



# Silver State Health Insurance Exchange

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## Request for Information—Health Insurance Exchange Platform and Customer Service Center

This solicitation 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.

This RFI, having been determined to be the appropriate method for gathering the best information, is designed to provide interested vendors with sufficient information to submit replies meeting the intent of the request. It is not intended to limit a vendor's content or exclude any relevant or essential data.

### Overview

The Silver State Health Insurance Exchange, Nevada's Affordable Care Act health insurance marketplace, is requesting information about an integrated online health insurance exchange platform and associated consumer assistance center. This request is being issued in anticipation of a transition towards operation as a State Based Marketplace effective November 1, 2019, to provide enrollment in Qualified Health Plans with coverage effective January 1, 2020.

### Background

Established in 2013 as a Nevada state agency, the Silver State Health Insurance Exchange (hereafter, the Exchange) currently operates as a State Based Marketplace using the Federal Exchange (SBM-FE). Eligibility and enrollment functions are provided by [healthcare.gov](http://healthcare.gov), while marketing, outreach, plan certification, in-person assister training, and broker certification functions are carried out by the Exchange. However, changes to the Centers for Medicare and Medicaid Services' user fee structure—as promulgated in the annual Notice of Benefit and Payment Parameters—would adversely impact the Exchange's continued fiscal solvency. The Exchange is therefore seeking information on a solution which would enable it to offer a net cost savings to Nevada versus operation as an SBM-FE, while also giving it the tools to offer an improved user experience for Nevada's consumers, insurance carriers, brokers, and non-profit partners.

For more information on the Exchange please visit <https://www.nevadahealthlink.com/sshix/>.

### Purpose

This request is divided into two parts. Part one is intended to gather information about existing online health insurance exchange platforms which 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 Bases Marketplaces. A high level of integration and interoperability with the health insurance

exchange 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 would minimize the risk of disruption to Nevada’s Medicaid administering agency, the Division of Welfare and Supportive Services (DWSS), which currently serves over 650,000 Medicaid recipients. The ideal health insurance exchange platform would be modular in design and would provide dedicated user authentication and eligibility functionality independent from the DWSS system, and it would interface with the DWSS system in precisely the same manner as its current configuration with [healthcare.gov](http://healthcare.gov). However, it would also be capable of sharing integrated user authentication and/or eligibility functionality in the future without requiring a fundamental change to the platform’s architecture.

### **RFI Schedule and Response Submission Information**

Request for Information (RFI) issued	Friday, December 1, 2017
Deadline for submission of questions (via email only)	Friday, December 22, 2017
Questions/answers posted on Nevada Health Link website	Friday, December 29, 2017
Deadline for submission of response (via email only)	Friday, January 12, 2018

### **Respondent Information**

All responses shall include a cover letter (one 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 e-mail 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 bind the company 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.

### **Questions**

All questions must be submitted no later than 5 p.m. Pacific Standard Time on **Friday, December 22, 2017**. Please reference the section (by number) and subsection (by letter) for each question and submit via email to Ryan High, Chief Operating Officer of the Silver State Health Insurance Exchange, at:

Email Address: [rhigh@exchange.nv.gov](mailto:rhigh@exchange.nv.gov)

Email Subject Line: RFI Questions

## Answers

Answers to submitted questions will be posted on the Nevada Health Link website at <https://www.nevadahealthlink.com/rfi/> no later than 5 p.m. Pacific Standard Time on **Friday, December 29, 2017**.

## Process for Submission of Response

Information must be submitted in portable document format (PDF) and sent directly to Ryan High, Chief Operating Officer of the Silver State Health Insurance Exchange, at:

Email Address: [rhigh@exchange.nv.gov](mailto:rhigh@exchange.nv.gov)

Email Subject Line: RFI Response

All information must be received by the Exchange no later than 5 p.m. Pacific Standard Time on **Friday, January 12, 2018**.

## Part One: Health Insurance Exchange 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 Exchange is ultimately seeking an integrated exchange 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 assist the Exchange in achieving 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/redeterminations for exemptions, as described in 45 CFR 155, Subpart G.
- E. Describe consumer self-service options for appealing an eligibility determination.
- F. 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.

### **Section 3: Application and Enrollment**

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

- A. Demonstrate utilization of “Single Streamlined Application” (or comparable) in at least one other state based health insurance marketplace, or similar model.
- B. Describe flexibility/configurability for accommodating changes to open enrollment periods.
- C. Describe features that allow brokers or in-person assisters to assist an individual with the application and enrollment process.
- D. Describe tools that allow brokers or broker agencies to perform plan management services for their consumers.
- E. Describe consumer assistance or consumer self-service features for validating Special Enrollment Period applications, such as consumer messaging or direct upload of supporting documents.
- 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/applications are linked to their respective account transfers.
- G. Describe any innovative features for assisting consumers with account transfers to the state Medicaid agency.

