GLOSSARY & ACRONYMS

ABANDONMENT RATE – Refers to the number of incoming telephone calls placed to the Telephone Call Center from the public wherein the caller chooses to disconnect the call after hearing the Integrated Voice Recognition (IVR) system greeting and spending twenty (20) seconds or more in-queue without being connected to a TCC staff.

AD HOC REPORT –A report usually produced on a one-time basis, provided to the State by the Contractor upon request by the State, that is not required as a deliverable in the Contract.

ADDENDUM (used in reference to the CONTRACT) – An addition or change made to the Contract before the Contract is approved.

ADDITIONAL CONTRACTUAL SERVICES (ACSs) – Proposed methods of providing Contract services beyond those required in the Request for Proposal (RFP) which will improve Contract administration, including methods to improve Health Care Options (HCO) performance through manual and automated improvements.

AID CODE – An alphanumeric code defined by the California Department of Health Services (CDHS) that determines the type(s) of aid a beneficiary is eligible to receive.

AMENDMENT – The document and/or process by which terms of the Agreement can be changed. The Amendment process is described in Exhibit E, Additional Provisions.

AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI) – The organization that promotes and facilitates voluntary consensus and conformity assessment systems, safeguards their integrity, and coordinates the development and use of voluntary consensus standards in the United States stakeholders in the standardization forums around the globe.

AMERICANS WITH DISABILITIES ACT (ADA) – The federal law that guarantees qualified individuals with disabilities equal opportunity in public accommodations, employment, transportation, State and local government services, and telecommunications.

APPLICANT – An individual who has applied for public assistance (Medi-Cal benefits), including persons that are being added to an existing eligibility case file, and any other individual(s) whose income and/or resources are considered in determining the amount of benefits that a person(s) is due.

ASSOCIATION FOR INFORMATION AND IMAGE MANAGEMENT (AIIM) – The organization that is the international authority on Enterprise Content Management (ECM) and the tools and technologies that capture, manage, store, preserve, and deliver content in support of business processes.

ASSUMPTION OF OPERATIONS – The date on which the Contractor assumes responsibility for all HCO Program Operations as required in Exhibit A, Scope of Work, Attachment II, Operations.

AUDIT – The examination and verification of the Contractor's HCO Operations subject to the terms of this Contract.

AUTO ASSIGNMENT (Default Assignment) -- The action taken by the Contractor to automatically enroll a beneficiary into an appropriate health care plan when the beneficiary does not proactively make a health care plan(s) choice as required under subsection 14016.5 (c) (1) of the California Welfare and Institutions Code.

AUTOMATED SYSTEM -- The process used by the Contractor which would involve invoking the use of a Central Processing Unit to process enrollment and disenrollment transactions.

BENEFICIARY – An individual who has been found eligible to receive Medi-Cal benefits.

BOOKLETS – Health Care Options (HCO) Program informing materials which are bound together and that are included in the informing packet. Booklets are used to educate Medi-Cal applicants and beneficiaries about the Medi-Cal Managed Care Program and to assist them with enrolling into available managed care health care plans

BUSINESS CONTINUITY -- The ability of an organization to continue to function during and after a disastrous event, accomplished through the deployment of redundant hardware and software, the use of fault tolerant systems, as well as a solid backup and recovery strategy to recover designated critical systems within a specified time frames and sequences agreed upon.

BUSINESS DAY –Those days on which the Contractor is to conduct HCO Operations activities, which excludes Saturdays, Sundays and State holidays. In the context of Contract requirements, a business day is defined as the amount of time between the trigger event and the close of business (COB) the following business day, unless another time frame is specifically addressed as pertaining to a particular section of the Contract. If the trigger event (such as receipt of a Choice Form) occurs prior to 8:00 AM Pacific Time, then a business day will be considered to have ended COB on the same day that the trigger occurred. If the trigger event occurs after 8:00 AM Pacific Time, then a business day will be considered to have ended COB the following business day.

C-LETTER – Contract letters that, unless otherwise specified in this Contract, represent CDHS direction to the Contractor. These letters are issued by the Contracting Officer, or his or her representative, over the Contracting Officer's signature block, and are sequentially numbered.

CALENDAR DAY – The days of the week, including Saturdays, Sundays and State holidays, that count towards the time period that the Contract requires specific activities to take place and/or for deliverables to be provided to the CDHS or other entities. In the context of Contract requirements, a calendar day is defined as the amount of time between the trigger event and 5:00 PM Pacific Time the following calendar day. If the trigger event (such as receipt of a request for an ad hoc report, which is then due in 14 calendar days) occurs prior to 8:00 AM Pacific Time on a business day, then a calendar day will be considered COB on the same business day that the trigger occurred. If the trigger occurs after 8:00 AM Pacific Time on a business day, then a calendar day will be considered 5:00 PM Pacific Time the following day, whether it is a business day or a calendar day.

CALIFORNIA DEPARTMENT OF HEALTH SERVICES (CDHS) – The single State department responsible for the administration of the Medi-Cal Program. CDHS acts for the State of California as the HCO contracting entity.

CASE HEAD – A term used to describe the Medi-Cal individual or head of household, which in the context of the mailing of HCO informing materials is synonymous with the terms “beneficiary”.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) –The federal agency responsible for administering the Medicare and Medi-Caid (Medi-Cal in California) Programs.

CHANGE ORDER – The document and/or process utilized by the CDHS to make an adjustment to the Contract Scope of Work and/or payment.

CHOICE FORM – The enrollment form used by HCO that applicants/beneficiaries use to indicate their choice of methods for receiving Medi-Cal managed care health services. The Choice Form is completed by the applicant/beneficiary in order to select a medical and/or a dental plan, or Fee-For-Service (FFS) where FFS is an available option.

CLOSE OF BUSINESS (COB) – The term used to indicate the time of day that is considered the end of the business day. The general accepted time for COB is 5:00 PM Pacific Time.

CLOSURE NOTICE (CN) – The final documentation step within the Problem Correction Process (PCP) used to confirm that a problem or potential problem identified on an Initial Problem Statement (IPS) has been corrected, and that adequate steps have been taken to prevent an occurrence or a reoccurrence.

CONFIDENTIAL INFORMATION – Names and other identifying information concerning persons either receiving services pursuant to this agreement or persons whose names

or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this agreement, except for statistical information not identifying any such person.

CONTRACT – The written agreement between the CDHS and the Contractor.

CONTRACT EFFECTIVE DATE (CED) – The date upon which the terms of the Contract begin. The Contract is effective the date that the Contract standard agreement is approved and signed by the California Department of General Services.

CONTRACT REQUIREMENT – Any service, deliverable and/or other duty that the Contractor is required to provide or perform under the terms of the Contract.

CONTRACT TERMINATION DATE (CTD) – The date upon which the terms of the Contract terminate. The date is specified on the Contract standard agreement which is approved and signed by the California Department of General Services.

CONTRACTING OFFICER – Refers to the CDHS official responsible for managing the Contract.

