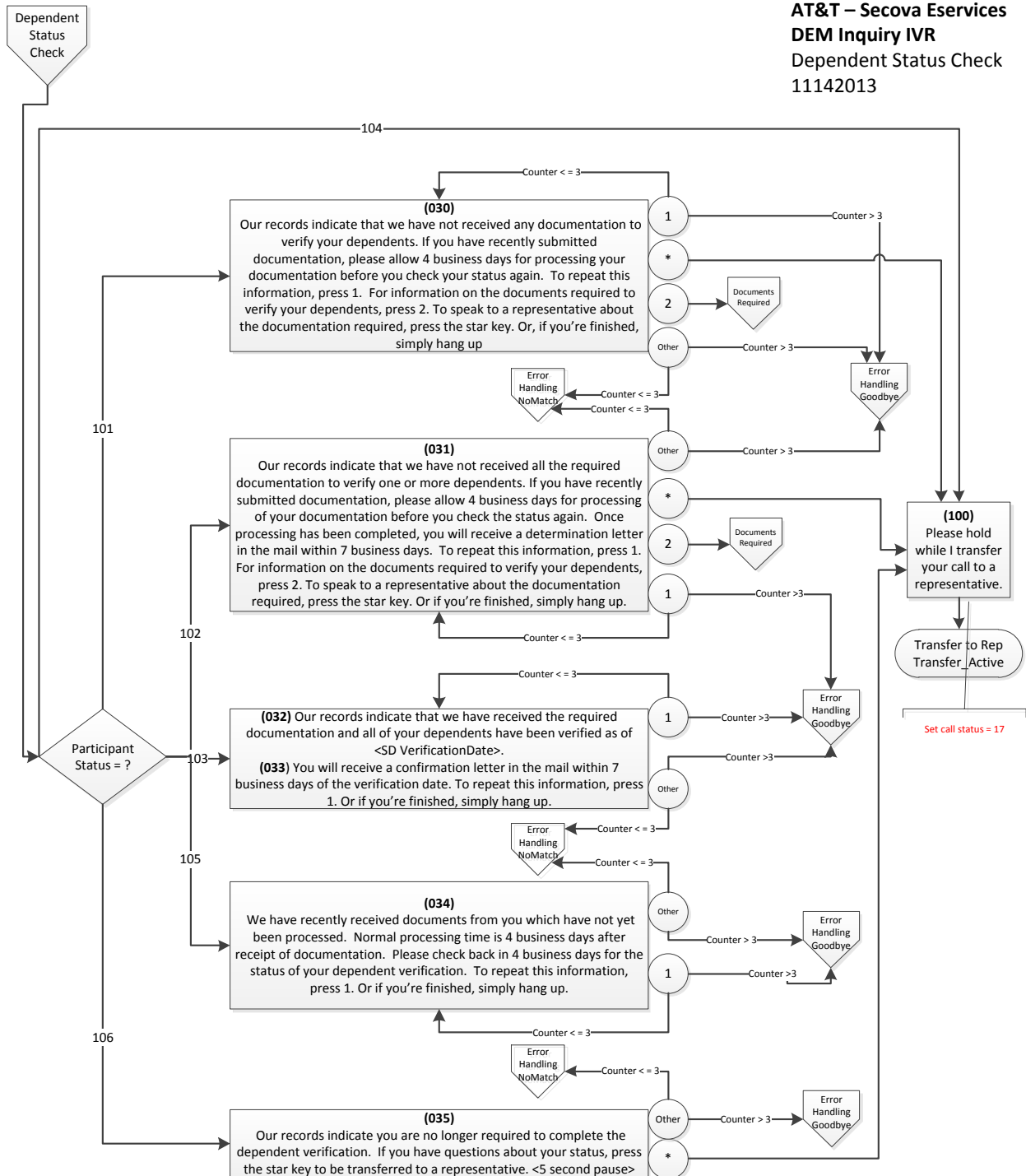
AT&T – Secova Eservices
DEM Inquiry IVR
Validate PIN
11142013



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**AT&T – Secova Eservices
DEM Inquiry IVR
Dependent Status Check
11142013**

