STATE OF ALABAMA

Request for Information

Alabama Department of Insurance
Office of the Alabama Health Insurance Exchange (HIX)

RFI Request Number: HIX2012-01

Respond to:
Alabama Health Insurance Exchange
201 Monroe Street, Suite 502
Montgomery, Alabama 36104

Issued: February 23, 2012
Response Deadline: 3:00 PM, CST, March 20, 2012
Intent to Respond Deadline: 3:00 PM. CST, February 28, 2012

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1. RESPONSE PROCEDURES

1.1 General Information for Respondents

The Patient Protection and Affordable Care Act of 2010 ("ACA") provides for the creation of state-based Health Insurance Exchanges ("Exchanges") that will allow consumers to access and evaluate health insurance coverage options from commercial insurers, determine eligibility for federal subsidies, and enroll in health insurance coverage of their choice. Reference: http://www.healthcare.gov/law/about/index.html

The Office of the Alabama Health Insurance Exchange ("HIX"), through the Alabama Department of Insurance ("DOI"), is soliciting information from interested, qualified vendors ("Respondents") to enable HIX to more effectively design and develop its Exchange system, which includes both the manual and automated components of the Exchange. Respondents are strongly encouraged to read this entire RFI *before* initiating a response.

HIX will use findings generated by this RFI in conjunction with other available information to determine the solution that best serves the interests of the citizens of Alabama. In addition, HIX intends to use this RFI as a major part of the basis for selecting vendors to present and demonstrate their systems to key Exchange partner agencies – including, but not limited to – the Alabama Medicaid Agency and the Alabama Department of Public Health.

No contractual obligations will result from any responses to this RFI. HIX will not reimburse any Respondent for the cost of preparing and/or submitting a response to this RFI. The information submitted is expected to guide HIX in its selection of qualified vendors to solicit with an RFP for services that are specified in the response. Unless existing contracts are already in place, HIX will use the state's formal procurement procedure prior to the selection of any new product, tool or service. Respondents should not recommend any services that they are not qualified to either obtain or provide.

HIX realizes that all Respondents may not be in a position to adequately provide all of the requirements of this RFI. Potential Respondents are urged to build teams involving other vendors and to respond to this RFI collectively. HIX is not interested in a piecemeal approach, and the evaluation of all such possibilities is impractical. Thus, only *one RFI response per team* must be submitted, and that such a response will address the entire Exchange system. The vendor who assembles and coordinates the team, which would typically become the prime contractor in an RFP response, will be referenced as the *lead vendor* in the remainder of this document. If a team approach is applied in the response, the lead vendor must be designated (see Attachment A) for purposes of providing a point of contact. Respondents will not be required to maintain these particular team relationships in the event that they are requested to respond to an RFP in the future.

Responses to the Request for Information (RFI) must include summary statements as to how the Respondent would organize and implement the automated components of the Exchange and call center operations. It is uncertain at this time if HIX and its partner agencies will staff the call center. Proposals should include information about how the Respondent would create the soft-

ware and call center scripts to operate a call center as well as a staffing plan. The response should demonstrate the Respondent's ability to either obtain, or design and develop all computer software and hardware involved.

The response should present the *technical details regarding plans* proposed by the Respondent as opposed to great elaboration of qualifications. Respondent qualifications should be apparent from the completion of the vendor qualification form given in Attachment A. Respondents should also provide three to five references (if available) relative to other similar work performed.

The language of the narrative must be straightforward and limited to facts, projected solutions and plans of proposed action. The response should not copy and reflect back portions of this RFI; instead, Respondents are encouraged to reference the RFI by section number. Guidance on content and format is given in Section 3.2, and Respondents are urged to make reference by the paragraph numbers of that section.

1.2 Submission of Notice of Intent to Respond; Responses.

1.2.1 **Notice of intent to respond. A Respondent should provide notice of its intent to apply before 3 p.m. Central time on February 28, 2012.** Such notice must provide a point of contact including name, title, company, mailing address, email address and phone number, and be submitted to the following email: responses@myalabama.gov.

1.2.2. Legibility and organization. The response must be typed or printed by means of word processing software. Handwritten responses are not permitted.

1.2.3. Supporting documents and materials. A response must include copies of all documents or other materials Respondent desires the HIX to consider. Each document or item submitted must be identified to a specific portion of this RFI by citation to the particular section number. The HIX may reject and not consider any documents or materials that are not included or submitted with the RFI.

