



**NEW MEXICO HEALTH INSURANCE EXCHANGE (NMHIX)
REQUEST FOR INFORMATION FOR**

HEALTH INSURANCE EXCHANGE PLATFORM

RFI No. 2018-001

RFI Issued: June 25, 2018

Responses Due By: July 20, 2018

5:00PM (Mountain Time)

Contents

- 1. **BACKGROUND INFORMATION** 3
 - 1.1. Background on the New Mexico Health Insurance Exchange 3
 - 1.2. Purpose of the RFI 3
- 2. **ADMINISTRATIVE INFORMATION** 5
 - 2.1. RFI Administrator 5
 - 2.2. Key Dates 5
 - 2.3. Questions and Requests for Clarifications..... 6
 - 2.4. Amendment and Withdrawal of Responses..... 6
 - 2.5. Submission of Responses..... 6
 - 2.6. Costs of Preparing the Response..... 6
 - 2.7. Rejection of Responses 6
 - 2.8. Response Clarification Process..... 6
 - 2.9. Disposition of Responses..... 6
 - 2.10. Confidentiality..... 6
 - 2.11. Release of Claims 7
 - 2.12. Respondent Presentations 7
 - 2.13. Eligible Respondents..... 7
- 3. **RESPONSE OVERVIEW** 8
 - 3.1. Respondent Information 8
 - 3.2. Project Approach..... 8

1. BACKGROUND INFORMATION

1.1. Background on the New Mexico Health Insurance Exchange

The New Mexico Legislature passed SB 221 and 589 as amended, the “New Mexico Health Insurance Exchange Act,” (the “Act”) during the 2013 Regular Session, and Governor Susana Martinez signed the Act on March 28, 2013. The New Mexico Health Insurance Exchange (NMHIX/dba beWellnm) is created as a non-profit public corporation.

Our mission is to provide qualified individuals and employers with increased access to health insurance in New Mexico. Our vision is to improve the quality of life for New Mexicans, especially when it comes to their health, their access to health care providers, and their financial security. The Exchange is governed by a 13-member board of directors that was appointed in April 2013. The Exchange is now approaching its sixth open enrollment period which begins on November 1, 2018 and continues through December 15, 2018.

NMHIX currently utilizes the Federally Facilitated Marketplace (FFM) for the individual marketplace while maintaining its status as a State-Based Exchange on the Federal Platform (SBE-FP). Eligibility and enrollment functions are provided by healthcare.gov, while marketing, outreach, plan management, in-person assister training, and broker certification functions are carried out at the state level. However, changes to the Centers for Medicare and Medicaid Services’ user fee structure—as promulgated in the annual Notice of Benefit and Payment Parameters—represent a significant and unsustainable fiscal burden to New Mexico. The Exchange is therefore seeking information on a solution which would enable it to offer a net cost savings to New Mexico versus operation as an SBM-FE, while also giving it the tools to offer an improved user experience for New Mexico consumers, insurance carriers, brokers, and non-profit partners.

1.2. Purpose of the RFI

The New Mexico Health Insurance Exchange (NMHIX) is seeking to gather information about existing or emerging online health insurance exchange platforms intended to lower costs and provide consumers with access to new and innovative shopping experiences for individual market coverage.

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 assist beWellnm in developing 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. Responding to this RFI shall not prohibit a prospective vendor

from submitting a bid or proposal should beWellnm decide to procure related services at a later date.

2. ADMINISTRATIVE INFORMATION

2.1. RFI Administrator

The RFI Administrator for this project shall be:

Cheryl Gardner

Chief Executive Officer

New Mexico Health Insurance Exchange

7601 Jefferson St NE, Suite 160

Albuquerque, NM 87109

505-314-5200

cgardner@nmhix.com

(Please include "Individual Marketplace RFI" in the subject of any email messages)

Offerors may submit questions to the Procurement Administrator at the email listed above.

2.2. Key Dates

Below are the anticipated dates associated with this Request for Information

Activity	Date
Issue RFI	June 25, 2018
Submission of Written Questions	July 6, 2018
Written Responses to Questions	July 13, 2018
Responses Due	July 20, 2018 by 5:00PM (Mountain)
Notice of Invitation to Demonstrate and Discuss (IDD) issued to select respondents	July 27, 2018
Demonstrations and Discussions	Week of July 30-August 3, 2018

2.3. Questions and Requests for Clarifications

Respondents may submit questions to the Procurement Administrator through the email noted in Section 2.1. The NMHIX may provide written responses to those questions but is not obligated to do so.