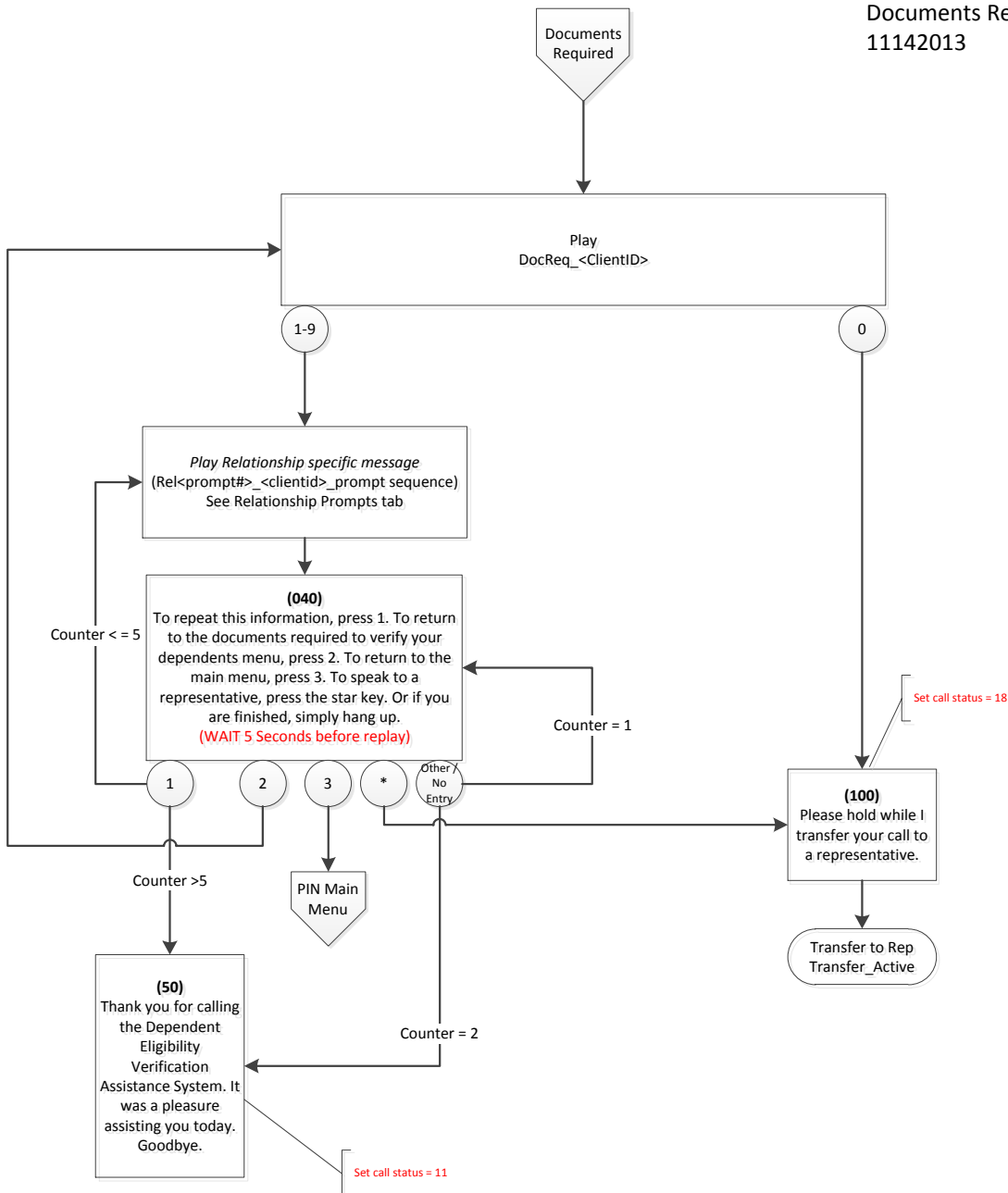


Programmers Note:
Counter field should track
how many times the
customer is listening to the
message

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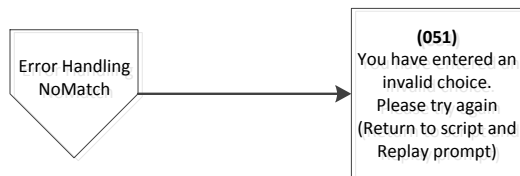
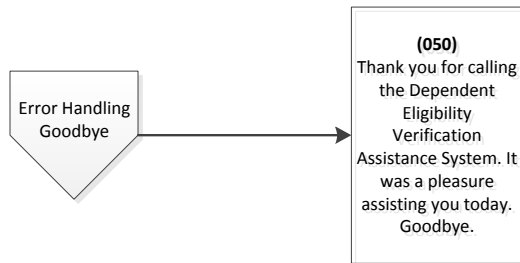
AT&T – Secova Eservices
DEM Inquiry IVR
Documents Required
11142013



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**AT&T – Secova Eservices
DEM Inquiry IVR
Error Handling
11142013**



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Relationship Specific Prompts - 11142013

Client ID = 11 / Option 1

(Rel1_11_1, Rel1_11_2, Rel1_11_3, Rel1_11_2, Rel1_11_4)

(Rel1_11_1) To verify eligibility for your spouse you must provide ONE of the following acceptable documents to satisfy this requirement: <pause> Page 1 and signature page of your <SD TaxStartPrompt_11> ...
(Rel1_11_2) ...or <SD TaxEndPrompt_11> ...
(Rel1_11_3) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_11> ...
(Rel1_11_2) ...or <SD TaxEndPrompt_11> ...
(Rel1_11_4) Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Alternatively, you can also provide a Marriage certificate to verify your spouse. <pause> Joint ownership of residence or other real estate listing address; or Joint tenants on a lease or shared rental payments of residence or other property listing address; or Joint ownership of a vehicle; Or Utility bill or bank account listing both names and address. NOTE: "Current" is defined as within the last 6 months.

Client ID = 63 / Option 1

(Rel1_63_1, Rel1_63_2, Rel1_63_3, Rel1_63_2, Rel1_63_4)

(Rel1_63_1) To verify eligibility for your spouse you must provide ONE of the following acceptable documents to satisfy this requirement: <pause>
Page 1 and signature page of your <SD TaxStartPrompt_63> ...
(Rel1_63_2) or <SD TaxEndPrompt_63> ...
(Rel1_63_3) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_63> ...
(Rel1_63_2) or <SD TaxEndPrompt_63> ...
(Rel1_63_4) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Alternatively, you can also provide a Marriage certificate to verify your spouse. Joint ownership of residence or other real estate listing address; or Joint tenants on a lease or shared rental payments of residence or other property listing address; or Joint ownership of a vehicle; or Utility bill or bank account listing both names and address. NOTE: "Current" is defined as within the last 6 months.

Client ID = 70 / Option 1

(Rel1_70_1, Rel1_70_2, Rel1_70_3, Rel1_70_2, Rel1_70_4)

(Rel1_70_1) To verify eligibility for your spouse you must provide ONE of the following acceptable documents to satisfy this requirement: Page 1 and signature page of your <SD TaxStartPrompt_70> ...
(Rel1_70_2) ... or <SD TaxEndPrompt_70>...
(Rel1_70_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_70> ...
(Rel1_70_2) ... or <SD TaxEndPrompt_70>...
(Rel1_70_4) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Alternatively, you can also provide a Marriage certificate to verify your spouse AND Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse. Current property tax documents listing both you and your spouse.
Automobile registration that is currently in effect listing both you and your spouse. Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse. Current utility bill listing both you and your spouse or separate utility bills showing the same address.
NOTE: "Current" is defined as within the last 12 months.

Client ID = 84 / Option 1

(Rel1_84_1, Rel1_84_2, Rel1_84_3, Rel1_84_2, Rel1_84_4, Rel1_84_2, Rel1_84_5)

(Rel1_84_1) To verify eligibility for your spouse or your registered same gender domestic partner you must provide ANY ONE of the following acceptable documents to satisfy this requirement: Page 1 and signature page of your <SD TaxStartPrompt_84> ...
(Rel1_84_2) ... or <SD TaxEndPrompt_84> ...
(Rel1_84_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_84> ...
(Rel1_84_2) ... or <SD TaxEndPrompt_84> ...
(Rel1_84_4) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and signature page of your <SD TaxStartPrompt_84> ...
(Rel1_84_2) ... or <SD TaxEndPrompt_84> ...
(Rel1_84_5) ... State Income Tax Return (540, 540A or 540 2EZ) as filed with the State of California Franchise Tax Board listing your spouse or domestic partner. Alternatively, you can also provide a Marriage certificate to verify your spouse OR a State of California Declaration of Domestic Partnership or documentation of a substantially equivalent partnership or union, other than a marriage, validly formed in another jurisdiction AND Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse/domestic partner. Current property tax documents listing both you and your spouse/domestic partner. Automobile registration that is currently in effect listing both you and your spouse/domestic partner. Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse/domestic partner. Current utility bill listing both you and your spouse/domestic partner or separate utility bills showing the same address
NOTE: "Current" is defined as within the last 12 months.