CONTRACTOR – The firm with which CDHS contracts to perform HCO Program Operations, as set forth on the Contract standard agreement.

CONTRACTOR REPRESENTATIVE – The Contractor's official Project Director who is responsible for managing the Contractor's HCO Program Operations.

CONTROL BINDER – The repository for official reference copies of all CDHS-approved HCO informing materials currently in production.

CORRECTIVE ACTION PLAN (CAP) – A complete analysis of an incident in which Contract requirements were not or may not have been met, which identifies the actions and time frames necessary to correct the problem and/or issue and creates procedures to prevent the problem or issue from occurring or not reoccurring.

COST PROPOSAL – A document provided by the Proposer that provides price bids, hourly rates, and/or other commitments to provide services for the stated dollar amount. The Cost Proposal may contain other supporting documentation as required in the RFP.

COUNTY CODE – A two-digit code assigned by CDHS to identify each county within the State of California.

DATA DICTIONARY – A central storage facility for data definitions, programs/modules, documentation and run-time information.

DATA ENTRY – A method of entering data, or information, into an automated Health Plan Enrollment (HPE) Process from Choice Forms and other enrollment request forms.

DEDICATED STAFF – Staff that is solely assigned to perform work under a specified provision of this Contract.

DELIVERABLE – The specific product the Contractor is required to submit upon completion of a task or subtask. When the deliverable is intangible, documentation must be provided demonstrating completion.

DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) – The federal agency responsible for the overall management of several health and human services programs, including the Medicare and Medicaid (Medi-Cal in Californa) Programs.

DEPARTMENT OF PUBLIC SOCIAL SERVICES (DPSS) – The local county Social Services Office or other county agency responsible for determining the initial and continuing eligibility of individuals for the Temporary Assistance for Needy Families ((TANF) – formerly known as AFDC) and/or Medi-Cal Programs.

DISENROLLMENT TRANSACTION – A method used to terminate a beneficiary's enrollment in a managed care plan(s) which is received into the Contractor's HPE Process and then received and accepted by the Medi-Cal Eligibility Data System (MEDS).

DISASTER– An impending or sudden and/or calamitous event bringing great damage, loss, and/or destruction resulting in the interruption of critical business functions.

DISASTER RECOVERY - A coordinated activity to enable the recovery of Information Technical (IT)/business operations due to a disruption. It may include partial or complete loss of a facility/site. Disaster recovery can be achieved by restoring IT/business operations at an alternate location, recovering IT/business operations using alternate equipment, and/or performing some or all of the affected business processes using manual methods.

DISPUTE – A controversy arising under this Contract between CDHS and the Contractor regarding the Contracting Officer's determinations concerning the terms and conditions and/or contractual obligations embodied in this Contract.

DOCUMENT CONTROL NUMBER (DCN) – A unique number assigned to Choice Forms and other enrollment request forms, which is used to identify the document throughout processing and for retrieval purposes. The number includes the Julian date of receipt by the Contractor at the Contractor's main operating facility.

EDIT – An examination in the enrollment processing subsystem of data on a document performed to ensure application of HCO Program policy. Edits include examination for such things as completeness and validity of data, applicant/beneficiary eligibility, and Medi-Cal Managed Care and HCO Program policy application.

ELECTRONIC DATA INTERCHANGE (EDI) – The computer-to-computer exchange of structured information, by agreed message standards, from one computer application to another by electronic means and with a minimum of human intervention.

ENROLLMENT – A method used to begin a beneficiary's enrollment in a managed care plan(s) which is received into the Contractor's HPE Process and then received and accepted by the MEDS.

ENROLLMENT SERVICE RESPRESENTATIVES (ESRs) – The Contractor's employees who are stationed in designated managed care/HCO counties throughout California that provide face-to-face assistance to applicants/beneficiaries and interested parties.

ESCROW BID DOCUMENTS – All documentary information developed by the Proposer in preparation of cost proposals to be submitted for this RFP. These bid documents for the successful Proposer are typically held in escrow for the duration of the Contract.

EXPEDITED DISENROLLMENT REQUEST (EDER)– A disenrollment of a beneficiary from a health care plan that takes effect at the beginning of the month in which the disenrollment is requested. The disenrollment is based upon specified reasons, such as, the beneficiary requires specialized services for a complex medical condition, or other medical situations for which a delay could adversely impact the health of the beneficiary.

EXTERNAL REPORTS – Reports shared with the CDHS and other interested parties at the CDHS sole discretion that are fully implemented by the Contractor for its use in managing the Contract with the CDHS.

FACILITY(IES) – The physical building site(s) used by the Contractor to perform HCO Program Operations.

FAST ALERTS – A notification initiated by the Contractor to inform CDHS within one (1) hour of any change to any scheduled ESR presentation.

FEDERAL FINANCIAL PARTICIPATION (FFP) – That portion of Medi-Cal funding provided by the federal government. The FFP is usually matched by a varying percentage of State funds.

FEE-FOR-SERVICE (FFS) – The method of payment for reimbursing medical and dental health care providers who participate in the Medi-Cal Program for each service rendered to Medi-Cal beneficiaries.

FILE – Used to describe: 1) a collection of many occurrences of the same type of record, commonly referred to as a data set. Entity type that refers to magnetic tape, cartridges, disk storage, both sequential and direct access, and other non- database files; and 2) a logical unit of database storage.

FISCAL YEAR (FY) – Any 12-month period for which annual accounts are kept. The State fiscal year is July 1 through June 30.

FULFILLMENT – All activities required to produce, process and distribute all informing materials.

GENERAL FUNCTIONAL REQUIRMENTS (GFR) PHASE – A phase that includes a specific requirement of any system change(s). The requirements outline what the system change(s) must accomplish to meet business needs.

GENERAL TERMS AND CONDITIONS – Specifies requirements of the Contract applicable throughout the term of the Contract.

GEOGRAPHIC MANAGED CARE (GMC) – Counties within the Medi-Cal Managed Care Program with more than two (2) health plans available among which eligible Medi-Cal beneficiaries may choose to enroll.

GRAPHICAL USER INTERFACE (GUI) – A type of display format that enables users to choose commands, start programs, and view lists of files and other options by pointing to pictional representations (icons) and lists of menu items on the screen. The Contract requires the Contractor to ensure that user sessions make full use of the current personal computer workstation GUI.

HEALTH CARE OPTIONS CONTRACT LETTER (C-Letter) – The official document by which CDHS provides directions and/or instructions to the Contractor regarding approvals, policies, procedures and/or other changes to the HCO Program.

HEALTH CARE OPTIONS PROGRAM – The CDHS program whereby Medi-Cal applicants/beneficiaries are provided assistance in making informed health care plan decisions.

HEALTH CARE OPTIONS PROGRAM RECORDS – All documents, correspondence, forms and reports (hard-copy or electronic format) that are part of, produced from, or generated as a result of this Contract.