1.2.4. Claim of protection for proprietary information. Responses will become a public record and the property of the HIX and Department of Insurance. To the extent a Respondent deems any specific portion of its response to include a "trade secret" as defined in Ala. Code § 8-27-2(1), such portion(s) shall be clearly identified. Said designation shall not be binding on the HIX or the Department of Insurance but the HIX and the Department of Insurance will review and consider the designation. Wholesale designation of a response or substantial parts of a response as "trade secrets" shall not be accepted by the HIX.

1.2.5. Updates to the Notice. It is the Respondent's responsibility to monitor http://www.insurance.alabama.gov/consumers/HealthInsReform.aspx for updates and additional information.

1.2.6. Deadline for RFI responses. **All RFI responses are due before 3 p.m. Central time on March 20, 2012. Late responses may not be considered. A response determined by the HIX to be nonresponsive shall be rejected and not considered.**

Four paper copies and two electronic copies (CD or DVDs) of the RFI response must be submitted in a sealed envelope or package with the RFI request number and the offeror's name and address clearly indicated on the envelope or package. CD/DVD must contain PDF and Word versions of the response narrative.

The response narrative must not exceed 30 double-spaced pages in a 12-point or larger font with a one-inch margin on all four sides. The following will not be counted as part of the page count:

- Cover page, which must contain:
  - Title of RFI response
  - RFI request number (HIX2012-01)
  - Name and address point of contact of the lead vendor
  - If a team response, the names of all other involved vendors
- Lead vendor specification form (see Attachment A).
- Vendor Qualification Form(s) – one for each vendor if this is a team response (see Attachment A).
- The System Technology and Functional Capability Questionnaire (see Attachment B) – one per team.
- Appendices, which may include figures and diagrams, but should contain a minimum of narrative – *lengthy narratives in the Appendix will not be considered in evaluating the response.* Any figures or diagrams in the appendices must be referenced by specific display in the narrative portion of the response.
- Three to five references that can attest to the quality of work similar to that proposed.

Submit a completed Lead Vendor Specification Form (see Attachment A), which includes contact information, including name, title, mailing address, email address, authorized signature, and phone number of the contact person for questions relating to the RFI.

Submit completed Vendor Qualification Forms (see Attachment A), one for each participating vendor if more than one vendor is involved.

1.2.7. Delivery address. The response should be addressed to Richard Fiore at the Alabama Health Insurance Exchange at one of the following:

By U. S. Postal Service: Post Office Box 303351, Montgomery, AL 36130-3351

By hand or <u>commercial</u> courier: RSA Tower Suite 502, 201 Monroe Street, Montgomery, AL 36104.

Please note: <u>All deliveries by the United States Postal Service are made to an off-site central state government mail facility. Forms of USPS expedited delivery may not be expedited.</u>

1.2.8. Alterations or withdrawals. A response cannot be altered or amended after it has been delivered. A response may be withdrawn before the deadline specified, but may not be withdrawn after the deadline.

1.2.9. Facsimile response. A proposal submitted by telephonic facsimile will be rejected as non-responsive.

1.2.10. Presentations. Respondents may be invited to, and should be prepared for, a 90-minute demonstration (includes time for questions) to present information and to display product capability. HIX is interested in presentations that highlight the unique characteristics of the proposed solution. Respondent demonstration participants will be limited to the Respondent and reviewers. Respondents should also be prepared to answer questions related to the written proposal at this time, and they must provide their own laptop for the demonstration. A projector and internet connectivity will be provided. The date and time for presentations is yet to be determined.

In the event of a presentation, persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting Kathleen Healey in writing at:

- Kathleen.Healey@insurance.alabama.gov or fax 334-240-7581.

Requests should be made as early as possible to allow time to arrange the accommodation.

1.2.11. Written Questions. By 3:00 PM, CST, March 6, 2012, Respondents must submit any questions about the RFI in writing via email to: responses@myalabama.gov. All responses to questions will be posted to http://www.insurance.alabama.gov/consumers/HealthInsReform.aspx. Responses will be posted no later than 3:00 PM, CST, March 13, 2012. Respondents may not directly contact HIX or DOI employees regarding the RFI.

