

Carrier Request for Application (RFA)

1. INTRODUCTION

- 1.1. This is a Request for Application (RFA) from the State of Oregon Department of Consumer and Business Services (DCBS) Health Insurance Marketplace (the Marketplace) to health insurance carriers (Carriers) wishing to offer Marketplace-certified Qualified Health Plans (QHPs) and/or Stand Alone Dental Plans (SADPs) to Oregonians through the Federally Facilitated Marketplace (FFM) and/or the Marketplace's Small Employer Program. The Marketplace requests applications from all Carriers that can meet the requirements of this RFA.
- 1.2. Unless the Director of DCBS finds good cause to accept RFAs from additional Carriers, this application will be the only opportunity for a Carrier to apply to offer plans through the Marketplace until 2021 for the plan year beginning in 2022.
- 1.3. The Marketplace issues this RFA under the authority of ORS 741.002(2)(a) and (4) and OAR 945-020-0020. The procedures for this RFA are governed by the Oregon Department of Justice Model Rules in OAR Chapter 137, Division 147, except as provided in OAR 945-020-0020. The Patient Protection and Affordable Care Act (P.L. 111-148) as amended by the Health Care and Education Reconciliation Act (P.L. 111-152), ORS chapter 741, and OAR chapter 945 provide the regulatory framework for the Marketplace certification requirements.

2. SUBMISSION INSTRUCTIONS & DEADLINES

2.1. *Submission Document Requirements*

- 2.1.1. Make and submit the Attestations in Attachment 1 and submit the Applicant Cover Sheet in Attachment 3.
- 2.1.2. Carriers wishing to offer medical plans will complete and submit the Questionnaire in Attachment 2.
- 2.1.3. Carriers must submit the required documents via email to katie.m.button@oregon.gov no later than 5:00 p.m. PST on **March 4, 2019**. The subject line should be written as follows: "[Carrier Name] RFA Submission." Each Carrier will receive an email confirming receipt of its submission. Fax, regular mail, and physical deliveries will not be accepted.

2.2. *Questions*

- 2.2.1. All communications with the Marketplace concerning this RFA must be directed to the Marketplace Sole Point of Contact (SPC), Katie Button, via email at katie.m.button@oregon.gov. All communications related to this RFA must be in writing. The Marketplace will provide written answers to all RFA-related questions and will post RFA questions and answers relevant to all carriers on OregonHealthcare.gov.
- 2.2.2. Written responses to Carrier questions regarding this RFA are official. Verbal communications are unofficial and non-binding.
- 2.2.3. Any communications, written or oral, that precede the official posting of this RFA are not official and binding unless reflected in this RFA or an addendum hereto.

2.3. *Application Evaluation*

2.3.1. Pass/Fail Approval of Carriers

After a Carrier submits an application, the Marketplace will evaluate its application and confirm with DFR that the Carrier meets state requirements for licensure and solvency, and is in good standing. The Marketplace will then approve or disapprove the application.

2.3.2. The items listed below will be scored on a pass/fail basis.

2.3.2.1. Does the Carrier meet the federal minimum certification requirements?

2.3.2.2. Does the application comply with all application requirements?

2.3.3. The Marketplace will award Contracts to all Carriers for which the Marketplace has approved applications.

2.3.4. A Carrier must have a Contract with the Marketplace in order to offer certified QHPs through the FFM.

2.3.5. All Carriers that submit an application in response to this RFA understand and agree that the Marketplace is not obligated to enter into a Contract with any Carrier and has no financial obligation to any Carrier.

2.4. *Contract Award*

2.4.1. General Information

2.4.1.1. Changes/Modification and Clarifications

When appropriate, the Marketplace will issue revisions, substitutions, or clarifications as addenda to this RFA. Changes and modifications to the RFA shall be recognized *only* if in the form of written addenda issued by the Marketplace and posted on OregonHealthcare.gov.

2.4.1.2. Reservation of Rights

The Marketplace reserves all rights regarding this RFA, including, without limitation, the right to:

2.4.1.2.1. Amend or cancel this RFA without liability if it is in the best interest of the Marketplace or the people of the State of Oregon to do so;

2.4.1.2.2. Reject all applications received by reason of this RFA upon finding that it is in the best interest of the Marketplace or the people of the State of Oregon to do so;

2.4.1.2.3. Waive any minor informality;

2.4.1.2.4. Seek and obtain clarification of an application from an applicant;

2.4.1.2.5. Amend or extend the term of any Contract that is issued as a result of this RFA; or

2.4.1.2.6. Reject any application upon finding that to accept the application may impair the integrity of the procurement process or that rejecting the application is in the best interest of the Marketplace or the people of the State of Oregon.

2.4.1.3. Protest of RFA

Subject to OAR 137-047-0730, any prospective Carrier may submit a written protest of the procurement process or this RFA no later than June 16, 2019. A Carrier must submit any written protest to the procurement

process or this RFA to the SPC at katie.m.button@oregon.gov and shall contain the following:

