

STATE OF OREGON



COVER PAGE

Oregon Health Authority

**OREGON HEALTH INSURANCE MARKETPLACE
CARRIER REQUEST FOR APPLICATION (RFA)
OREGONBUYS NUMBER S-44300-00012602**

Date of Issue: 01/24/2025

Closing Date: 02/24/2025 5:00:00 PM

Single Point of Contact (SPC)

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SECTION 1 – PURPOSE/OVERVIEW

- 1.1 This is a Request for Application (RFA) from the Oregon Health Authority (OHA) 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 Marketplace. The Marketplace requests applications from all Carriers that can meet the requirements of this RFA.
- 1.2 Carriers offering Marketplace plans in 2025 may apply for approval to certify and offer plans in 2026 on HealthCare.gov and certify and offer plans in 2027 on the Marketplace’s State-Based Marketplace (SBM). Carriers that do not offer Marketplace plans in 2025 may apply for approval to certify and offer plans in 2027 on the SBM. All applying Carriers will be expected to participate in SBM connectivity work in 2025 and 2026 in preparation for system integration with the SBM.
- 1.3 Unless the Director of OHA finds good cause to accept applications from additional Carriers, this RFA will be the only opportunity for a Carrier to apply to offer plans through the Marketplace until 2027 for the plan year beginning in 2028.
- 1.4 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 47, 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.

SECTION 2 - QHP/SADP SUBMISSION AND CERTIFICATION REQUIREMENTS: BENEFIT AND RATE SUBMISSION INFORMATION

- 2.1 Benefit Approval – Carriers will submit plan and form filings with the Division of Financial Regulation (DFR) within Oregon Department of Consumer and Business Services (DCBS) for each plan they wish to have certified by the Marketplace. DFR will determine the following:
 - 2.1.1 The plan provides the essential health benefits that are required by state and federal law and approved by the federal Department of Health and Human Services;
 - 2.1.2 The plan meets the actuarial value of the tier ascribed to it; and
 - 2.1.3 The plan meets all other insurance regulations as required by state and federal law.
- 2.2 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 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.
- 2.3 Plan and Rate Data Submission Requirements – Carriers will submit plan data and rate data through the System for Electronic Rate and Form Filing (SERFF). Carriers will submit the following documents:
 - 2.3.1 Plan and Benefits Template
 - 2.3.2 Issuer URL Template
 - 2.3.3 Prescription Drug Template (QHP only)
 - 2.3.4 Network Template
 - 2.3.5 Service Area Template

- 2.3.6 Essential Community Providers/Network Adequacy Template
 - 2.3.7 Rate Data Template
 - 2.3.8 Rating Business Rules Template
 - 2.3.9 Statement of Detailed Attestation Responses for SBM Issuers
 - 2.3.10 Plan ID Crosswalk Template (if applicable)
 - 2.3.11 Oregon Quality Improvement Strategy Report
 - 2.3.12 Transparency in Coverage Template
 - 2.3.13 This list may have additional items after CMS finalizes submission requirements in 2025.
 - 2.3.14 Carriers will adhere to filing deadlines set by DFR (Attachment 4).
 - 2.3.15 After initial binder submission, and after any changes are made to binders, the Marketplace will transfer plan data from SERFF to the exchange. Carrier will be responsible for ensuring the accuracy of their data in the review portal provided by the Marketplace prior to display for consumers.
- 2.4 Network Adequacy – 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:
- 2.4.1 Includes Essential Community Providers (such as Federally Qualified Health Centers, Tribal or Indian Health Centers and Clinics, and other organizations that qualify for special pricing for prescription drug manufacturers),
 - 2.4.2 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),
 - 2.4.3 Is consistent with the network adequacy provisions of section 2702(c) of the Public Health Services Act.
- 2.5 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, 2026, 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.

SECTION 3 - SCOPE OF WORK: EXPECTED CARRIER ACTIVITIES

The Marketplace will use HealthCare.gov for enrollment in plan year 2026, and its own exchange system, the SBM, in plan year 2027. The 2025 Marketplace contracts contain the activities necessary for Carriers' plans to be certified and offered via HealthCare.gov in 2026. Those contracts can be found [here](#). In addition to the activities described therein, Carriers agree to take reasonable steps to collaborate with the Marketplace and its SBM to transition from the FFM to the SBM platform. This includes, but is not limited to, reasonably coordinating with the SBM vendor to assist with systems integration and compatibility with the SBM platform. Carrier requirements known to the Marketplace will be outlined in the 2026 Marketplace contracts. Carriers approved under this RFA will have the opportunity to subsequently review, comment on, and specifically agree to the 2026 Marketplace contracts, and such agreement will be separate and distinct from any agreement set forth by any Carrier in this RFA.

The 2027 Marketplace contracts will maintain continuity when possible but will likely have significant changes related to certification and offering plans and enrolling consumers through the SBM.