2. INTRODUCTION AND BACKGROUND

The State of Alabama is interested in gathering information and learning more about Health Insurance Exchange (Exchange) systems that provide seamless integration of services and utilize the existing Alabama infrastructure, while providing other required functions of the Exchange. The purpose of this RFI is to identify viable available or proposed solutions that best fit the state of Alabama. This RFI requests responses from potential contractors in accordance with the scope of work and specifications contained herein. Neither this RFI nor any resulting responses are to be construed as a legal offer to contract for services. The State of Alabama will utilize the information gathered during the RFI process as the basis for finalizing the design concepts and drafting an RFP.

The Exchange system must support the needs of Alabama to implement the ACA and realize its vision of making health coverage and health insurance easily accessible to all citizens of Alabama.

The ACA requires the creation of a Health Insurance Exchange in each state, either by the state or by the federal government. These Exchanges will perform a variety of functions, including as a minimum the following:

- Offering residents of the state the means to compare information on available health benefit plans, enroll in plans, and receive subsidies if eligible;
- Certify Qualified Health Plans (QHPs) to be offered on the Exchange;
- Rate those plans based on quality;
- Maintain a website and toll-free number;
- Maintain a call center;
- Provide a calculator for consumers to determine the amount of their premium after subsidies have been calculated;
- Coordinate with the Medicaid Agency and the Alabama Department of Public Health regarding eligibility and enrollment into Medicaid and the Children's Health Insurance Program (CHIP) (ALL Kids);
- Identify individuals exempt from the federal insurance mandate; and
- Contract for Navigators to provide public education and facilitate enrollment.

Small businesses will also have the opportunity to assist their employees in enrolling in health plans offered on the Exchange.

Exchanges must be certified by the federal government in January 2013, and they must be able to determine eligibility and enroll individuals in coverage by October 2013. Additionally, the plan management function of the Exchange must be fully operational by January 1, 2013 in order to allow insurers seeking to offer health plans through the Exchange to submit plans for review and certification by the Alabama Department of Insurance. To plan for and implement an Exchange in Alabama, the state has developed the following research documents which Respondents should become familiar:

- *Current Programs and Integration Opportunities*
  http://www.insurance.alabama.gov/PDF/Consumers/Curent%20Programs%20and%20Opportunities%20BMA10T4.pdf
- *Alabama's Current Insurance Market*
  http://www.insurance.alabama.gov/PDF/Consumers/Current%20Insurance%20Market%20BMA10T6.pdf
- *Exchange Design Options*
  http://www.insurance.alabama.gov/PDF/Consumers/Exchange%20Design%20Options%20BMA10T3.pdf
- *Exchange Finance Functions*
  http://www.insurance.alabama.gov/PDF/Consumers/Exchange%20Finance%20Functions%20BMA10T8.pdf
- *Exchange Financial Sustainability*
  http://www.insurance.alabama.gov/PDF/Consumers/Exchange%20Financial%20Sustainability%20BMA10T9.pdf
- *Exchange Roadmap*

http://www.insurance.alabama.gov/PDF/Consumers/Exchange%20Roadmap%20BMA10T1.pdf

- *Exchange Stakeholder Summary* http://www.insurance.alabama.gov/PDF/Consumers/Exchange%20Stakeholder%20Summary%20BMA10T2.pdf
- *Health Insurance Coverage Sources* http://www.insurance.alabama.gov/PDF/Consumers/Health%20Insurance%20Coverage%20Sources%20BMA10T7.pdf
- *Medicaid and CHIP Estimates* http://www.insurance.alabama.gov/PDF/Consumers/Medicaid%20And%20CHIP%20Estimates.pdf
- *Report to Stakeholders* http://www.insurance.alabama.gov/PDF/Consumers/StakeholderReport.pdf

The State of Alabama anticipates leveraging its existing technology infrastructure for Medicaid and the Children's Health Insurance Program (CHIP) to build those components of the Exchange related to screening, applications and eligibility determinations for Medicaid, CHIP and potentially the related subsidy program. HIX also expects that web services made available through the federal data services hub will be used to the extent practicable. As of this writing, it is anticipated that the following web services will be available to states through the Centers for Medicare and Medicaid Services (CMS):

- Identity proofing service
- Income verification service
- Citizenship verification service
- Legal residency status service
- Non-incarceration status service
- Modified Adjusted Gross Income (MAGI) calculation service
- Out-of-pocket premium and co-pay calculator service
- Address validation and correction service

Rather than developing these core functions separately, the Respondent may propose to consume the services that will be exposed through the federal data services hub, or present their own alternative.

