State of Oregon

Department of Consumer and Business Services,

Oregon Health Insurance Marketplace

Issues the Following
REQUEST FOR INFORMATION (RFI)

DCBS-1186-19

State-Based Marketplace Technology Platform and Consumer Assistance Center

Date of Issuance: April 5, 2019
Proposals Due Date: May 31, 2019 @ 5:00 p.m. (PST)

Issuing Office:	Department of Consumer and Business Services
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This is a Request for Information (RFI) only. It is NOT a solicitation for quotations, bids, or proposals. No contract award will result from this RFI. The information received from this RFI will be analyzed and may be used to develop a subsequent solicitation. However, responses to this RFI will not have any impact on any, future solicitation selection process.

This RFI is designed to provide vendors with what we have determined to be the most essential criteria for Oregon after both our own analysis, and examining recent RFIs from other states. It is not intended to limit any other information that a vendor may deem relevant or essential.

Overview

The Oregon Health Insurance Marketplace (Marketplace), Oregon's Affordable Care Act (ACA) health insurance marketplace, is requesting information about an integrated online health insurance marketplace technology platform and associated consumer assistance center. This request is being issued as part of a value analysis to determine the cost-effectiveness and feasibility for Oregon of a transition to a fully state-based marketplace. There is no anticipated date for a transition at this time.

Background

Created by Oregon Senate Bill 1 in 2015 (Oregon Laws 2015, Ch. 3), the Marketplace is a division of the Department of Consumer and Business Services, an Oregon state agency. The Marketplace currently operates as a state-based marketplace using the federal platform (SBM-FP). Eligibility and enrollment functions, related telephone consumer support, and agent certification are provided by the federal platform (referred to as healthcare.gov). Marketing, outreach, plan certification, in-person assister training, and additional telephone consumer support functions are carried out by the Marketplace.

Since 2017, the Centers for Medicare and Medicaid Services (CMS) has been assessing insurance companies a user fee as a percent of premium of plans sold through the marketplace, which is 3 percent for plan year 2019. Assessing as a percent of premium means that fee increases are tied to annual health insurance premium rate changes, making the actual future costs difficult to predict. Based on enrollment projections, insurance companies selling Marketplace plans in Oregon will pay upwards of $22 million to CMS in 2019 for use of healthcare.gov, which is incorporated into the premium rates paid by Oregonians purchasing individual health coverage.

The Marketplace, with the support of its governor-appointed and legislatively confirmed advisory committee, is seeking information on enrollment platform and service center solutions that would enable Oregon to potentially transition to a fully state-based marketplace, thereby offering better options and service for Oregonians, at a lower and more predictable cost than healthcare.gov. This RFI is a key piece of an exploration of the potential benefits of such a transition, with the aim of lowering overall costs while increasing the value and benefits for Oregonians, including individual health insurance consumers, insurance carriers, agents, and community partners.

Purpose

The Marketplace is currently in the information gathering phase of a value analysis of a transition to a fully state-based marketplace. Because the analysis is still in its early stages, the Marketplace will not be able to make any detailed statements regarding timing of implementation or budget. However, questions will be addressed with as much accuracy as possible.

This request is divided into two parts. Part one is intended to gather information about existing online health insurance marketplace platforms that are currently in use by at least one state-based marketplace (SBM). Information on systems whose real-world operability has not been proven is neither requested nor desired.

Part two is intended to gather information about consumer-assistance solutions (including call centers) for state-based marketplaces. A high level of integration and interoperability with the health insurance marketplace platform is desired, but direct affiliation/integration with the health insurance exchange platform is not required.

Respondents are invited to provide information in response to one or both parts of this request.

Constraints

The preferred solution must minimize the risk of disruption to Oregon's Medicaid program, the Oregon Health Plan (OHP), which currently serves more than 850,000 Medicaid recipients. The ideal health insurance marketplace platform would provide dedicated consumer-user authentication and eligibility pre-determination functionality independent from the OHP system (known as the ONE system), and it would interface with the ONE system in precisely the same manner as its current configuration with healthcare.gov (final Medicaid eligibility determination in Oregon is handled by OHP). However, it would also be capable of sharing integrated user authentication, eligibility functionality, or both in the future without requiring a fundamental change to the platform's architecture.