- 2.4.1.3.1. Sufficient information to identify the solicitation that is the subject of the protest;
 - 2.4.1.3.2. The grounds that demonstrate how the procurement process is contrary to law or how the solicitation document is unnecessarily restrictive, is legally flawed, or improperly specifies a brand name;
 - 2.4.1.3.3. Evidence or supporting documentation that supports the grounds on which the protest is based;
 - 2.4.1.3.4. The relief sought; and
 - 2.4.1.3.5. A statement of the desired changes to the procurement process or the RFA that will remedy the conditions upon which the Carrier based its protest.
- 2.4.1.4. Release of Information
After the application deadline and prior to a decision to grant an award or a decision to not grant an award, no person, including an applicant, is entitled to any information related to the consideration of an application or an applicant's award status. Notwithstanding, the Marketplace may share any information contained in an application with the Division of Financial Regulation (DFR), CMS, or persons involved in the review and evaluation of the application at the request of the Marketplace.
- 2.4.1.5. Protest of Application Selection
The SPC will notify every Carrier of its application selection status. A Carrier has seven calendar days after the date of the notice of application selection status to submit a written protest to the Marketplace. A protest under this paragraph must meet the requirements of ORS 279B.410 to be considered. The Marketplace will not consider any protests that are received after this deadline.
- 2.4.1.6. Modification or Withdrawal
- 2.4.1.6.1. Modifications: A Carrier may modify its application in writing prior to the date that applications are due. A Carrier must submit any modification to its application to the SPC at katie..m.button@oregon.gov.
 - 2.4.1.6.2. Withdrawals: A Carrier may withdraw its application by written notice, signed by an authorized representative of the Carrier, sent to the SPC at katie.m.button@oregon.gov.
- 2.4.1.7. Public Information
- 2.4.1.7.1. After the application has been evaluated and the Carrier notified of the outcome, the Marketplace's RFA file is subject to public disclosure in accordance with OAR 137-047-0630, and the Oregon Public Records Law (ORS 192.410–192.505).
 - 2.4.1.7.2. Any person may request copies of public information. However, copies of applications will not be provided until the evaluation process has been closed and the notice of intent to award has been issued. Requests for copies of public

information must be in writing. Requestors will be charged according to the current policies and rates for public records requests in effect at the time the Marketplace receives the written request for public information. Fees, if applicable, must be received by the Marketplace before the records are delivered to the requestor.

2.5. QHP/SADP SUBMISSION AND CERTIFICATION REQUIREMENTS *Benefit and Rate Submission Information*

2.5.1. Benefit Approval

Carriers will submit plan and form filings with the DFR for each plan they wish to have certified by the Marketplace. DFR will determine the following:

- 2.5.1.1. The plan provides the essential health benefits that are required by federal law and approved by the federal Department of Health and Human Services;
- 2.5.1.2. The plan meets the actuarial value of the tier ascribed to it; and
- 2.5.1.3. The plan meets all other insurance regulations as required by state and federal law.

2.5.2. Rate Approval

Carriers will submit their rate filings to DFR for each plan they wish to have certified by the Marketplace. DFR will use its regular rate review process to evaluate and approve/disapprove rates and will provide over the Marketplace with the approved rates. Rates filed for each QHP and SADP must include a single age band of 0-20 for child coverage.

2.5.3. Plan and Rate Data Submission Requirements

2.5.3.1. Carriers will submit plan data and rate data through SERFF. Carriers will submit the following documents:

- 2.5.3.1.1. Plan and Benefits Template
- 2.5.3.1.2. Prescription Drug Template (QHP only)
- 2.5.3.1.3. Network Template
- 2.5.3.1.4. Service Area Template
- 2.5.3.1.5. Essential Community Providers/Network Adequacy Template
- 2.5.3.1.6. Rate Data Template
- 2.5.3.1.7. Rating Business Rules Template
- 2.5.3.1.8. Statement of Detailed Attestation Responses for SBM Issuers
- 2.5.3.1.9. Plan ID Crosswalk Template (if applicable)
- 2.5.3.1.10. Oregon Quality Improvement Strategy Report
- 2.5.3.1.11. This list may have additional items after CMS finalizes submission requirements in early 2019.

2.5.3.2. Carriers will adhere to filing deadlines set by DFR (Attachment 4)

2.5.3.3. After initial binder submission, and after any changes are made to binders, the Marketplace will transfer plan data to the FFM via the Health Insurance Oversight System (HIOS). Carrier will be responsible for reviewing data in HIOS's Plan Preview function prior to its display on the FFM.

2.5.4. Network Adequacy

2.5.4.1. A Carrier offering a qualified health plan will ensure that the provider network of each qualified health plan meets federal standards that include, but are not limited to the following:

2.5.4.2. Includes Essential Community Providers (such as Federally Qualified Health Centers, tribal centers or Indian health centers and clinics, and other organizations that qualify for special pricing for prescription drug manufacturers),

2.5.4.3. Maintains a network large and diverse enough to provide all services without an unreasonable delay (and includes providers that specialize in mental health and substance abuse services),

2.5.4.4. Is consistent with the network adequacy provisions of section 2702(c) of the Public Health Services Act.

2.5.5. Accreditation

If Carrier is not currently accredited for exchange participation by the National Committee for Quality Assurance, URAC, or the Accreditation Association for Ambulatory Health Care, Inc., it will become accredited by July 15, 20120, and will provide the Marketplace a copy of its most recent accreditation survey, together with any survey-related information that the federal Department of Health and Human Services may require, such as corrective action plans and summaries of findings.

3. EXPECTED CARRIER ACTIVITIES

The 2020 medical and dental contracts are currently expected be substantially identical to the 2019 contracts, the templates for which are posted here:

<http://healthcare.oregon.gov/Pages/carrier-resources.aspx>. Future changes in the legal environment for the Marketplace may necessitate changes to the contract language.

4. LIST OF ATTACHMENTS

Attachment 1

Attestation Form

Attachment 2

Questionnaire Form

Attachment 3

Applicant Cover Sheet

Attachment 4

Division of Financial Regulation Plan Submission Timeline