HEALTH CARE PLAN (HCP) – A Medi-Cal managed care health plan contracted with CDHS to provide Medi-Cal beneficiaries with health care services under Chapter 7 or Chapter 8 of Division 9, Part 3 of the California Welfare and Institutions Code.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) – Enacted on August 21, 1996, HIPAA amended the Public Health Service Act (PHS Act),

the Employee Retirement Income Security Act of 1974 (ERISA), and the Internal Revenue Code of 1986 (Code), to provide for, among other things, improved continuity (also called "portability") and availability with respect to group health plan coverage and group health insurance provided in connection with employment, and insurance coverage in the individual insurance market (not connected with employment).

HEALTH PLAN ENROLLMENT (HPE) PROCESS – The means by which the Contractor processes transactions for the HCO Program.

HEALTH PLAN MEMBERSHIP STATUS LETTER – A letter provided to applicants/beneficiaries after an action has taken place that affects their enrollment status, which explains the action taken and the date upon which the action became effective.

INFORMING BOOKLET – Bound informing materials included in the informing packet giving enrollment information regarding managed care.

INFORMING MATERIALS – Enrollment materials used by the HCO Program which are provided to applicants/ beneficiaries to assist them in making informed managed care health plan choices and in navigating the managed care system. This definition does not always include health plan provider directories.

INFORMING PACKET – An envelope containing Medi-Cal managed care informing materials mailed to applicants/beneficiaries and interested parties.

INTEGRATED VOICE RESPONSE (IVR) SYSTEM– A telephone call vectoring system that allows callers to input their MEDS-identifying information before the Telephone Call Center answers the call and which allows the caller to receive information via an automated system.

INTERNAL REPORTS – Reports shared with the CDHS only, which are designed, developed and installed by the Contractor for its use in managing the Contract in conjunction with the CDHS.

INVENTORY CONTROL SYSTEM – A tool for the purpose of effective and accurate inventory management, maintenance, tracking, disposition, and timely retrieval of all HCO informing materials.

LAST DAY OF OPERATIONS – The final day that the Contractor shall perform Operations for the HCO Program.

MAILINGS – Refers to the mailing of packets, postcards, letters, notices or any other type of information materials mailed to Medi-Cal managed care applicants/beneficiaries.

MAIN OPERATING FACILITY – The Contractor's base of HCO Program Operations which shall house the following HCO Program activities, including but not limited to:

Enrollment/Disenrollment Processing, Telephone Call Center, Research, Mail Room, and Quality Assurance.

MANAGED CARE – A planned, comprehensive approach to health care that combines clinical services and administrative procedures within a coordinated system constructed to provide cost-effective and timely access to primary care.

MANAGED CARE PLAN (MCP) – A health care plan that contracts with an organized provider network which delivers quality services in a cost-effective manner.

MANDATORY AID CODE (OR MANDATORY BENEFICIARY) – A category of aid codes in which the beneficiary is required to enroll in a managed care plan.

MEDICAID – The federal medical assistance program enacted by the 1965 Title IX amendments to the Social Security Act.

MEDI-CAL – In California, the Title XIX federal medical assistance program (Medicaid) intended to provide federal and State financial assistance for medical and dental care of needy persons meeting Medi-Cal Program eligibility standards.

MEDI-CAL ELIGIBILITY DATABASE SYSTEM (MEDS) – The automated eligibility information processing system operated by CDHS which provides on-line access to counties for Medi-Cal recipient information and updates of recipient eligibility data.

MEDI-CAL MANAGED CARE DIVISION (MMCD) – The CDHS entity that provides Medi-Cal policy to the HCO Program.

MEDI-CAL MANAGED CARE OMBUDSMAN – The unit within the CDHS Medi-Cal Managed Care Program assigned as liaison between health plans and beneficiaries.

MEDI-CAL POLICY – A number of documents including California Statutes and Title 22, California Code of Regulations that regulate how the Medi-Cal Program functions and operates. CDHS transmits Medi-Cal policy directives to the Contractor via C-Letters.

MEDICAID INFORMATION TECHNOLOGY ARCHITECTURE (MITA) -- An initiative of the CMS aligned with the National Health Infrastructure Initiative (NHII), and intended to foster integrated business and information technology transformation across the Medicaid enterprise to improve the administration of the Medicaid program.

MEDICARE – The federally financed program under Title XVIII of the Social Security Act, which provides health insurance primarily for the aged, 65 and over. It also covers persons eligible for Social Security Disability payments.

MEMORANDUM OF UNDERSTANDING (MOU) – A document used in conjunction with the Contract usually containing routine contract provisions unique to the contract but is not used to encumber funds.

MILESTONE – A reference point marking a major event in a project and used to monitor the project's progress.

NARRATIVE PROPOSAL – A Proposer's response that presents a complete description of the Proposer's plans to meet the requirements of the HCO RFP/Contract.

NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY (NIST) – Federal technology agency that develops and promotes measurements, standards and technology.

NON-MEDS PROCESS –The procedures followed when a Choice Form is received by the Contractor prior to eligibility for the Medi-Cal applicant being established in the MEDS system.

ON-LINE ENROLLMENT – Enrollment transactions submitted via the MEDS on-line transaction process.

OPERATIONS – The routine activities undertaken in fulfillment of the terms of this Contract. The areas of HCO Operations include Customer Service, Enrollment/Disenrollment Processing, Informing Materials, Quality Assurance Management, Problem Correction Process, Reports, Records Retention, Security and Confidentiality and Disaster Prevention.

PLAN-INITIATED DISENROLLMENT – A method by which a managed care health plan requests that a Medi-Cal beneficiary be disenrolled from their plan.

PRECEDENT-TO-PAYMENT – A payment provision wherein certain Contract requirements must be met in order for the Contractor to receive payment.

PREPAID HEALTH PLAN MONTHLY PROJECT CONTROL TABLE (PHP TABLE) – The table that specifies the aid and zip codes served by a health plan.

PRIMARY CARE PROVIDER (PCP) – A health care professional responsible for supervising, coordinating and providing initial and primary care to Medi-Cal beneficiaries, initiating referrals and maintaining the continuity of patient care. A primary care provider may be a primary care physician or non-physician medical practitioner.

PROBLEM CORRECTION PROCESS (PCP) – The methods used to receive, process, track, and report any failure or potential failure on the part of the Contractor to meet Contract requirements.

PROBLEM STATEMENT FORMS (PS) – The forms used to document, report, research, analyze, and correct actual or potential Contract problems and/or issues and prevent occurrence or reoccurrences.

PROJECT DEFINITION AND ANALYSIS (PDA) – A document that outlines the scope of the requested system change on current systems and processes, and documents the objectives and requirements of the requested change as well as design considerations.

PROPOSER – A firm that submits a narrative proposal and a cost proposal in response to the HCO RFP.

PROCESS DEVELOPMENT NOTICE (PDN) – The CDHS-generated document utilized to notify the Contractor of process changes that require alterations and development activities to be performed by the Contractor's Process Group (PG).