Client ID = 93 / Option 1

(Rel1_93_1, Rel1_93_2, Rel1_93_3)

(Rel1_93_1) To verify eligibility for your spouse you must provide the following acceptable documents to satisfy this requirement: Marriage Certificate AND ONE of the following tax documents: Page 1 and signature page of your <SD TaxStartPrompt_93> ...
(Rel1_93_2) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse. Page 1 and Certificate of Electronic Filing or email confirmation of electronic submission of <SD TaxStartPrompt_93> ...
(Rel1_93_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing your spouse OR ONE of the following documents to show marriage is still current: Current mortgage statement, home equity loan, or lease agreement listing both plan member and spouse. Current property tax documents listing both you and your spouse. Automobile registration that is currently in effect listing both you and your spouse. Current credit card statement or other account statement (e.g. bank account) listing both you and your spouse. Current utility bill listing both you and your spouse or separate utility bills showing the same address. Current designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a employee's will. Assignment of a durable property power of attorney or health care power of attorney. Valid government-issued ID.
NOTE: "Current" is defined as within the last 12 months.

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Client ID = 11 / Option 2

(Rel2_11_1, Rel2_11_2, Rel2_11_3, Rel2_11_2, Rel2_11_4)

(Rel2_11_1) To verify eligibility of your biological child, you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office naming you as a parent. Alternatively, you can provide ONE of the following tax documents. Page 1 and signature page of your <SD TaxStartPrompt_11> ...

(Rel2_11_2) ... or <SD TaxEndPrompt_11> ...

(Rel2_11_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_11> ...

(Rel2_11_4) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child.

Client ID = 63 / Option 2

(Rel2_63_1, Rel2_63_2, Rel2_63_3, Rel2_63_2, Rel2_63_4)

(Rel2_11_1) To verify eligibility of your biological child, you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office naming you as a parent. Alternatively, you can provide ONE of the following tax documents. Page 1 and signature page of your <SD TaxStartPrompt_63> ...

(Rel2_11_2) ... or <SD TaxEndPrompt_63> ...

(Rel2_11_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_63> ...

(Rel2_11_4) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child.

Client ID = 70 / Option 2

(Rel2_70_1)

(Rel2_70_1) To verify eligibility of your biological child, you must provide ONE of the following documents: The child's birth certificate, Consular report of birth abroad of a citizen of the United States of America (FS-240), Certification of Birth Abroad (FS-240), Birth Record from Hospital (if Newborn).

Client ID = 84 / Option 2

(Rel2_84_1, Rel2_84_2, Rel2_84_3, Rel2_84_2, Rel2_84_4)

(Rel2_84_1) To verify eligibility of your biological child, you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office naming you as a parent. Alternatively, you can provide ONE of the following tax documents. Page 1 and signature page of your <SD TaxStartPrompt_63> ...

(Rel2_84_2) ... or <SD TaxEndPrompt_63> ...

(Rel2_84_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_63> ...

(Rel2_84_2) ... or <SD TaxEndPrompt_63> ...

(Rel2_84_4) ...Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child.

Client ID = 93 / Option 2

(Rel2_93_1)

(Rel2_93_1) To verify eligibility for your life partner you must provide the following acceptable documents to satisfy this requirement:

*City of Philadelphia Life Partnership Form/Affidavit

AND TWO of the following documents to show life partnership is still current:

Current mortgage statement, home equity loan, or lease agreement listing both plan member and life partner

Current property tax documents listing both you and your life partner

Automobile registration that is currently in effect listing both you and your life partner

Current credit card statement or other account statement (e.g. bank account) listing both you and your life partner

Current utility bill listing both you and your life partner or separate utility bills showing the same address

Current designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a employee's will

Assignment of a durable property power of attorney or health care power of attorney

Valid government-issued ID

NOTE: "Current" is defined as within the last 12 months.

Client ID = 84 / Option 3

(Rel3_84_1)

(Rel3_84_1) To verify eligibility of your adopted child, you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office naming you as adopted parent.

Alternatively, you can also provide Any government-issued document (Driver's License*, CA State ID*, Passport*, or Military ID*) showing the child's birth date AND ANY ONE of the following legal documents.

Certificate of adoption (court documents) signed by a judge showing that you have adopted the child

Papers from the adoption agency showing intent to adopt

International adoption papers from country of adoption and a certified translation of the document in English

Client ID = 93 / Option 3

(Rel3_93_1)

(Rel3_93_1) To verify eligibility of your biological or life partner's biological child you must provide a copy of his or her Birth Certificate issued by a state, county, or vital records office.

Note: Your biological child or your life partner's biological child ceases to qualify as a dependent on the last day of the month in which he or she turns age 26

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Client ID = 84 / Option 4
(Rel4_84_1)

(Rel4_84_1) To verify eligibility of your step child, you must provide the following documents:
Birth Certificate of stepchild (issued by a state, county or vital records office) showing your spouse as parent
Provide the required documents listed previously in the spouse section (above) demonstrating spouse is eligible for coverage under UC-sponsored health plans

Client ID = 84 / Option 5
(Rel5_84_1)

(Rel5_84_1) To verify eligibility of your domestic partners child, you must provide the following documents:
Provide the required documents listed previously in the domestic partner section (above) demonstrating domestic partner is eligible for coverage under UC-sponsored health plans
Provide the required documents listed previously in the biological (natural) child or adopted child sections (above) naming your domestic partner as parent

Client ID = 84 / Option 6
(Rel6_84_1, Rel6_84_2, Rel6_84_3, Rel6_84_4)