SECTION 4 - RFA PROCESS

- 4.1 Single Point of Contact (SPC) - All communications with OHA concerning this RFA must be directed to:

Katie Button, Plan Management Analyst
Oregon Health Authority
Oregon Health Insurance Marketplace
500 Summer Street NE
Salem, Oregon 97301
Phone: 503.507.2349

E-mail: katie.m.button@oha.oregon.gov

- 4.1.1 Any contact regarding this RFA with other State employees or officials may result in inaccurate information and delay of Application processing. Any oral communications will be considered unofficial and non-binding. The RFA may be viewed at <https://oregonbuys.gov/bs/>, and <https://healthcare.oregon.gov/Pages/resources.aspx>
- 4.1.2 Timeline for RFA and Application Submission is:
RFA Opens: 01/24/2025 3:00:00PM
RFA Closes: 02/24/2025 5:00:00PM
- 4.2 Closing Date for Submittal of Applications – Carriers must submit the required documents via email to katie.m.button@oha.oregon.gov no later than 5:00 p.m. PST on 02/24/2025. 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. Applications received after the closing date and time are late and will not be considered. Applications will be evaluated by OHA at any time after receipt.
- 4.3 Questions, Answers, and Addenda
- 4.3.1 All communications with the Marketplace concerning this RFA must be directed to the Marketplace Sole Point of Contact (SPC), Katie Button, via email to katie.m.button@oha.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.
- 4.3.2 Written responses to Carrier questions regarding this RFA are official. Verbal communications are unofficial and non-binding.
- 4.3.3 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.

SECTION 5 - APPLICATION SUBMITTAL

Carriers must submit the required documents via email to katie.m.button@oha.oregon.gov no later than 5:00 p.m. PST on 02/24/2025. 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.

- 5.1 Carriers applying to offer dental plans through the Marketplace must make and submit the Attestations in Attachment 1 and submit the Applicant Cover Sheet in Attachment 3.

- 5.2 Carriers applying to offer medical plans through the Marketplace must make and submit the Attestations in Attachment 1, complete and submit the Questionnaire in Attachment 2, and complete and submit the Applicant Cover Sheet in Attachment

SECTION 6 - APPLICATION EVALUATION & CONTRACTOR ENROLLMENT

Applications must be complete at the time of submission. OHA will designate an Evaluation Panel that will meet as necessary after the closing date of this RFA, to conduct a comprehensive and impartial evaluation of the Applications received to determine whether each Applicant meets all qualifications. Applicants whom OHA determines, at its sole discretion, to be qualified to perform Work pursuant to this RFA will have their applications approved.

- 6.1 Applications may be evaluated by OHA any time after receipt. During the evaluation process, OHA reserves the right to obtain clarification from Applicants regarding their Application materials.
- 6.2 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.
- 6.2.1 The items listed below will be scored on a pass/fail basis.
- 6.2.1.1 Does the Carrier meet the federal minimum certification requirements?
- 6.2.1.2 Does the application comply with all application requirements?
- 6.2.2 All Carriers for which the Marketplace has approved applications to certify and offer plans may contract with the Marketplace.
- 6.2.3 A Carrier must have a contract with the Marketplace to offer certified QHPs and/or SADPs through the Marketplace on HealthCare.gov.
- 6.3 Final Selection and Award – Award will be made to each responsive and responsible Applicant that meets all the requirements of this RFA. 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.
- 6.4 Application Rejection – OHA may reject an Application if the Applicant fails to substantially comply with all prescribed solicitation procedures and requirements.

SECTION 7 - GENERAL INFORMATION

- 7.1. 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.
- 7.2. Reservation of OHA Rights – The Marketplace reserves all rights regarding this RFA, including, without limitation, the right to:
- 7.2.1. Amend or cancel this RFA without liability if it is in the best interest of the Marketplace or the people of Oregon to do so;
- 7.2.2. 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 Oregon to do so;
- 7.2.3. Waive any minor informality;
- 7.2.4. Seek and obtain clarification of an application from an applicant;
- 7.2.5. Amend or extend the term of any contract that is issued as a result of this RFA; or
- 7.2.6. 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 Oregon.

- 7.3 Application Modification or Withdrawal
 - 7.4.1 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 to katie.m.button@oha.oregon.gov.
 - 7.4.2 Withdrawals: A Carrier may withdraw its application by written notice, signed by an authorized representative of the Carrier, sent to the SPC to katie.m.button@oha.oregon.gov.
- 7.4 Notification of Application Evaluation Decision
 - 7.4.1 Applicants will be notified in writing of the evaluation decision regarding their application.
 - 7.4.2 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 192.311–192.478).
 - 7.4.3 All Applications are considered public information once they have been opened. However, copies of Applications will not be released until the evaluation process has been completely closed. Any person may request copies of public information, in writing to the Single Point of Contact listed in Section 4.1 of this RFA. A fee per page copied will be assessed and payment must be made before copies will be released. If any part of an application is considered a trade secret, the Applicant must clearly designate that portion as confidential to obtain protection, if any, from disclosure. See Oregon Revised Statutes 192.501(2) and 646.461 to 646.475.
- 7.5 Cost of Application – All costs incurred in preparing and submitting an Application in response to this RFA will be the responsibility of the Applicant and will not be reimbursed by OHA.
- 7.6 Contractual Obligation – Applicants submitting an Application in response to this RFA understand and agree that OHA is not obligated thereby to enter into a contract with any Applicant and, further, has absolutely no financial obligation to any Applicant or Contractor.

Section 8 - List of Attachments

- 8.1 Attachment 1- Attestation Form
- 8.2 Attachment 2 – Questionnaire Form
- 8.3 Attachment 3 – Applicant Cover Sheet
- 8.4 Attachment 4 – Division of Financial Regulation Plan Submission Timeline