PROCESS GROUP (PG) – Contractor staff who document, design, develop, install, modify and maintain the Enrollment/Disenrollment Processing and supporting processes for the HCO Program. In addition, the PG is dedicated to documenting changes to the process, processing corrections for erroneous enrollment transactions, performing emergency maintenance, and activities necessary for final resolutions to Problem Statements that require changes to the HCO Program.

PROCESS OPERATIONS INSTRUCTIONAL LETTER (POIL) – Notifies the Contractor of changes in enrollment program policies and/or procedures. These changes in policies and/or procedures may require modifications to the Enrollment/Disenrollment Processing or related functions, including but not limited to, various updates to existing files. The POIL shall also be used to initiate various ongoing process modifications required throughout the Contract that falls within the Contract fixed price.

PROCESS SERVICE REQUEST (SSR) – A document used to request and document the need for minor corrections/modifications to processes, reports, hard copy prints, etc.

PROCESS VARIANCE REQUEST (PVR) – The document used by the CDHS to identify process problems to the Enrollment/Disenrollment Processing during acceptance testing.

PROTECTED HEALTH INFORMATION (PHI) – Confidential information as defined by the regulations implementing HIPAA (Health Insurance Portability and Accountability Act (45 CFR 160 et seq.)). PHI consists of any health-related information associated with an identified person, or with information that can be used to identify a person.

PROVIDER – A health care professional and/or organization enrolled in the Medi-Cal Managed Care Program authorized to provide services to Medi-Cal beneficiaries.

PROVIDER DIRECTORY – A list of doctors, clinics, pharmacies, and hospitals that Medi-Cal beneficiaries use in order to choose a health plan(s).

PROVIDER MASTER FILE (PMF) - The on-line file (database) that contains a record for each Medi-Cal provider.

RE-DETERMINATION – The process by which a county analyzes a Medi-Cal beneficiary's continued eligibility to receive public assistance and/or Medi-Cal benefits on a yearly basis.

RENOTIFICATION – An annual notice sent to all Medi-Cal beneficiaries informing them of the availability of all Medi-Cal managed care health plans in their counties, and their options to change their health care plan(s).

REQUEST FOR PROPOSAL (RFP) – The document that describes to Proposers the requirements of the HCO Program and the requirements for submitting proposals.

RETROACTIVE DISENROLLMENT – A request by a Medi-Cal managed care health plan to disenroll a beneficiary from that health care plan for the prior month of eligibility, usually due to a beneficiary having received health care services from another health care provider because of immediate care needs.

RISK ANALYSIS – Research and recommendations for mitigating all risks associated with collection, storage, processing, transition, transportation, discarding, or any other use of data.

SENIOR MANAGEMENT TEAM - All Contractor personnel having direct managerial and/or administrative responsibility for, and control of, one or more of the HCO Program Operations described in Exhibit A, Attachment II, Scope of Work.

SENSITIVE INFORMATION – Any identifying or personal information that is not be disclosed to unauthorized personnel.

SPECIAL/RESEARCH/STATISTICAL REPORTS – Reports requested on a special basis, for, including, but not limited to, research/statistical purposes.

SPECIFIC FUNCTIONAL DESIGN (SFD) – A deliverable provided by the Contractor to the CDHS in which the Contractor shall describe the design approach the Contractor's technical staff will use to produce programming specifications.

STATE FAIR HEARINGS – The method by which Medi-Cal beneficiaries appeal decisions made by the CDHS pertaining to their enrollment in managed care health plan(s).

SUBCONTRACT – An agreement entered into by the Contractor with another entity(ies) who agrees to perform an administrative function, service or activity of the Contract specifically related to securing and/or fulfilling the Contractor's obligation to the CDHS under the terms of this Contract.

SYSTEM DEVELOPMENT NOTICE (SDN) – The CDHS-generated document utilized to notify the Contractor of system changes that require programming alterations and development activities to be performed by the Contractor's Systems Group (SG).

SYSTEMS GROUP (SG) – Contractor staff who document, design, develop, install, modify and maintain the HPE Process and supporting systems for the HCO Program. In addition, the SG is dedicated to documenting changes to the system, processing corrections for erroneous enrollment transactions, performing emergency program maintenance, and activities necessary for final resolutions to Problem Statements that require programming changes to the HCO Program.

SYSTEMS OPERATIONS INSTRUCTIONAL LETTER (SOIL) – Notifies the Contractor of changes in enrollment program policies and/or procedures. These changes in policies and/or procedures may require modifications to the HPE Process or related applications, including but not limited to, various updates to existing tables or files. The SOIL shall also be used to initiate various ongoing system modifications required throughout the Contract that falls within the Contract fixed price.

SYSTEM SERVICE REQUEST (SSR) – A document used to request and document the need for minor corrections/modifications to processes, reports, screens, tables, etc.

SYSTEM VARIANCE REQUEST (SVR) – The document used by the CDHS to identify system problems to the HPE Process during acceptance testing.

TAKEOVER -- The portion of the Contract that constitutes the work requirements associated with the Assumption of Operations of the HCO Program by the new Contractor from the prior contractor at the end of the prior contract.

TECHNICAL SYSTEM DESIGN (TSD) – A document that describes technical specifications and detailed system design that is based on the design given in the SFD deliverable. It contains full descriptions of the affected programs, files and other components that the Contractor creates or modifies to meet the SDN requirements.

TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD) – Telephone lines that provide services to hearing-impaired callers.

TELEPHONE CALL CENTER (TCC) – The means by which the Contractor provides telephone assistance to callers regarding enrollment in Medi-Cal managed care health plans.

TELEPHONE CALL CENTER (TCC) STAFF -- The Contractor's employees who are stationed at the Contractor's main operating facility who answer telephone calls from applicants, beneficiaries, their authorized representatives, and other interested parties regarding enrollment into Medi-Cal managed care health plans.

THRESHOLD LANGUAGES – Languages, including English, that meet MMCD criteria for being languages spoken by groups of people within managed care/HCO counties to be considered necessary for the TCC and ESR staff to speak and for written materials to be provided.

TRANSACTION – A processed enrollment and/or disenrollment request, including special disenrollments and exception to plan enrollments, that are approved and accepted by MEDS.

TRIGGER EVENT -- Receipt of a Contract requirement that has a time frame.

TURNOVER – The portion of the Contract that constitutes the work requirements associated with the transfer of the HCO Program from the current Contractor at the end of the Contract to the next contractor.

TWO-PLAN (2-Plan) MODEL COUNTY - Counties within the Medi-Cal Managed Care Program with two (2) Medi-Cal managed care health plans. One (1) managed care plan is locally developed, known as a Local Initiative (LI), and the other is a private sector managed care plan, known as a Commercial Plan (CP), between which eligible Medi-Cal beneficiaries may choose.

UNIFIED MODELING LANGUAGE (UML) –The industry-standard language for specifying, visualizing, constructing, and documenting the artifacts of software systems. It simplifies the complex process of software design, creating a "blueprint" for construction.

VOLUNTARY AID CODE (OR VOLUNTARY BENEFICIARY) – A category of aid codes in which beneficiaries are not required to enroll in a managed care plan, but may qualify to voluntarily choose to enroll into a plan(s).