(Rel6_84_1) To verify eligibility of your grandchild or step grandchild, you must provide any government-issued document (Birth Certificate, Driver's License*, CA State ID*, Passport*, or Military ID*) showing the grandchild or step-grandchild's birth date AND ANY ONE of the following tax documents: Page 1 and signature page of your or your spouse's <SD TaxStartPrompt_84>...
(Rel6_84_2) ... or <SD TaxEndPrompt_84>...
(Rel6_84_3)... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild
Page 1 and Certificate of Electronic Filing or transmission page of your or your spouse's <SD TaxStartPrompt_84>...
(Rel6_84_4) ... or <SD TaxEndPrompt_84>...
(Rel6_84_4)... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild or step-grandchild

Client ID = 84 / Option 7
(Rel7_84_1, Rel7_84_2, Rel7_84_3, Rel7_84_4)

(Rel7_84_1) To verify eligibility of your domestic partners grandchild, you must provide the required documents demonstrating domestic partner is eligible for coverage under UC-sponsored health plans, AND ANY ONE of the following tax documents: Page 1 and signature page of your or your domestic partner's <SD TaxStartPrompt_84>...
(Rel7_84_2) ... or <SD TaxEndPrompt_84>...
(Rel7_84_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild. Page 1 and Certificate of Electronic Filing or transmission page of your or your domestic partner's <SD TaxStartPrompt_84>...
(Rel7_84_4) ... or <SD TaxEndPrompt_84>...
(Rel7_84_4) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the grandchild

Client ID = 84 / Option 8
(Rel8_84_1, Rel8_84_2, Rel8_84_3, Rel8_84_4)

(Rel8_84_1) To verify eligibility of your grand fathered other child, you must provide a government issued ID or document (birth certificate, driver's license*, passport*) showing child's birth date AND Health Care Power of Attorney along with the following documents: Page 1 and signature page of your <SD TaxStartPrompt_84>...
(Rel8_84_2) ... or <SD TaxEndPrompt_84>...
(Rel8_84_3) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child. Page 1 and Certificate of Electronic Filing or transmission page of your <SD TaxStartPrompt_84>...
(Rel8_84_4) ... or <SD TaxEndPrompt_84>...
(Rel8_84_4) ... Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child

Client ID = 84 / Option 9
(Rel9_84_1, Rel9_84_2, Rel9_84_3, Rel9_84_4)

(Rel9_84_1) To verify eligibility of your child for whom the plan member is a legal guardian up to age 18, you must provide a signed court document confirming the plan member is the legal guardian AND ANY ONE of the following tax documents: Page 1 and signature page of your <SD Tax StartPrompt_84>...
(Rel9_84_2) ...or <SD Tax EndPrompt_84>...
(Rel9_84_3) Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child. Page 1 and Certificate of Electronic Filing or transmission page of your <SD Tax StartPrompt_84>...
(Rel9_84_4) ...or <SD Tax EndPrompt_84>...
(Rel9_84_4) Federal Income Tax Return (1040, 1040A or 1040EZ) as filed with the IRS listing the child.

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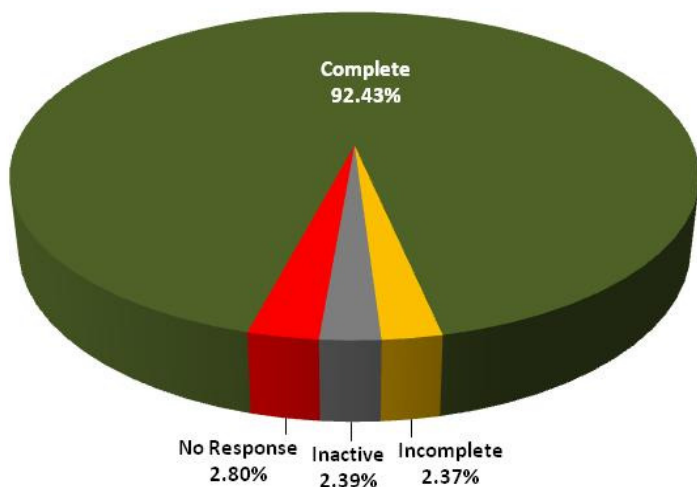
DEPENDENT ELIGIBILITY VERIFICATION – SAMPLE CLIENT

ONLINE REALTIME DEPENDENT VERIFICATION STATUS REPORT

Status as of December 18, 2009

TOTAL POPULATION: 37,340

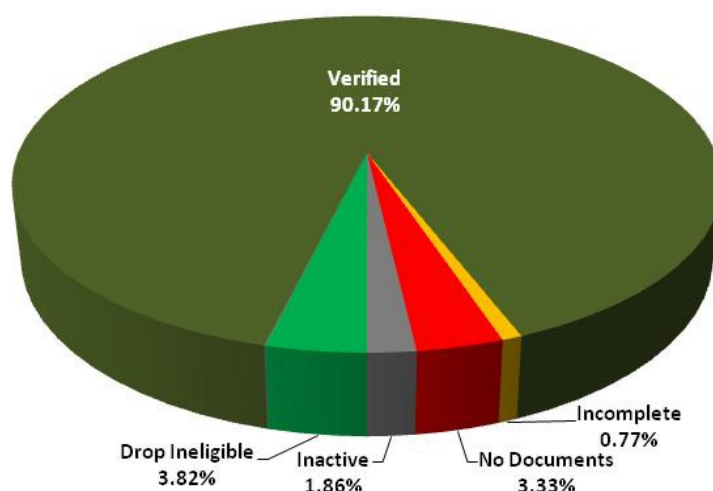
Participant Verification Status



Status as of December 18, 2009

TOTAL POPULATION: 80,722

Dependent Verification Status



Participant verification status

Particulars	Count	%
Complete	34,513	92.4%
Incomplete	886	2.4%
Inactive	894	2.4%
No Response	1,047	2.8%
Total	37,340	100%

Dependent verification status

Particulars	Count	%
Drop Ineligible	3,086	3.8%
Drop Ineligible - Amnesty	0	0.0%
Drop Ineligible/ Inactive	37	0.0%
Verified	72,790	90.2%
Incomplete	623	0.8%
No Documents	2,687	3.3%
Inactive	1,499	1.9%
Total	80,722	100%