Any proposed solution must conform to the *Enhanced Funding Requirements: Seven Conditions and Standards* Medicaid IT Supplement (MITS-11-01-v1.0) issued in April 2011. These include:

- Modularity Standard
- MITA Condition
- Industry Standards Condition
- Leverage Condition
- Business Results Condition
- Reporting Condition

- Interoperability Condition

Additional information is available at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Data-and-Systems.html.

The following are target dates for HIX system design and deliverables

- September 30, 2012 – Artifacts for detailed design review with CMS
- January 1, 2013 – Fully functional plan management portal for DOI and health insurers
- February 28, 2013 – Operational readiness review
- October 1, 2013 – Fully functional individual and SHOP Exchange

3.0 RFI RESPONSE REQUIREMENTS

3.1 General Requirements

Respondents must become familiar with the regulatory requirements and standards that were issued on July 15, 2011 in the Federal Register:

http://www.gpo.gov/fdsys/pkg/FR-2011-07-15/pdf/2011-17610.pdf

This addresses Establishment of Exchanges and Qualified Health Plans, and Risk Adjustment, Reinsurance, and Risk Pool program requirements. To the extent possible, Respondents should incorporate the requirements of the proposed regulations into their responses. A list of requirements in the regulations that are relevant to this RFI follows:

- Program Integration/General Exchange Operation
    - Payment of premiums for the Small Business Health Options Programs (SHOP) Exchange
    - Segregation of funds
    - Privacy and security of information
    - Electronic transactions
    - Integration with eligibility determination and enrollment functions for Exchange, Medicaid, CHIP and subsidy programs [Eligibility/enrollment to be provided by a separate vendor]
        - Single streamlined application
        - Termination of coverage
        - Transition from program to program (e.g., Medicaid to subsidy, or SHOP to Medicaid)
        - QHP enrollment/termination requirements for individual and SHOP enrollees
        - Advance determination and payment of premium tax credits and cost-sharing reduction
        - Integration with other Exchange functions as necessary, including without limitation call center and website operations

- Collecting/reporting/transmitting risk adjustment data

- Assistance to Small Businesses and Consumers
  - Call center development and operation
  - Navigator and producer participation
  - Notices (e.g. concerning eligibility, re-enrollment dates, special enrollment periods, etc.
  - Website
    - HIX has determined that the website specifications delivered as a part of the UX 2014 Project will serve as the blueprint for the individual Exchange user interface for Alabama's Exchange website. It will be up to the integrator selected to ensure that back-end services interface seamlessly with the model.
    - Additional information on the US 2014 project may be found at www.ux2014.org. Respondents are also encouraged to use the UX 2014 model as a guide to developing the SHOP Exchange website.
  - Exchange premium calculator
  - Consumer Assistance
  - Rate and benefit information. including rates, benefits and cost sharing
- Plan Management
  - QHP certification/recertification/decertification process
    - Assess initial and ongoing compliance with "participation standards" under subpart C "Minimum Certification Standards"
    - Procedures
    - Timelines
    - Ongoing compliance
      - Rate and benefit information. including rates, benefits and cost sharing
      - Service area compliance
    - Stand-alone dental plans
    - Accreditation
    - Capability to integrate with the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filing (SERFF)
  - Monitoring network adequacy and network membership
  - Notices (e.g. concerning recertification dates, plan acceptance, etc.)
  - Publicity/marketing/advertising materials – non-discriminatory and complies with state law
  - Quality improvement, including QI process, enrollee satisfaction, health care quality and outcomes, disclosures and data reporting
  - Service area monitoring
  - Transparency/disclosure/prescription drug reporting
  - Collecting/reporting/transmitting risk adjustment data

3.2 SPECIFIC GUIDANCE

This section presents a list of questions and RFI requirement specifications that are intended to assist the Respondents in organizing and formatting their responses. It is highly recommended that Respondents' narrative conform to the format and ordering in this section in order to assist in the scoring process. Failure of a response to conform to the format may cause rejection of the response.

In addition to the narrative response, Respondents must complete the questionnaire in Attachment B to provide more information about the capabilities and operational details of their solution.