WAIVER PROGRAM – MMCD programs which provide specialized care and oversight for Medi-Cal beneficiaries who face certain health situations. These programs offer beneficiaries the option of being exempt from enrollment in managed care health plans.

WELFARE AND INSTITUTIONS CODE (W&I) – The State of California law that includes the Medi-Cal Act.

WIC (WOMEN, INFANTS, AND CHILDREN) – A State program originally designed to meet the nutritional needs of women, infants and children, but which has expanded to include education, outreach, and other functions.

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
MAXIMUS TECHNICAL PROPOSAL – PRICE PROPOSALS	CD	The document that presents a complete description of the current Contractor's plans to meet the requirements of HCO RFP/Contract #01-15932, including price proposals.	5/19/06		Within RFP #06-55000, this item is referred to as the NARRATIVE PROPOSAL.
MAXIMUS CONTRACT #01-15932	CD	The written, fully executed agreement between MAXIMUS and CDHS to operate the California Health Care Options Program for the State.	5/19/06		
MAXIMUS AMENDMENTS TO CONTRACT #01-15932	CD	Amendments A01 through A04 to the MAXIMUS Contract executed subsequent to the current Contract.	12/3/06		
H LETTERS	CD	The written letter from CDHS to the Contractor that serves as formal communication and provides directions and/or instructions from CDHS to the Contractor regarding approvals, policies, procedures, and/or other changes to the HCO Program.	5/19/06		
DHS HCO LETTERS	CD	The formal written letter from the Contractor communicating with CDHS in acknowledging and/or implementing directives regarding approvals, policies, procedures, and/or other changes to the HCO Program. These also serve as transmittal letters from the Contractor providing CDHS with contract deliverables in categories such as Records Retention and Retrieval, SDN Deliverables, various Reports, the Problem Correction System, Change Orders, etc.	12/5/06		

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
MONTHLY PROGRESS REPORTS	CD	Monthly report provided by the Contractor to the State which is a compilation of various activities and data produced and gathered throughout the month, as directed by the State.	5/19/06		
HCO STAFFING	CD	The monthly report provided by the Contractor to the State which details the number, type of staff and the Full-Time Equivalents of each that the Contractor has devoted to the HCO Program.	5/19/06		
PROTECTED HEALTH INFORMATION (PHI) AND ePHI	CD	As of August 31, 2006, the current Contractor's efforts to revise policies, procedures and training modules to implement solutions to reduce the risk of improper PHI disclosure.	12/3/06		This item includes the DHS HCO letter from the Contractor, the Program Alert advising of the changes and a chart outlining HIPAA procedure changes as of August 31, 2006.
HIPAA FORMS – CDHS PRIVACY OFFICE	Website	http://www.dhs.ca.gov/privacyoffice/forms. The link to the official HIPAA forms used by CDHS health plans covered by HIPAA.	12/3/06		
HCO ESR PRESENTATION SCHEDULES	CD	A detailed list, by date, time and location, of Enrollment Service Representatives' (ESR) face-to-face presentations, provided to the State by the Contractor on a monthly basis.	5/19/2006		
FAST ALERTS	CD	Samples of notifications by the Contractor to CDHS, generated within one (1) hour of the time the Contractor learned that any ESR Presentation did not or would not take place.	5/19/06		
HCO ESR SITE PRESENTATION SCRIPT – KERN COUNTY	CD	A State-approved guide used by the Contractor's ESR staff to conduct outreach presentations for beneficiaries.	12/3/06		This item is provided in English version only.
ESR SITE PRESENTATION TOOL (EAV) – KERN COUNTY	CD	A State-approved ESR presentation tool, based on the ESR Presentation Script, utilized by ESR staff during outreach	12/19/06		This item is provided in English version only.

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
		presentations.			
HCO INFORMING MATERIALS PACKETS	HARD COPY	Samples of State-approved informing materials packets (mandatory and voluntary) for all HCO managed care counties which are provided to applicants/beneficiaries to assist them in making informed managed care health plan choices and in navigating the managed care system.	12/3/06		These materials are in English versions only. These materials may not be removed from the HCO Data Library.
HCO INFORMING MATERIALS PACKETS – RANDOM SAMPLE	HARD COPY	A random sample of one (1) HCO managed care county of which Proposers may remove from the HCO Data Library.	12/3/06		These materials are in English versions only.

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
HCO CHOICE FORM SAMPLE – KERN COUNTY	CD	A sample of the HCO Choice Form provided to beneficiaries in Kern County.	12/6/06		This sample form is in English version only.
HCO INFORMING NOTICES/ HEALTH PLAN MEMBERSHIP STATUS LETTERS	CD	A listing of the various types of informing notices/letters, including a sample of each form, generated by the Contractor to beneficiaries for various reasons (e.g. Disenrollment, Exemption Denial, Incomplete, Annual Re-Notification, etc.).	12/6/06		These sample forms are in English versions only.
HCO SPECIAL DISENROLLMENT REQUEST FORMS	CD	The various forms processed by the Contractor to disenroll beneficiaries from health/dental plan membership for various reasons. Samples include Medical Exemption Request (MERS) form, Emergency Disenrollment Exemption Request (EDER) form, Retroactive Disenrollment Form (RETRO), Plan Disenrollment Request Form (PID), and the Medi-Cal Managed Care Dental Exemption Certification form.	12/6/06		
HCO TELEPHONE CALL CENTER – BASIC CALL CENTER SCRIPT	CD	The State-approved basic script utilized by the Customer Service Representatives (CSR) in the course of answering calls received from beneficiaries, etc. in the HCO Telephone Call Center (TCC).	12/3/06		This item is in English version only.
HCO TELEPHONE CALL CENTER – INQUIRY SCENARIOS	CD	Samples of some of the types of calls received by CSRs in the TCC including examples of responses by CSRs to beneficiaries, etc.	12/19/06		This item is in English version only.
BUSINESS REQUIREMENTS – ENROLLMENT PROCESSING	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to ENROLLMENT PROCESSING.	12/5/06		
BUSINESS REQUIREMENTS – EXEMPTION PROCESSING	CD	The business requirements which outline the various functions within HCO in its support of	12/5/06		

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
		medical and dental managed care programs related to EXEMPTION PROCESSING.			
BUSINESS REQUIREMENTS – DISENROLLMENT PROCESSING	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to DISENROLLMENT PROCESSING.	12/5/06		
BUSINESS REQUIREMENTS – INTERFACES WITH CALIFORNIA DEPARTMENT OF HEALTH SERVICES AND MANAGED CARE PLANS	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to INTERFACES WITH CALIFORNIA DEPARTMENT OF HEALTH SERVICES AND MANAGED CARE PLANS including the Medi-Cal Eligibility Data System (MEDS) and Information Technology Systems Division (ITSD).	12/5/06		
BUSINESS REQUIREMENTS – INFORMING MATERIALS CONTROL BINDERS SYSTEM	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to INFORMING MATERIALS CONTROL BINDERS SYSTEM.	12/5/06		
BUSINESS REQUIREMENTS – STATE FAIR HEARINGS	CD	The business requirements which outline the various functions within HCO in its support of medical managed care programs related to the STATE FAIR HEARINGS process.	12/5/06		
BUSINESS REQUIREMENTS – PROBLEM CORRECTION SYSTEM	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to the PROBLEM CORRECTION SYSTEM PROCESS.	12/5/06		
BUSINESS REQUIREMENTS – REPORTS	CD	The business requirements which outline the various functions within HCO in its support of medical and dental managed care programs related to various REPORTS.	12/5/06		