VERIFICATION PROGRESS SUMMARY REPORT

CALL CENTER

Date	Calls Received	ASA (in HH:MM:SS) ≤ 45 secs	Abandon % ≤ 5.00%	Blocked Calls % ≤ 3.00%
Week 1	6	0:00:12	0.00%	0.00%
Week 2	1,341	0:01:19	8.10%	0.00%
Week 3	3,432	0:02:03	19.97%	0.00%
Week 4	1,912	0:00:46	3.89%	0.00%
Week 5	2,373	0:00:32	2.28%	0.00%
Week 6	2,467	0:00:37	3.20%	0.00%
Week 7	3,004	0:00:11	0.75%	0.00%
Week 8	3,056	0:00:13	0.75%	0.00%
Week 9	4,465	0:00:34	1.86%	0.00%
Week 10	7,003	0:00:58	4.20%	0.00%
Week 11	13,942	0:02:07	8.48%	0.00%
Week 12	1,787	0:00:29	1.21%	0.00%
Week 13	667	0:00:35	3.08%	0.00%
Week 14	1,047	0:00:34	4.69%	0.00%
Week 15	2,102	0:00:24	2.99%	0.00%
Week 16	1,379	0:00:38	3.46%	0.00%
Week 17	585	0:00:15	4.76%	0.00%
Sun 12/13/2009	5	0:00:04	0.00%	0.00%
Mon 12/14/2009	230	0:00:05	0.00%	0.00%
Tue 12/15/2009	61	0:00:06	0.00%	0.00%
Wed 12/16/2009	88	0:00:05	0.00%	0.00%
Week 18	384	0:00:05	0.00%	0.00%

Cumul: Avg. (since 08/21/2009)	50,952	0:00:42	4.09%	0.00%
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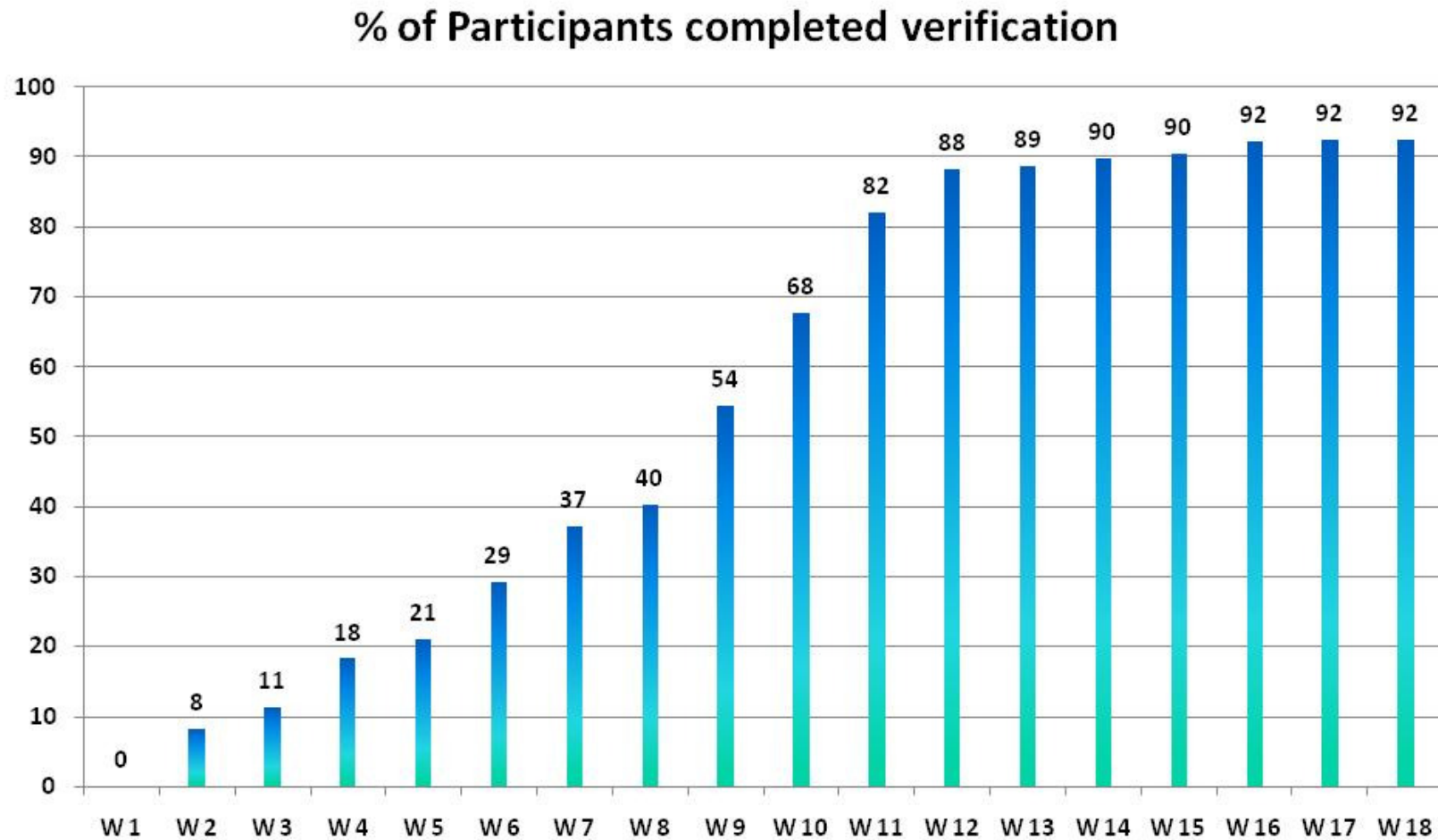
DOCUMENTS

Date	Mails received	Mails Scanned	Mails pending scanning	Fax received	EE uploads	Total Documents	Returned Mails
Week 1	0	0	0	1	0	1	0
Week 2	0	0	0	190	201	391	0
Week 3	4,268	4,268	0	1,191	495	5,954	161
Week 4	3,542	3,542	0	775	361	4,678	34
Week 5	3,186	3,186	0	1,177	283	4,646	20
Week 6	2,414	2,414	0	1,373	307	4,094	17
Week 7	2,340	2,340	0	1,498	308	4,146	18
Week 8	2,801	2,801	0	2,044	440	5,285	107
Week 9	2,442	2,442	0	2,503	506	5,451	44
Week 10	2,327	2,327	0	3,915	571	6,813	13
Week 11	1,681	1,681	0	7,898	1,020	10,599	21
Week 12	406	406	0	705	44	1,155	71
Week 13	45	36	0	414	5	464	20
Week 14	57	66	0	410	4	471	25
Week 15	34	34	0	799	0	833	31
Week 16	11	11	0	694	0	705	15
Week 17	1	1	0	0	0	1	1
Sun 12/13/2009	0	0	0	0	0	0	0
Mon 12/14/2009	0	0	0	0	0	0	0
Tue 12/15/2009	0	0	0	0	0	0	0
Wed 12/16/2009	0	0	0	0	0	0	0
Week 18	0	0	0	0	0	0	0
As on date	25,555	25,555	0	25,587	4,545	55,687	598