2.4. Amendment and Withdrawal of Responses

Respondents may amend or withdraw their Responses at any time before the date the Response is due.

2.5. Submission of Responses

The Procurement Administrator must receive all components of the Response by the deadline as detailed in Section 2.2.

2.6. Costs of Preparing the Response

The costs of preparation and delivery of the Response are solely the responsibility of the Respondent.

2.7. Rejection of Responses

The NMHIX may reject outright and not consider any Response that does not comply with the terms of this RFI.

2.8. Response Clarification Process

The NMHIX reserves the right to contact a Respondent after the submission of Responses for the purpose of clarifying a Response. This contact may include written questions, interviews, site visits, or requests for corrective pages in the Response.

2.9. Disposition of Responses

All Responses become the property of NMHIX and shall not be returned to the Respondent.

2.10. Confidentiality

Any Response submitted which contains information for which Respondent is requesting confidential treatment must be conspicuously marked by Respondent on the outside as containing

confidential information, and each page upon which confidential information appears must be conspicuously marked as containing confidential information.

Failure to properly identify specific information as confidential shall relieve the NMHIX from any responsibility to treat such information as confidential. Information not marked confidential may be viewed by the public.

NMHIX will endeavor to respect the confidentiality of documents so designated by a Respondent, but may only do so within the scope of applicable public records laws, including but not limited to the New Mexico Inspection of Public Records Act. NMHIX makes no promise to the Respondent with respect to NMHIX's ability to protect the confidentiality of the Response.

As between the NMHIX and the Respondent, the NMHIX will own all right, title and interest in and to and all ideas presented in any Response, and shall therefore have the right to use any such ideas.

2.11. Release of Claims

By submitting a Response, Respondent agrees that it waives and releases all claims or causes of action against the NMHIX based on any misunderstanding concerning the information provided in this RFI or concerning the NMHIX's failure, negligent or otherwise, to provide Respondent with pertinent information in this RFI.

2.12. Respondent Presentations

NMHIX reserves the right to issue an Invitation to Demonstrate and Discuss (IDD) to select respondents based on the information submitted. This process is intended to allow Respondents to demonstrate their proposed solutions and clarify any elements of their Response. Any cost associated with interviews, presentations, and/or demonstrations will be borne solely and entirely by Respondent. The presentation may occur at the NMHIX's offices, via the Internet, or at another location as specified by the NMHIX.

2.13. Eligible Respondents

- Respondents must be from an organization legally authorized to conduct business in the state of New Mexico.
- Responses from individuals will not be accepted.
- Health insurance issuers and producers are not eligible to submit a Response. NMSA 1978, § 59A-23F-4(F).

3. RESPONSE OVERVIEW

The New Mexico Health Insurance Exchange (NMHIX) is seeking to gather information about existing or emerging online health insurance exchange platforms intended to lower costs and provide consumers with access to new and innovative shopping experiences for individual market coverage.

Responses to this RFI should follow the outline indicated below:

3.1. Respondent Information

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

- Name of Respondent's Company or Organization
- Street Address
- Mailing Address (if different than street address)
- Primary Point of Contact
- Point of Contact's direct e-mail address and telephone number
- 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.

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.

3.2. Project Approach

Response to the Project Approach 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.

3.2.1. Eligibility Determination

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

- A. Briefly describe methodology for conducting eligibility determinations during a benefit year.
- 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.

3.2.2. 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.

3.2.3. Application and Enrollment

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

- A. Demonstrate utilization of “Single Streamlined Application”.
- 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.
- H. Describe your mobile application capabilities
- I. Describe how changes are made to enrollment data

3.2.4. Financial Management

- A. Describe your premium billing process.
- B. Describe your system for tracking and incorporating premium tax credits and other contributions.
- C. Describe your process for handling payment transfers.

- D. Describe your process for reconciling exchange premiums across disparate entities.
- E. Describe your process for broker commission tracking and payment capabilities.

3.2.5. 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.

3.2.6. Plan Certification

Provide information regarding the certification of Qualified Health Plans.

- A. Demonstrate utilization of plan certification tool
- 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.

3.2.7. Tools for Consumer Service/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 roleplaying, etc.
- D. Describe tools and processes for escalating consumer complaints.

3.2.8. 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.

3.2.9. Electronic Data 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.

3.2.10. 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.

3.2.11. Data Migration

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.

3.2.12. Pricing Structure

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.