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
PROBLEM STATEMENTS	CD	The State-approved Problem Statements/forms, including supporting data, with which the Contractor receives and processes Problem Statements issued by the State, the Contractor, Managed Care Plan staff, or other entities designated by the State which document potential problems related to the Contractor not meeting contractual obligations.	12/5/06		
PROBLEM STATEMENT REPORTS	CD	The monthly and weekly reports provided to the State by the Contractor which provide details of issues related to potential problems in addition to issues related to the Contractor not meeting contractual obligations.	5/19/06		
SYSTEM DEVELOPMENT NOTICES (SDN)	CD	CDHS-generated documents utilized to notify the Contractor of system changes that require programming alterations and development activities to be performed by the Contractor's Systems Group (SG).	5/19/06		
PROGRAM ALERTS	CD	Samples of Program Alerts issued by the Contractor advising Contractor and HCO staff of the implementation of programmatic changes.	5/19/06		
EMERGENCY DISENROLLMENT-MEDICAL EXEMPTION REPORTS	CD	The monthly reports provided by the Contractor to the State that detail all emergency disenrollments and medical exemptions received by the Contractor and approved by the State.	5/19/06		

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
EXEMPTION REQUEST REPORTS	CD	The monthly reports provided by the Contractor to the State that detail all exemptions to health plan enrollment requests received by the Contractor.	5/19/06		
ACCEPTED EXEMPTION REPORTS	CD	The monthly reports provided by the Contractor to the State which details all exemptions to health plan requests that were approved by the State.	5/19/06		
MANDATORY ELIGIBLES REPORTS	CD	The monthly reports provided by the Contractor to the State reflecting the status of the numbers of beneficiaries in mandatory aid codes eligible to receive medical/dental enrollment mailings.	5/19/06		
INVOICE RECEIPTS	CD	The written documentation from the Contractor of providing monthly invoices for payment to the State.	5/19/06		
MAXIMUS POLICIES AND PROCEDURES MANUALS	CD	The Contractor's manuals that outline their State-approved policies and procedures that are used to perform contractual requirements of the HCO Program within various operational areas (e.g. Telephone Call Center, Records Retention, Research, Financial Management, Quality Assurance, Facilities Management, etc.).	5/19/06		
HCO FINANCIAL MANAGEMENT MANUAL	CD	The current HCO Financial Management Manual developed by the current Contractor including updates issued since its initial development.	12/5/06		

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
ENROLLMENT SURVEY TASKFORCE	CD	A report presenting research completed by Field Research Corporation for Runyon, Saltzman & Einhorn, and the California Department of Health Services, Medi-Cal Managed Care Division related to determining why some Medi-Cal beneficiaries default in choosing a managed health care plan and to identify actions that might be taken to address the problem.	8/23/06		
MEDI-CAL APPLICATION (MC 210)	Website	http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybynumber.htm	9/21/06		
MEDI-CAL/HEALTHY FAMILIES APPLICATION (MC 321)	Website	http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybynumber.htm.	9/21/06		
MEDI-CAL INFORMATIONAL BROCHURE (PUB 68)	Website	http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybynumber.htm	9/21/06		
HEALTHY FAMILIES HANDBOOK	Website	http://www.healthyfamilies.ca.gov/English/Publications/Handbook/1HealthyFamilies.pdf	9/21/06		
CONSUMER GUIDE	Website	http://www.dhs.ca.gov/mcs/mcmcd/htm/consumerguide.htm A guide developed by CDHS, Medi-Cal Managed Care Division to assist beneficiaries in choosing a Medi-Cal managed health care plan.	9/21/06		

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
OFFICE OF MEDI-CAL PROCUREMENT
DATA LIBRARY INSTRUCTIONS

HEALTH CARE OPTIONS PROGRAM

RFP 06-55000

A Data Library for the sole use of proposers will be established on December 21, 2006. The Data Library will be accessible by appointment on State working days, Monday through Friday from 8:00 a.m. to noon, and 1:00 p.m. to 4:00 p.m. Access to the Data Library is restricted to authorized proposers and/or their authorized representatives who have established an advance appointment through the process described below.

Appointments

Appointments to access the Data Library may be arranged through submittal of a written request through one of the following methods:

U.S. Mail, Hand Delivery or Overnight Express:	**Fax:**
Library Appointment RFP 06-55000 California Department of Health Services Office of Medi-Cal Procurement MS 4200 Karissa Kanenaga/Ramonda Ramos 1501 Capitol Avenue, Suite 71.3041 P.O. Box 997413 Sacramento, CA 95899-7413	**Library Appointment RFP 06-55000** California Department of Health Services Office of Medi-Cal Procurement Karissa Kanenaga/Ramonda Ramos **Fax:** (916) 440-7369
Telephone:	
Contact Karissa Kanenaga/Ramonda Ramos at (916) 552-8006	
E-Mail:	
omcprfp0@dhs.ca.gov	

Include the following information in your appointment request:

a. Name
b. Title
c. Firm you represent
d. Telephone number
e. Fax number
f. Email address, if applicable
g. Desired date of visit
h. Desired time of visit

Please Note:

The U.S. Post Office will not deliver mail directly to 1501 Capitol Ave.; therefore the P.O. Box address given above must be used for mailing items to the OMCP. Please contact OMCP to ensure receipt of your request.

Access

With your written request for an appointment, the proposers must read, sign and return the List of Authorized Personnel (Appendix 5). Access to the Data Library is restricted to the authorized proposer and their authorized representative(s) who have submitted this form

Location

CDHS will maintain the Data Library at: The California Department of Health Services, Office of Medi-Cal Procurement, 1501 Capitol Ave, Suite 71.3041, Sacramento CA 95814.

Contents

The Data Library contains documentation on the Health Care Options Program Procurement and provides basic information needed in the preparation of proposals. Data Library materials may be periodically updated and additional documents may be added. Prospective proposers that have requested access to the Data Library will be notified of the additions and/or changes by way of written notice.

The contents of the Data Library may be found in Appendix 2, Health Care Options Data Library Index. **Most of the data library materials are available on CD(s)**. Upon request, the OMCP will provide a copy of the CD (s), however, the requestor will be required to submit blank CD-R's to the OMCP. Once recorded, the CD(s) will be returned to the requestor for use. Hard copied materials are available by appointment only as described above.