DEM DAILY NOTIFICATIONS TO EMPLOYEES

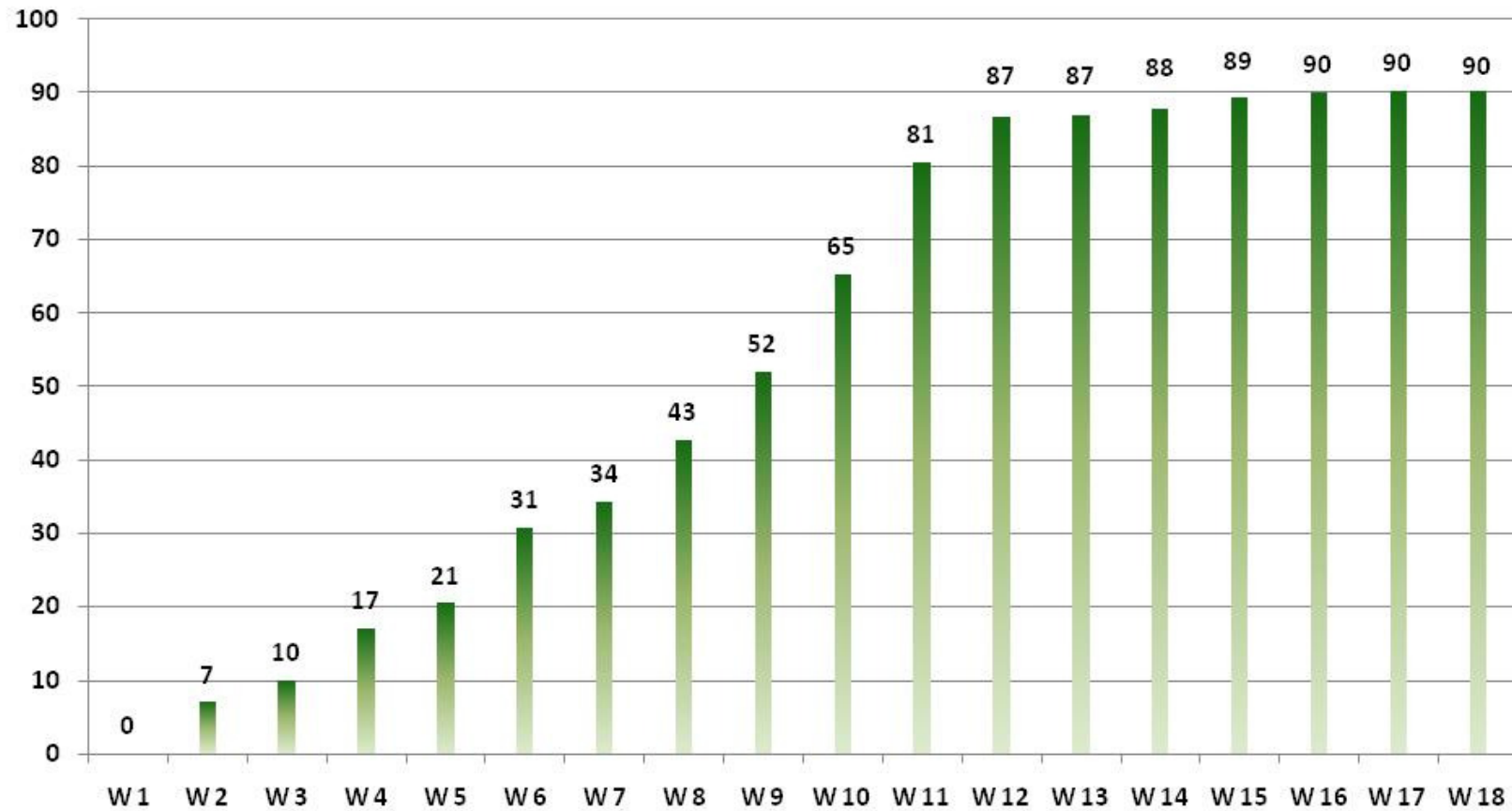
Date/ Type of outbound communication	7 day reminders - Email	Confirmation - Email	Confirmation - Letter	Incomplete Letter - Email+print	Receipt of documents	Cover letter - Email	Cover Letter - Reprint
Week 1	0	0	0	0	1	0	0
Week 2	0	0	3	0	1	0	0
Week 3	0	18	17	0	1	0	0
Week 4	0	0	17	0	1	0	0
Week 5	0	0	2	0	1	0	0
Week 6	0	0	0	0	1	0	0
Week 7	1	150	266	112	113	8	36
Week 8	21	466	875	967	968	7	59
Week 9	61	349	681	561	562	63	248
Week 10	61	200	282	132	133	29	50
Week 11	70	498	764	287	288	46	89
Week 12	74	898	1318	515	516	77	163
Week 13	93	783	1199	489	490	31	71
Week 14	61	927	1460	549	550	60	111
Week 15	11	684	1362	627	628	15	108
Week 16	0	347	626	404	405	8	29
Week 17	11	696	1083	329	330	23	60
Sun 12/13/2009	0	13	14	114	115	1	11
Mon 12/14/2009	0	22	64	15	16	0	0
Tue 12/15/2009	0	79	172	46	47	2	4
Wed 12/16/2009	0	219	381	60	61	3	6
Week 18	0	333	631	235	236	6	21
Total	464	6,349	10,586	5,207	5,225	373	1,045
% of employee population	1.24%	17.00%	28.35%	13.94%	13.99%	1.00%	2.80%