RFI Schedule and Response Submission Information

Request for Information (RFI) issued: April 5, 2019

Deadline for submission of questions (via email only): April 19, 2019 @ 5:00 p.m. PST

Deadline for questions/answers posted on ORPIN: May 3, 2019

Deadline for submission of response (via email only): May 31, 2019 @ 5:00 p.m. PST

Questions and RFI responses should be emailed to Victor Garcia at victor.a.garcia@oregon.gov.

Respondent Information

All responses shall include a cover letter (two-page maximum length) identifying the following:

A. Name of respondent's company or organization

B. Street address

C. Mailing address (if different than street address)

D. Primary point of contact

E. Point of contact's direct email address and telephone number

F. Description of the company's/organization's core work. Respondent may include information regarding previous or current projects similar to that described in this RFI.

The cover letter must be signed by an individual who is authorized to represent the company's responses to all statements in the RFI. Information from single organizations equipped to perform all the tasks or from a lead contractor with subcontractors or vendors is welcome. If an organization includes products or tools associated with other vendors, then those subcontractors or vendors (and their roles) must be specifically identified in the cover letter.

Part One: Health Insurance Marketplace Platform

Information for Part One should be separated into the following sections, each of which should be easily distinguishable. Respondents should provide information that addresses the stated purpose of the RFI. Information should not include any content that is not requested, such as marketing materials. While the Marketplace is ultimately seeking an integrated marketplace platform, modular solutions for core marketplace functions will be considered. Respondents are therefore not required to provide information for all sections, but only for those sections where their proposed tool will help the Marketplace achieve its stated goal of establishing and operating an online health insurance marketplace.

Section 1: Eligibility

Provide information regarding eligibility determinations for Qualified Health Plans, as required by 45 CFR Part 155, Subpart D.

A. Demonstrate utilization of existing eligibility tool in at least one other state-based health insurance marketplace, or similar model.
B. Briefly describe methodology for conducting eligibility redeterminations during a benefit year, as described in 45 CFR 155.330.
C. Briefly describe methodology for conducting annual eligibility redeterminations, as described in 45 CFR 155.335.
D. Briefly describe methodology for handling eligibility determinations and redeterminations for exemptions, as described in 45 CFR 155, Subpart G.
E. Describe the solution's ability to support the coordination of the eligibility determination appeals process across qualified health plans and Medicaid platforms, as healthcare.gov currently does.
F. Healthcare.gov currently has an interface with the ONE system to determine if a consumer is currently enrolled in OHP for advance premium tax credit determination to minimize overlapping coverage months. Describe the solution's ability to replicate this.
G. Describe consumer self-service options for appealing an eligibility determination.
H. Describe any consumer self-service options intended to simplify churn management.

Section 2: Plan Comparison

Provide information regarding consumer-facing tools for the comparison of qualified health plans.

A. Demonstrate utilization of existing plan comparison tool in at least one other state-based health insurance marketplace, or similar model.
B. Describe any enhanced or innovative plan comparison features, such as prescription drug or provider filters, or out-of-pocket cost calculators.
C. States may decide to procure a stand-alone consumer choice tool to augment the use of healthcare.gov before pursuing a complete enrollment solution. Describe any ability to integrate a plan comparison or consumer choice tool already in use by a state into the solution, or alternatives.

Section 3: Application and Enrollment

Provide information regarding existing tools that enhance the application and enrollment processes.

A. Demonstrate utilization of a "Single Streamlined Application" (or comparable) in at least one other state-based health insurance marketplace, or similar model. (Note: With respect to Medicaid, application information would only be used for eligibility pre-determination for potential account transfers to the ONE system. OHP makes final Medicaid eligibility assessments for Oregon.)
B. Describe flexibility/configurability for accommodating changes to open enrollment periods.
C. Describe features that allow health insurance agents or in-person assisters to assist an individual with the application and enrollment process, such as the ability of an applicant to designate an authorized representative.
D. Describe tools that allow health insurance agents and agencies to perform plan management services for their consumers.
E. Describe consumer assistance or consumer self-service features for initiating and validating special enrollment period applications, such as consumer messaging, direct upload of supporting documents, or reporting changes in changes in circumstance.
F. Describe how account transfers from the state Medicaid agency are received and processed, including any tools or validations for ensuring that new user accounts and applications are linked to their respective account transfers.
G. Describe any innovative features for assisting either or both staff and consumers with account transfers to the state Medicaid agency.
H. Describe the solution's application and enrollment functionality on mobile devices. Include any native application development or innovative features for mobile devices.