Reproducing Materials

CDHS does not possess sufficient staff to reproduce and mail the Data Library materials for prospective proposers. Additionally, CDHS will not provide the prospective proposers with a State-owned copy machine to make copies of Data Library materials. However, there are other options for prospective proposers, which are listed below.

Prospective proposers may reproduce the Data Library documentation at OMCP through the following methods:

For Hard Copies: The prospective proposer representative(s) must make copies using their own copy machine and paper that are brought in to OMCP premises. Employees of OMCP are not available to copy the materials for the prospective proposer.

Sending blank CD-R's: Prospective proposers also have the option of sending blank CD-Rs to OMCP by mail. Once received, OMCP will then send the requested Data Library materials to the prospective proposers. Hard copy information contained within the Data Library will not be available electronically or in CDs.

Verbal Communication

Verbal communication regarding the Data Library should be directed to Karissa Kanenaga or Ramonda Ramos of OMCP at (916) 552-8006.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

DATA LIBRARY CONFIDENTIALITY AGREEMENT

THIS AGREEMENT is entered into this _____ day of _____20____ by and between the State of California, Department of Health Services, Office of Medi-Cal Procurement, through its duly authorized representative, hereafter called "the State," and _____, hereafter called "Proposer."

RECITALS

A. For the purposes of facilitating the preparation of proposals for this Procurement, a Data Library has been established. The data and materials in this Library are confidential and otherwise unavailable for public review.

B. It is essential that specified measures be taken by each Proposer being accorded access to the library materials in order to safeguard the confidentiality of such materials.

C. The parties desire to define and set forth the precautions and specific safeguards to be taken by the Proposer and the State in order to preserve the confidentiality of the Library materials.

NOW THEREFORE, the parties hereto agree as follows:

SECTION I: THE LIBRARY MATERIALS GENERALLY

A. **Permitted Users** - The Proposer hereby certifies that it understands that the materials contained in the Procurement Project Data Library are confidential in nature. The Proposer agrees that the Library materials provided by the State of California are provided solely for the purpose of preparing a response to the Request For Proposal (RFP).

B. **Security Procedures** - It is agreed that any confidential information contained in the Data Library, or future information made available, is designated by the State as confidential, including information on a medium other than paper. Such information will not be disclosed to anyone other than the personnel listed in Enclosure B to this Agreement who will use the materials exclusively in the performance of their duties while working on the proposal.

C. **Prohibited Use** - It is further agreed that the Proposer will not copy or otherwise reproduce any library information without the express written approval of the State and that such information remains the property of the State and must be returned intact, including copies, on demand, or within 10 days after either the award of a contract or any notice by the State of an intent not to award a contract.

SECTION II: APPLICANT AND RECIPIENT PERSONAL INFORMATION

A. **Confidentiality Agreement** - The Proposer agrees that by receiving materials from the Library, it is bound by the provisions of the California Welfare and Institutions Code 14100.2, to the same extent that a public officer or agency is bound in connection with the administration of the Medi-Cal program. Subdivision (a) of section 14100.2 sets forth the requirement that personal information concerning applicants and recipients be kept confidential. That subsection specifically provides as follows:

> "Except as provided in this section and to the extent permitted by federal law or regulation, all information about applicants and recipients as provided for in subdivision (a) to be safeguarded includes, but is not limited to, names and addresses, medical services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data, including diagnosis and past history of disease or disability".

The Proposer further understands that unauthorized disclosure of confidential information can expose it to criminal liability.

B. The Proposer and its employees, agents, or subcontractors shall protect from unauthorized disclosure, names and all identifying information (such as Social Security Numbers, addresses, phone numbers, financial information [bank accounts] credit card information, etc.) concerning persons or beneficiaries either receiving services pursuant to this Agreement or persons or beneficiaries whose names or identifying information become available or are disclosed to the Proposer, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.

C. The Proposer, its employees, agents, or subcontractors shall use such identifying information as may be provided solely for the purpose of preparing a proposal to the RFP scheduled for release.

D. The Proposer shall promptly transmit to the State all requests for disclosure of such identifying information.

E. The Proposer shall not disclose, except as otherwise specifically permitted by this Agreement, any such identifying information to anyone other than the State without prior written authorization from the State.

F. For purposes of this section, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

SECTION III: INDEMNIFICATION BY THE CONTRACTOR

A. The Proposer agrees to indemnify, defend, and save harmless the State, its officers, agents, and employees:

1. From any and all claims and losses accruing or resulting to any and all Proposers, or other person, firm, corporation, or other entity participating in this procurement, if those claims and losses result from actions taken by Proposer in connection with this procurement;

2. From any and all claims and losses accruing or resulting to any person, firm, corporation, or other entity injured or damaged by the error, omission, or negligent act or willful misconduct (including, without limitation, failure to comply with federal and State Medi-Cal regulations) of the Proposer, its officers, employees, or subproposers in connection with this procurement; and

3. From any and all claims and losses resulting to any person or firm injured or damaged by the Proposer, its officers, employees, or subproposers by the publication, reproduction, delivery, performance, use, or disposition of any information gathered pursuant to this procurement in a manner prohibited or not authorized by this procurement, or by any federal or State laws or regulations.

SECTION IV: OTHER PROVISIONS

A. The Proposer shall return all confidential materials, and any copies thereof, within one (1) week of a written demand by the State for such materials, or within 10 days after the award of a contract. A failure to return such materials shall be deemed a breach of this agreement.

B. By the Proposer's signature below, the Proposer acknowledges and agrees that failure to observe the terms and conditions of this Agreement may result in injury to the State and may disqualify the Proposer from further bidding on the contract.