Commercial-off-the-Shelf (COTS) component solutions that have been proven effective in the past will generally be given preference over other solutions unless the cost of alternative design and development can be justified. Respondents that propose a COTS solution to one or more of the components should provide a URL for any documentation that is readily available along with a minimum of other descriptive narrative. Respondents should indicate the reason that this solution is preferable to other COTS or custom-built solutions. It is allowable that such justification extend outside of the realm of HIX (e.g., if a particular component will serve other functions in state government). Preference will be given to solutions that can be made in common across state government functional areas.

High preference will be given to software modules (e.g., web services) that are (or will soon become) available on the Centers for Medicare and Medicaid (CMS) Data Services Hub; see:
http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf

There will be a heavy burden of proof on the part of Respondents who propose alternatives to those components and services that are currently provided by the Hub.

3.2.1 Executive Summary

Provide an executive summary (two page maximum; this is part of the narrative and will be counted against the page limit). The executive summary must include an overview of the proposed solution, and it should highlight what makes the solution unique and best suited to the state of Alabama's needs. The response should confirm the proposed solution is intended to be compliant with the Affordable Care Act (ACA), subsequent rules and proposed regulations summarized in Section 3.1.

3.2.2 General Technical Requirements

2a. Describe and/or provide a visual representation of the proposed solution and the various workflows and how each component of the proposed solution is utilized throughout the workflow. *Detailed diagrams may be given in an appendix,* and this will not be counted against the page limitation requirement; however, they must be referenced in the narrative.

2b. Discuss the nature of the proposed solution from an intellectual property perspective. Discuss how the source code is maintained and secured.

2c. Describe the hardware, software, operating systems, and database requirements the proposed solution requires from data user, data provider, and system administrator perspectives. Communicate the potential for the use of virtual servers.

2d. Describe plans to provide APIs, interfaces and the programming languages that will be involved.

2e. Define how the solution interfaces to existing source systems and web portals. List which data types the solution can handle and which data standard formats are supported. Include how information can be captured as well as disseminated from the solution.

2f. HIX has determined that any solution must be fully conformant to all applicable national standards. Indicate how your solution will conform to the following:

- National Information Exchange Model (NIEM), including the use of Information Exchange Package Documentation (IEPD) and plans for conformance testing; NIEM conformance means:
    - Adherence to the NIEM Naming and Design Rules (NDR), which is currently at version 1.3 available at https://www.niem.gov/documentsdb/Documents/Technical/NIEM-NDR-1-3.pdf
    - IEPDs must follow the NIEM IEPD specification (NIEM_IEPD_Requirements_v2.1) available at http://tools.niem.gov/niemtools/home.iepd;jsessionid=FCD273224E739A9B0F8D9089186DEF39
- Exchange Reference Architecture as defined in the Guidance for Exchange and Medicaid Information Technology (IT) Systems http://cciio.cms.gov/resources/files/exchange_medicaid_it_guidance_05312011.pdf
- Role-based access and authentication through GFIPM available at http://it.ojp.gov/gfipm
- Service Oriented Architecture (SOA)
- Health Insurance Portability and Accountability Act of 1996 (HIPPA)
- National Institute of Standards and Technology (NIST) publications pertaining to account security standards and controls
- UX 2014 specifications
- See also Requirement 1.1 in Attachment A

3.2.3 Integration

3a. Describe the Application Programming Interfaces (APIs), Software Development Kits (SDKs) or other tools available for third-parties to extend the functionality offered by the solu-

tion as well as the ability for users or administrators to create and modify forms, menus, rules and reports.

3b. Describe how the solution will have complete integration including integration of process flow and information with such business partners as Navigators, health plans, small businesses, producers, employers, and others.

3c. The solution should apply a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces, and the separation of business rules from core programming, available in both human and machine-readable formats. Indicate how this will be accomplished.

3d. HIX would like to see solutions that have key modules including, but not limited, to premium tax credits administration and cost-sharing assistance administration. It should ensure seamless coordination between Medicaid, CHIP, the Alabama Department of Insurance, and the Exchange, and allow interoperability with health information exchanges, public health agencies, human services programs and community organizations providing outreach and enrollment assistance services. Describe how this will be accomplished.

3e. Describe how the solution will work to avoid duplication of costs, processes, data and effort between state agencies.

3.2.4 Implementation

4a. Include in the response appendix a sample project plan that includes typical project tasks, milestones, estimated timelines, and required resources (indicate if task is typically staffed with Respondent-supplied implementation team, client team, or third party resources). Assume a start date of August 1, 2012; a completion date for online plan management of January 1, 2013; and a target completion date for the Exchange to be operable of October 1, 2013.