### **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 schema(s) for plan data (i.e. SERF format).
- C. Describe self-service tools for insurance carriers.
- D. Describe flexibility/configurability of plan certification schedules.

### **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.
- B. Describe integration of consumer assistance tool with health insurance exchange platform, including accessibility of consumers’ enrollment records; or, for modular or non-integrated tools, describe the capabilities, requirements, and limitations of their electronic interfaces.
- C. Describe innovative features for resolving consumer complaints, such as consumer role-playing, etc.

- D. Describe tools and processes for escalating consumer complaints.

## **Section 7: Administrative Tools**

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

- A. Demonstrate utilization of existing tool in at least one other state based health insurance marketplace, or similar model.
- B. Describe innovative features available to Exchange staff for resolving escalated consumer complaints, such as consumer role-playing, etc.
- 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, ad-hoc or offline reports, etc.
- 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 Business Service Definition.

## **Section 9: Hosting**

**Provide information regarding the hosting architecture of the proposed solution.**

- A. Demonstrate utilization of existing hosting system in at least one other state based health insurance marketplace, or similar model.
- B. Describe the host environment of the proposed system (i.e. 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 (i.e. FedRamp certification, etc.).
- F. Describe mechanism for ensuring system performance and availability, i.e. 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. Demonstrate successful conversion of healthcare.gov exported data to the native format of your exchange platform in at least one other state based health insurance marketplace, or similar model.
- B. Describe methodology for reconciling inconsistent or invalid data values.

## **Section 11: Cost Breakdown**

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

- A. Describe which state based marketplaces are currently utilizing your solution(s), and which core exchange functions are being supported by those solutions.
- B. Describe your software distribution model(s) (i.e. 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 shared platform costs, including dynamic variables dependent on platform participation, are included in your pricing structure.

## **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 system in at least one other state based health insurance marketplace, or similar model.
- B. Briefly demonstrate compliance of existing system with the requirements outlined in 45 CFR 155.202.
- C. Describe the location of existing consumer assistance system relative to the state exchange(s) supported by that system.
- D. Describe the staffing levels, including peak and non-peak levels (please indicate approximate date ranges for each), required to service 70,000 to 100,000 consumers annually.
- E. Describe the startup and continuing training requirements for staff to service 70,000 to 100,000 consumers annually.
- F. Describe the office space required to house consumer assistance representatives servicing 70,000 to 100,000 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 (i.e. telephony, servers, OS and/or database software, CRM or ancillary software, desktop computers, etc.).
- B. Describe the host environment of the proposed system (i.e. 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, i.e. FedRamp certification, etc.

- F. Describe mechanism for ensuring system performance and availability, i.e. Service Level Agreements, etc.

### **Section 3: Integration with Exchange Platform**

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

- A. Demonstrate utilization of an existing consumer assistance system which is electronically integrated with at least one other state based health insurance marketplace, or similar model.
- B. Describe business relationship with 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 solution(s), and which consumer assistance functions are being supported by those solutions.
- B. Describe the software distribution model of the CRM software (i.e. 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 shared platform costs, including dynamic variables dependent on platform participation, are included in your pricing structure.

### **Notice**

1. The Exchange reserves the right to request a scheduled presentation from respondents based on the information submitted. Respondents may be contacted to schedule a time for the presentation.
2. This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Nothing in this RFI shall be interpreted as a commitment by the Exchange to enter into a contract with any respondent(s) or to make any procurement. The Exchange may decide to further pursue one or more solutions by methods including, but not limited to: solicit further information from one or more potential respondents; issue a Request for Proposal (“RFP”), Request for Bid (“RFB”), or take no action at all, as a result of the information gathered. The Exchange reserves the right to evaluate, use and determine, in its discretion, whether any aspect of the respondent’s information satisfies the purpose and intent of the RFI.
3. The Exchange reserves the right to accept or reject late responses, or to cancel or amend this RFI at any time. The Exchange will notify all respondents accordingly.
4. All materials submitted in response to this RFI will become property of the Exchange and will become public record in accordance with **NRS chapter 239**. If a respondent submits information in response to this RFI that it believes to be proprietary information, including trade secrets as defined by **NRS 333.020**, 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.

The Exchange does not warrant that the respondent's designation of information as proprietary will safeguard its confidentiality if challenged in Court. Respondent agrees to defend any action seeking release of the materials it believes to be proprietary, and indemnify and hold harmless the Exchange, its agents and employees, from any judgments or damages awarded against the Exchange in favor of the party requesting the materials, and any and all attorneys' fees and costs connected with that defense.

This agreement to defend, indemnify, and hold harmless survives as long as the trade secret materials are in possession of the State. The Exchange will not consider the cost structure information submitted by the respondent to be proprietary or trade secret materials.

5. In submitting a response, respondents agree that any cost incurred in responding to this RFI shall be the sole responsibility of the respondent. The Exchange shall not be held responsible for any costs incurred by respondents in preparing their respective responses to the RFI.