PARTICIPANT VERIFICATION REPORT – WEEKLY PROGRESS



DEPENDENT VERIFICATION REPORT – WEEKLY PROGRESS

% of Dependents completed verification



Dependent Eligibility Audit Project Plan_NYSHIP



Task Name	Duration	Comments	Start Date	End Date	Predecessors	Assigned To
Plan Project	61		08/10/15	11/02/15		
Establish Schedule & Processes - Project Kick-off Meeting (ONSITE)	1		08/10/15	08/10/15		Secova, Department
Eligibility Requirements Confirmed	5		08/10/15	08/14/15	25S	Secova, Department
Secova Provides Sample Full Project Communications to Department	1		08/20/15	08/20/15	25S +8 days	Secova
Review, Approve Announcement / Amnesty Communications	22	Allows Minimum 5 days for Department Approval	08/21/15	09/21/15	4	Secova, Department
Department Transmits Test Data File to Secova	1		08/21/15	08/21/15	25F +10 days	Department
Provide Test File Analysis to Department	2		08/24/15	08/25/15	6	Secova
Department Transmits Full Production File from Department for Amnesty Phase	1		09/02/15	09/02/15	7FS +5 days	Secova
Secova Provides Voluntary Term Form / Confirmation Letter to Reports Team	1		09/22/15	09/22/15	5	Secova
Secova Provides Eligibility Rules to DEM Team	1		09/22/15	09/22/15	5	Secova
Secova Provides DEM Content to DEM Team	1		09/22/15	09/22/15	5	Secova
Review, Approve Verification Communications / Determination Letters	30	Allows Minimum 5 days for Department Approval	09/22/15	11/02/15	5	Secova
Secova Reports Team Configures Term Form and Confirm Letter / Tests	6		09/23/15	09/30/15	9	Secova
Secova DEM Team Configures Eligibility Rules / Processing Team Performs QA / Load File	6		09/23/15	09/30/15	10	Secova
Secova Provides Mailing Samples to Department for Approval	2	Allows Required 2 days for Department Approval	10/01/15	10/02/15	14	Secova
Secova Reports Team Generates Bulk File for Voluntary Term Forms	5		10/01/15	10/07/15	13	Secova
Secova Moves Amnesty Letter into Print Production	7		10/01/15	10/09/15	14	Secova
OPTIONAL - Department Begins Internal Communications Campaign to Member Employers / Agencies	7		10/01/15	10/09/15	14	Department
Conduct Amnesty Period	46		10/12/15	12/14/15		
Secova Mails Amnesty Letter (Estimated 322,985)	5		10/12/15	10/16/15	17	Secova
Secova Initiates Daily Confirmation Letters to Completed Participants	1		10/21/15	10/21/15	20FS +2 days	Secova
Secova Begins Transmission of Daily/Weekly Reports to Department	1		10/27/15	10/27/15	20FS +6 days	Secova
Secova Provides Cover Sheet / Determination Letters to Reports Team	1		11/03/15	11/03/15	12	Secova
Secova Provides Required Documents to DEM Team	1		11/03/15	11/03/15	12	Secova
Secova Reports Team Configures Cover Sheet and Determination Letters / Tests	5		11/04/15	11/10/15	24	Secova
Secova DEM Team Configures Required Documents / Processing Team QA	5		11/04/15	11/10/15	24	Secova
Last Day to Report Voluntary (Amnesty) Drops	1	IMPORTANT DEADLINE	12/11/15	12/11/15	20FS +39 days	
Secova Transmits Results File to Department	1		12/14/15	12/14/15	27	Secova
Conduct Wave 1 Verification - NYS Group (Estimated 159,325)	58		12/18/15	03/08/16		
Department Transmits Wave 1 (NYS Group) to Secova	1		12/18/15	12/18/15	27FS +4 days	Secova
Secova DEM Team Loads Production File	3		12/21/15	12/23/15	30	Secova
Secova Reports Team Generates Bulk File of Cover Sheets and Performs QA	3		12/23/15	12/25/15	27FS +7 days	Secova
Secova Moves Verification Packet into Print Production	5		12/30/15	01/05/16	32FS +2 days	Secova
Secova Mails Verification Packet	5		01/06/16	01/12/16	33	Secova
Department Begins Weekly Terminations/Deceased File Transmission to Secova	1		01/13/16	01/13/16	34	Department
Secova Initiates Daily Receipt of Documents, Incomplete, Confirmation Letters	1		01/14/16	01/14/16	35	Secova
Secova Reports Team Pulls Data for Reminder Postcard (Non Responders Only)	2		01/27/16	01/28/16	34FS +10 days	Secova
Secova Moves Reminder Postcard into Print Production	3		01/29/16	02/02/16	37	Secova
Secova Mails Reminder Postcard	3		02/03/16	02/05/16	38	Secova
Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	14		02/17/16	03/07/16	38FS +10 days	Secova
Secova Provides Reports Team with Appeals / Final Determination Letters	1		02/17/16	02/17/16	38FS +10 days	Secova
Secova Reports Team Develops / Tests Appeals / Final Determination Letters	5		02/18/16	02/24/16	41	Secova
Initial Document Submission Deadline - End of Verification Phase	0	IMPORTANT DEADLINE	03/08/16	03/08/16	40	
Appeals & Reinstatement Period	75		03/09/16	06/21/16		
Secova Processes Late Document Submissions	3		03/09/16	03/11/16	43	Secova
Secova Reports Team Generates Bulk File Appeals Letters	1		03/14/16	03/14/16	45	Secova
Secova Moves Appeals Letters into Print Production	2		03/15/16	03/16/16	46	Secova
Secova Mails Appeals Letter	5		03/17/16	03/23/16	47	Secova
Secova Processes Appeals/Reinstatements	48		03/24/16	05/30/16	48	Secova
Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	38		04/07/16	05/30/16	48FS +10 days	Secova
Secova Reports Team Generates Bulk File for Final Determination Letters	1		05/31/16	05/31/16	50	Secova
Secova Moves Final Determination Letter into Print Production	2		06/01/16	06/02/16	51	Secova
Secova Mails Final Determination Letter	2		06/03/16	06/06/16	52	Secova
Secova Processes Final Document Submissions Prior to Termination of Coverage (14 Calendar Days)	9		06/07/16	06/17/16	53	Secova
END WAVE 1	0	IMPORTANT DEADLINE	06/20/16	06/20/16	54	
Secova Transmits Results File to Department	1		06/21/16	06/21/16	55	Secova
Conduct Wave 2 Verification - Participating Agencies (PA) (Estimated 112,577)	58		02/16/16	05/05/16		
Department Transmits Wave 2 (PA Group) to Secova	1		02/16/16	02/16/16	39FS +6 days	Department
Secova DEM Team Loads Production File	3		02/17/16	02/19/16	58	Secova
Secova Reports Team Generates Bulk File for Cover Sheets	3		02/22/16	02/24/16	59	Secova
Secova Moves Verification Packet into Print Production	5		02/25/16	03/02/16	60	Secova
Secova Mails Verification Packet	5		03/07/16	03/11/16	61FS +2 days	Secova
Secova Reports Team Pulls Data for Reminder Postcard (Non Responders Only)	2		03/24/16	03/25/16	62FS +8 days	Secova
Secova Moves Reminder Postcard into Print Production	3		03/28/16	03/30/16	63	Secova
Secova Mails Reminder Postcard	2		03/31/16	04/01/16	64	Secova
Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	15		04/14/16	05/04/16	64FS +10 days	Secova
Secova Provides Reports Team with Appeals / Final Determination Letters	1		04/14/16	04/14/16	64FS +10 days	Secova
Secova Reports Team Develops / Tests Appeals / Final Determination Letters	5		04/15/16	04/21/16	67	Secova
Initial Document Submission Deadline - End of Verification Phase	0	IMPORTANT DEADLINE	05/05/16	05/05/16	66	
Appeals & Reinstatement Period	75		05/06/16	08/18/16		
Secova Processes Late Document Submissions	3		05/06/16	05/10/16	69	Secova
Secova Reports Team Generates Bulk File Appeals Letters	1		05/11/16	05/11/16	71	Secova

