Request for Proposals Addenda 1
Contact Center Overflow Vendor

Date of Addendum: August 5, 2014
Original Due Date, Time: Monday, August 18, 2014, 4:30 p.m. CT
Revised Date, Time (if changing): Not Applicable; No Change

SCOPE OF ADDENDUM

1. Proposal Content and Evaluation, Proposal Sections and Content Requirements, Section 3: Technical Capacity, is amended as follows (changes are highlighted in yellow):

Section 3: Technical Capacity (ten pages or less, double spaced)

MNsure’s contact center services are provisioned within the State of Minnesota’s owned and managed Cisco Hosted Internet Protocol Contact Center (HIPCC). Calls are delivered on a dedicated PSTN network currently supporting 300 simultaneous sessions. Callers needing additional assistance are directed to the MNsure contact center, which may overflow to the vendor. The overflow vendor may receive up to 100% of the agent bound calls.

Identify or address the company’s capacity to fulfill each of the following requirements:
1. The overflow vendor shall provide a “warm” transfer of calls back to the MNsure contact center that they have not been trained or able to support.
2. It is forecast that approximately 20% of the calls will be transferred back to MNsure on a separate telephone number.
3. Vendor Trunking
   a. The vendor’s network must be able to handle a minimum of 300 simultaneous calls. Callers should never receive a busy signal due to lack of capacity.
   b. The vendor’s network must have the capacity to expand up to 500 simultaneous calls.
   c. The vendor must describe its trunking setup (i.e. TDM, SIP, etc.) and configuration in its proposal.
   d. The vendor must describe what and how trunking services would be dedicated to MNsure in its proposal.
   e. The vendor must describe in the proposal its capacity to support SIP peering to the State of Minnesota from its system, answering the following questions:
      i. What type of session border controllers are used?
      ii. What equipment is used to configure and setup connectivity?
      iii. How is the IP network engineered to handle QoS and scaling of calls?
      iv. What is the fault tolerance or high availability configuration for items i and ii above? Describe the fault tolerance.
   f. The vendor must describe in its proposal the following:
      i. How calls from MNsure would be transferred to the vendor’s contact center
      ii. If transferring to a telephone number, would the telephone number be a local or toll free number? The State prefers it be a non-toll number.
g. The vendor must describe if there is the ability to be part of the MNsure Cisco (HIPCC) contact center. The contact center desktop application used by MNsure is CAD/CSD (Cisco Agent/Supervisor Desktop)
   i. Describe the connectivity
   ii. Describe the physical location of agents

4. Vendor Contact Center Environment
   a. Describe the vendor’s contact center (call control) platform
      i. Provide a diagram of the call control platform.
      ii. Where is the Responder’s infrastructure located?
      iii. Are agents located at more than one location?
   b. Describe the vendor’s system support encryption of media and signaling at the application layer
   c. Describe the existing audit trails for security reviews or post event due diligence
   d. Describe the change process including notifications that would take place within the vendor’s environment as it would affect MNsure
   e. Identify the types of phones (IP, Softphones, etc.) used at the vendor’s contact center.
   f. Describe the call recording capabilities available on the vendor’s platform
      i. Voice
      ii. Screen
      iii. Describe whether MNsure has the ability to query, browser, playback and review recordings
      iv. Describe other features are available
      v. Describe how MNsure would access or be provided the media files
      vi. Do you have audit trails for access to media during or after a session?
      vii. Is the media encrypted?
      viii. What reporting information is available and how would MNsure access the information?
   g. What type of workforce optimization capabilities is available on your platform?
      i. Describe features and functionality provided.
      ii. What reporting information is available and how would MNsure access the information?

5. Vendor must have the capacity to access several internet-based programs through a Citrix portal

Section 3 is worth 15 points, 15% of the total score.
2. Proposal Content and Evaluation, Proposal Sections and Content Requirements, Section 7: Cost, is amended as follows (changes are highlighted in yellow):

**Section 7: Cost**
The Cost Proposal must be submitted separately from the technical Proposal. (See Submission Instructions above.)

Provide the best financial proposal to complete the work for the duration of the contract based on the proposed work plan. Identify any assumptions made to create your bid.

**Trunking Cost:** Responder shall provide all billing element descriptions, unit, recurring cost and one-time cost for trunking. Include all costs for provisioning the service described in your response. Any cost not indicated here will be considered included at no cost to the State.

<table>
<thead>
<tr>
<th>Billing Element Description</th>
<th>Recurring Cost</th>
<th>Non-Recurring Cost</th>
<th>Remarks</th>
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<td>Unit</td>
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<td>300 sessions</td>
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<td>500 sessions</td>
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**Contact Center Cost:** Responder shall provide all billing element descriptions, unit, recurring cost and one-time cost for Contact Center Environment. Include all costs for provisioning the service described in your response. Any cost not indicated here will be considered included at no cost to the State.

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<th>Billing Element Description</th>
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<td>Supervisor</td>
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<td>Call Recording</td>
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<td>Workforce Optimization</td>
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Travel or other costs must be factored into the bid as no additional fees will be paid to perform this work.

*Section 7 is worth 30 points, 30% of the total score.*

This addenda shall become part of the RFP and should be returned with, or acknowledged in, the response to the RFP.

**RESPONDER NAME:**

**SIGNATURE:**

**TITLE:**

**DATE:**