Section 4: Carrier Reconciliation

Provide information regarding weekly/monthly reconciliation of effectuated enrollments with insurance carriers.

A. Demonstrate utilization of existing carrier reconciliation tool in at least one other state-based health insurance marketplace, or similar model.
B. Describe basic methodology for carrier reconciliation.

C. Describe innovative solutions that aid in the process of carrier reconciliation.

Section 5: Plan Certification

Provide information regarding the certification of qualified health plans.

A. Demonstrate utilization of existing plan certification tool in at least one other state-based health insurance marketplace, or similar model.
B. Describe supported schemas for plan data (SERFF format).
C. Describe self-service tools for insurance carriers.
D. Describe flexibility/configurability of plan certification schedules.
E. Describe the process for correcting plan data errors during an open enrollment period.

Section 6: Tools for Consumer Assistance Center/Call Center

Provide information regarding tools for use by employees of the consumer assistance center or call center.

A. Demonstrate utilization of existing consumer assistance support tool in at least one other state-based health insurance marketplace or similar model. (In this context, "consumer assistance support tool" would be features dedicated to consumer support, such as customer-relationship management (CRM) functionality).
B. Describe integration of consumer assistance tool with health insurance marketplace platform, including accessibility of consumers' enrollment records or, for modular or nonintegrated tools, describe the capabilities, requirements, and limitations of their electronic interfaces.
C. Describe the user roles and permissions that may be assigned within the consumer assistance support tool, and whether those are derived from, or carry over to, the permissions from other parts of the technology solution.
D. Describe innovative features for resolving consumer complaints, such as application/screen sharing with a consumer.
E. Describe tools and processes for escalating consumer complaints.

Section 7: Administrative Tools

Provide information regarding back-office tools for use by employees of the Marketplace.

A. Demonstrate utilization of existing tool in at least one other state-based health insurance marketplace or similar model.
B. Describe features available to Marketplace staff for resolving escalated consumer cases (data match issues, eligibility determination errors, etc.), such as integrated/automated workflow management tools and manual eligibility override ability.
C. Describe innovative features for managing and training customer support center personnel.
D. Describe features intended to support program integrity and audit preparedness.
E. Describe administrative reporting features, including performance dashboards and ad-hoc or offline reports.

F. Describe functionality of ad-hoc querying tools.

Section 8: Electronic Interfaces

Provide information regarding data interfaces to external systems.

A. Demonstrate utilization of existing electronic interface to the Federal Data Services Hub, including IRS income verification and Homeland Security identity verification, in at least one other state-based health insurance marketplace or similar model.
B. Demonstrate utilization of existing electronic interface to the state Medicaid agency in at least one other state-based health insurance marketplace or similar model.
C. Describe any enhanced account transfer functionality not defined in CMS' Federal Data Services Hub Account Transfer (AT) Business Service Definition (BSD).
D. Healthcare.gov currently offers an enhanced direct enrollment (EDE) pathway options, wherein partner entities such as web brokers can develop websites to enroll and manage consumers directly as a healthcare.gov proxy after a stringent approval process. Describe the ability of the solution to allow full SBMs to exchange information with these entities in the same manner as healthcare.gov.

Section 9: Hosting

Provide information regarding the hosting architecture of the proposed solution.

A. Demonstrate utilization of existing hosting system options in at least one other state-based health insurance marketplace or similar model.
B. Describe the host environment options for the proposed system (cloud-based, proprietary data center, etc.).
C. List third-party vendors or subcontractors involved with hosting, along with their respective functions.
D. Describe redundancies and fail-safes provided by the architecture of the host environment.
E. Describe any special qualifications of the host environment, including data security and integrity certifications such as FedRamp, ISO, etc.
F. Describe mechanism for ensuring system performance and availability (service level agreements, etc.).

Section 10: Data Conversion

Provide information regarding the data conversion effort required to transition from the federal exchange to a state-based marketplace.

A. Describe the methodology for a successful conversion of healthcare.gov exported data to the native format of your marketplace platform, and any contingencies for a change in data availability from CMS. If applicable, demonstrate the success of this methodology in at least one other state-based health insurance marketplace or similar model.

B. Describe methodology for reconciling inconsistent or invalid data values/consumer information during a transition.

Section 11: Cost Breakdown

Provide information regarding the model and pricing structure of the proposed solution.