Task Name	Duration	Comments	Start Date	End Date	Predecessors	Assigned To
73 Secova Moves Appeals Letters into Print Production	2		05/12/16	05/13/16	72	Secova
74 Secova Mails Appeals Letter	5		05/16/16	05/20/16	73	Secova
75 Secova Processes Appeals/Reinstatements	48		05/23/16	07/27/16	74	Secova
76 Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	38		06/06/16	07/27/16	74FS +10 days	Secova
77 Secova Reports Team Generates Bulk File for Final Determination Letters	1		07/28/16	07/28/16	76	Secova
78 Secova Moves Final Determination Letter into Print Production	2		07/29/16	08/01/16	77	Secova
79 Secova Mails Final Determination Letter	2		08/02/16	08/03/16	78	Secova
80 Secova Processes Final Document Submissions Prior to Termination of Coverage (14 Calendar Days)	9		08/04/16	08/16/16	79	Secova
81 END WAVE 2	0	IMPORTANT DEADLINE	08/17/16	08/17/16	80	
82 Secova Transmits Results File to Department	1		08/18/16	08/18/16	81	Secova
83 Conduct Wave 3 Verification - Participating Entities (PE) (Estimated 30,456)	58		04/11/16	06/29/16		
84 Department Transmits Wave 3 (PE Group) to Secova	1		04/11/16	04/11/16	65FS +5 days	Department
85 Secova DEM Team Loads Production File	3		04/12/16	04/14/16	84	Secova
86 Secova Reports Team Generates Bulk File for Cover Sheets	3		04/15/16	04/19/16	85	Secova
87 Secova Moves Verification Packet into Print Production	5		04/20/16	04/26/16	86	Secova
88 Secova Mails Verification Packet	2		05/02/16	05/03/16	87FS +3 days	Secova
89 Secova Reports Team Pulls Data for Reminder Postcard (Non Responders Only)	2		05/18/16	05/19/16	88FS +10 days	Secova
90 Secova Moves Reminder Postcard into Print Production	3		05/20/16	05/24/16	89	Secova
91 Secova Mails Reminder Postcard	2		05/25/16	05/26/16	90	Secova
92 Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	15		06/08/16	06/28/16	90FS +10 days	Secova
93 Secova Provides Reports Team with Appeals / Final Determination Letters	1		06/08/16	06/08/16	90FS +10 days	Secova
94 Secova Reports Team Develops / Tests Appeals / Final Determination Letters	5		06/09/16	06/15/16	93	Secova
95 Initial Document Submission Deadline - End of Verification Phase	0	IMPORTANT DEADLINE	06/29/16	06/29/16	92	
96 Appeals & Reinstatement Period	75		06/30/16	10/12/16		
97 Secova Processes Late Document Submissions	3		06/30/16	07/04/16	95	Secova
98 Secova Reports Team Generates Bulk File Appeals Letters	1		07/05/16	07/05/16	97	Secova
99 Secova Moves Appeals Letters into Print Production	2		07/06/16	07/07/16	98	Secova
100 Secova Mails Appeals Letter	5		07/08/16	07/14/16	99	Secova
101 Secova Processes Appeals/Reinstatements	48		07/15/16	09/20/16	100	Secova
102 Secova Conducts Telephonic Outbound Communications to Non Responders and Incompletes	38		07/29/16	09/20/16	100FS +10 days	Secova
103 Secova Reports Team Generates Bulk File for Final Determination Letters	1		09/21/16	09/21/16	102	Secova
104 Secova Moves Final Determination Letter into Print Production	2		09/22/16	09/23/16	103	Secova
105 Secova Mails Final Determination Letter	2		09/26/16	09/27/16	104	Secova
106 Secova Processes Final Document Submissions Prior to Termination of Coverage (14 Calendar Days)	9		09/28/16	10/10/16	105	Secova
107 END WAVE 3	0	IMPORTANT DEADLINE	10/11/16	10/11/16	106	
108 Secova Transmits Results File to Department	1		10/12/16	10/12/16	107	Secova
109 Project Close-Out / Final Eligibility Determinations / Final Reports Delivery	44		11/14/16	01/12/17		
110 Secova Submits Guarantee Report to Department	30		11/14/16	12/23/16	108FS +22 days	Secova
111 Secova Delivers and Presents Final Project Report to Department	1		01/12/17	01/12/17	108FS +65 days	Secova
112 Secova Delivers Document Disks to Department	1		01/12/17	01/12/17	108FS +65 days	Secova