Date: _____ Signature: _____

Name printed: _____

Title: _____

Organization: _____

STATE OF CALIFORNIA

OFFICE OF MEDI-CAL PROCUREMENT

ACCESS TO DATA LIBRARY

LIST OF AUTHORIZED PERSONNEL

Name	Organization	Affiliate

Date: _____

Signature: _____

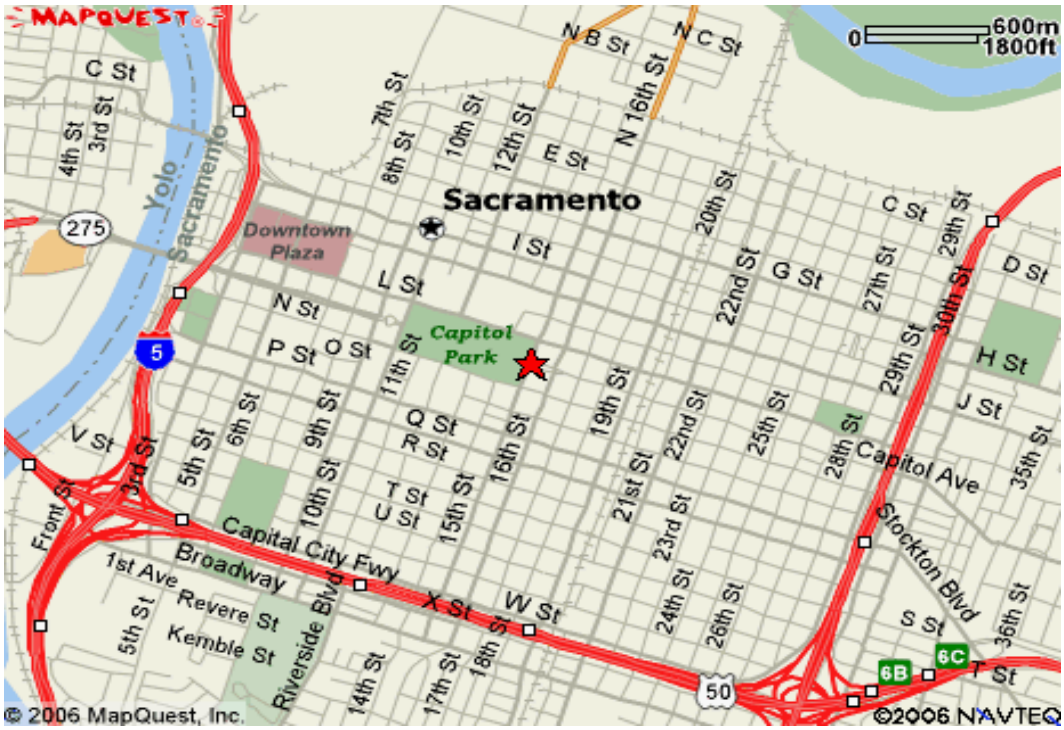
Printed Name: _____

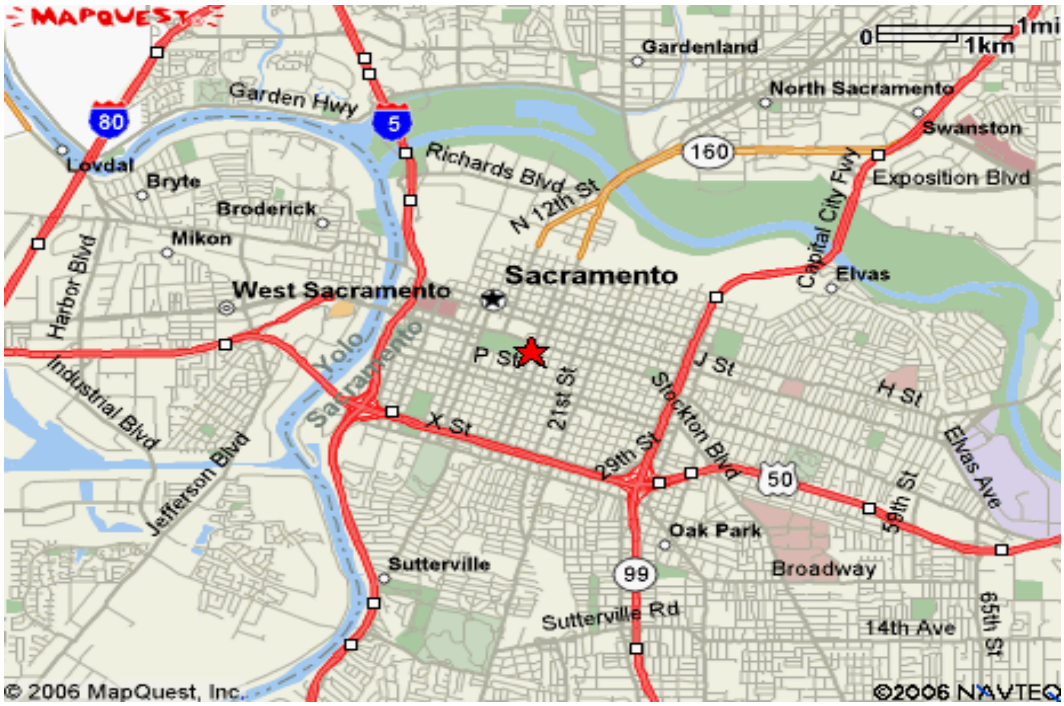
Title: _____

Company: _____

Appendix 6

Maps/Directions





Maps/Directions

	1:Merge onto I-5 N.	366.1 miles
	2:Take the J STREET exit toward DOWNTOWN.	0.2 miles
	3:Turn SLIGHT RIGHT onto J ST.	0.9 miles
	4:Turn RIGHT onto 15TH ST / CA-160 S.	0.2 miles
	5:Turn LEFT onto CAPITOL AVE.	<0.1 miles
	6: End at **1501 Capitol Ave** Sacramento, CA 95814-5005, US	

Total Est. Time: 5 hours, 47 minutes **Total Est. Distance:** 385.26 miles

From Los Angeles

Maps/Directions

	1: Take I-80 E toward BAY BRIDGE / OAKLAND / SEVENTH ST / US-101 N (Portions toll).	81.5 miles
	2: Take CAPITAL CITY FWY / US-50 E toward SACRAMENTO / SOUTH LAKE TAHOE.	4.3 miles
	3: Take the CA-160 / 15TH STREET exit.	0.2 miles
	4: Turn SLIGHT LEFT onto X ST.	<0.1 miles
	5: Turn LEFT onto 16TH ST / CA-160 N.	0.8 miles
	6: Turn LEFT onto CAPITOL AVE.	<0.1 miles
	7: Make a U-TURN at 15TH ST onto CAPITOL AVE.	<0.1 miles
	8: End at **1501 Capitol Ave** Sacramento, CA 95814-5005, US	

Total Est. Time: 1 hour, 35 minutes **Total Est. Distance:** 91.29 miles

From San Francisco

Maps/Directions

START	**1:**Start out going SOUTH on AIRPORT BLVD toward AIRPORT EXIT.	1.6 miles
SOUTH 5	**2:**Merge onto I-5 S toward SACRAMENTO / YUBA CITY.	8.9 miles
EXIT	**3:**Take the J STREET exit toward DOWNTOWN.	0.3 miles
	4:Stay STRAIGHT to go onto J ST.	0.9 miles
SOUTH 160	**5:**Turn RIGHT onto 15TH ST / CA-160 S.	0.2 miles
	6:Turn LEFT onto CAPITOL AVE.	<0.1 miles
END	**7:** End at **1501 Capitol Ave** Sacramento, CA 95814-5005, US	

Total Est. Time: 17 minutes **Total Est. Distance:** 12.19 miles

From Sacramento International Airport

Maps/Directions

	1:Take US-50 / CA-89 / EMERALD BAY RD. Continue to follow US-50 W.	98.6 miles
	2:Take the CA-160 / 16TH STREET exit.	0.2 miles
	3:Turn SLIGHT RIGHT onto 16TH ST / CA-160 N.	0.8 miles
	4:Turn LEFT onto CAPITOL AVE.	<0.1 miles
	5:Make a U-TURN at 15TH ST onto CAPITOL AVE.	<0.1 miles
	6: End at **1501 Capitol Ave** Sacramento, CA 95814-5005, US	

Total Est. Time: 2 hours, 2 minutes **Total Est. Distance:** 102.87 miles

From South Lake Tahoe