A. Describe which state-based marketplaces are currently using your solutions, and which core exchange functions are being supported by those solutions.
B. Describe your software distribution models (open source, deployment licensing, software as a service (SaaS), etc.).
C. Describe the pricing mechanisms for the design, development, and implementation (DDI) stage; the training and testing stage; and the fully operational stage of your solution.
D. Describe how/whether your pricing structure accommodates sharing platform costs with other states using the same solution, including shared variables dependent on platform participation or future mutually beneficial feature developments.

Part Two: Consumer Assistance Center

Information for Part Two should be separated into the following sections, each of which should be easily distinguishable. Respondents should provide information that addresses the stated purpose of the RFI. Information should not include any content that is not requested, such as marketing materials.

Section 1: Personnel and Infrastructure

Provide information regarding the staffing and logistics of the proposed solution.

A. Demonstrate utilization of existing consumer assistance center solution in at least one other state-based health insurance marketplace or similar model.
B. Briefly demonstrate compliance of existing solution with the requirements outlined in 45 CFR 155.200.
C. Describe the location of existing consumer assistance center solution relative to the state marketplaces supported by that system.
D. Describe whether the same consumer assistance center staff members are shared between participating states, and, if so, how that is managed.
E. Describe the staffing levels, including peak and non-peak levels (please indicate approximate date ranges for each), required to service 140,000 to 170,000 consumers annually. (This is the estimated number of consumers supported during the entire year, not an estimated number of calls. Actual annual consumer call volume to healthcare.gov has not been made available by CMS, so we are unable to estimate that number at this time.)
F. Describe the level of ACA and QHP-related expertise expected of the varying levels or tiers of call center staff. (What level of case complexity could the contracted customer assistance center staff be expected to handle without intervention from Marketplace staff?)
G. Describe the expected level of staff member familiarity with the relationship between Medicaid and QHP in the context of resolving consumer eligibility and churn-related issues.

H. Describe the startup and continuing training requirements for staff to service 140,000 to 170,000 consumers annually.
I. Describe the office space required to house consumer assistance representatives servicing 140,000 to 170,000 consumers annually.

Section 2: Technology

Provide information regarding the hardware, software, and hosting of the proposed solution.

A. Describe the technology requirements of existing consumer assistance system (telephony, servers, OS and database software, CRM or ancillary software, desktop computers, etc.).
B. Describe the host environment of the proposed system (cloud-based, proprietary data center, etc.).
C. List third-party vendors or subcontractors involved with hosting, along with their respective functions.
D. Describe redundancies and fail-safes provided by the architecture of the host environment.
E. Describe any special qualifications of host environment (FedRamp certification, etc.).
F. Describe mechanism for ensuring system performance and availability (service level agreements, etc.).

Section 3: Integration with Marketplace Platform

Provide information regarding the integration of the proposed solution with its respective health insurance marketplace platform.

A. Demonstrate utilization of an existing consumer assistance center solution which is electronically integrated with at least one other state-based health insurance marketplace or similar model.
B. Describe the business relationship with the CRM software vendor.
C. Describe the capabilities of your suggested CRM software for integrating with a commercial state-based marketplace.

Section 4: Cost Breakdown

Provide information regarding the model and pricing structure of the proposed solution.

A. Describe which state-based marketplaces are currently utilizing your solutions and which consumer assistance functions are being supported by those solutions.
B. Describe the software distribution model of the CRM software (open source, deployment licensing, software as a service (SaaS), etc.).
C. Describe the pricing mechanisms for the design, development, and implementation (DDI) stage; the training and testing stage; and the fully operational stage of your solution.
D. Describe how/whether your pricing structure accommodates sharing platform costs with other states using the same solution, including shared variables dependent on platform participation or future mutually beneficial feature developments.

Notice

1. The Marketplace may contact respondents to request a scheduled presentation based on the information submitted.
2. All materials submitted in response to this RFI will become property of the Marketplace and will become public record in accordance with ORS 192.41 – 192.505. If a respondent submits information in response to this RFI that it believes to be proprietary information, including information the respondent considers trade secrets, the respondent should clearly mark all trade secret materials in its response at the time the response is submitted and include a statement with its response justifying the designation for each item as proprietary information, including trade secret.
3. In submitting a response, respondents agree that any cost incurred in responding to this RFI shall be the sole responsibility of the respondent. The Marketplace shall not be held responsible for any costs incurred by respondents in preparing their respective responses to the RFI.