4b. The proposed implementation must follow standard industry Systems Development Life Cycle (SDLC) frameworks including the use of iterative and incremental development methodologies as specified by CMS. This includes the following:

- The CMS Enterprise Life Cycle will serve as the core development methodology for integration and project review, providing the required artifacts supporting gateway reviews.
- The development methodology that is most appropriate for each component will be used for the development of individual modules or components of the Exchange as follows:
    - For components involving new development for the Exchange, an agile methodology will be used in order to optimally support:
        - Aggressive deadlines
        - Requirements that are dependent on decisions not yet made, or which might change
    - For components/systems that will be purchased as COTS solutions, the process will be focused on integration and testing. COTS solutions selected by the Ex-

change must conform to national standards including those specified by CMS technical guidance.

Describe how the solution will conform to these standards.

4c. Reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation. Indicate implementation services that are typically included and those that can be purchased on a fee basis.

4d. Describe the recommended technical and end user training/education including documentation, approaches, modules offered, and services that would be offered.

4e. For internal use of the system (including both HIX personnel, contract personnel and Navigators) describe the recommended staffing, technical and end user training/education including documentation, approaches, modules offered, and services that would be offered.

3.2.5 Maintainability

5a. Describe the level of support and maintenance required for the proposed solution. Include a description of the types of services required to keep the solution operational, hours of operation for support, support contact methods, response times, whether support is outsourced, and any other information regarding maintenance.

3.2.6 Financial/Total Cost of Ownership

6a. Provide complete operational and implementation cost details. Specify if the solution must be purchased versus licensing agreements. It is not necessary to provide hardware and networking costs; however, please describe system requirements for hosting the proposed solution. If applicable, this can include cost estimates of hosting via a private cloud.

6b. Provide, to the extent possible, an estimated cost model to purchase, implement, and operate the proposed solution including unit costs based on key variables such as data users, source systems, interfaces, and the pricing scales based on those key variables. Clearly state all assumptions underlying the pricing response.

6c. Alabama is committed to purchasing a solution that is highly configurable and can be all or mostly maintained without ongoing assistance from the vendor community. Explain how knowledge transfer will be accomplished relative to "handing off" the solution by December 31, 2014.

6d. Preference will be given to solutions with lower "ongoing" systems maintenance and licensing costs occurring after December 31, 2014. Please describe how the proposed solution helps minimize ongoing costs.

ATTACHMENT A
Lead Vendor Specification Form
Vendor Qualification Form

Lead Vendor Specification Form

If multiple vendors are teaming in the response, this part of the form must be completed by the vendor that is taking the lead (aka, the prime contractor) in order to establish a single point of contact (POC).

Alabama Transaction (Sales) Privilege Tax License Number:

_____

Federal Employer Identification Number:

_____

E-Mail Address: _____

_____
Company Name

_____
Address

_____
City State Zip

Official point of contact (POC), e.g. for clarifications:

Name: _____

Phone: _____

Fax: _____

_____
Signature of Person Authorized to Sign Response

_____
Printed Name

_____
Title

Vendor Qualification Form

If this is a team response, this form is to be completed by each vendor included. Otherwise, it must be completed by the Respondent. This table may be copied and completed in 10 point font.

Item	Response
1. Vendor Name:	
2. Project Name:	
3. Project Start (MM/YYYY)	
4. Project Finish (MM/YYYY)	
5. Solution Operational Since (MM/YYYY)	
6. Environment where proposed solution was implemented (check one)	
Healthcare HHS Insurance	
Other (specify)	
7. Implemented Functionality (check all applicable)	
a. Plan Certification & Risk Management	
b. Premium & Tax Credit Processing	
c. Eligibility Assessment	
d. Comparison Shopping	
e. Enrollment Processing	
f. Appeals Management	
g. Broker/Navigator Relationship Management	
h. Marketing and Outreach	
i. Customer Service & Account Management	
j. Financial Management & Reporting	
k. Ancillary Components	
8. Implemented Common Business and Technical Support Components (check all applicable)	
a. Information Volumes and Infrastructure Scalability	
Number of Consumers Served (specify)	
Number of Concurrent Users (specify)	
b. Privacy and Security	
c. Business Rules Engine	
d. Workflow Engine	
e. Data Management Enablers	
f. Service Management Enablers	
g. Information Management	
h. Master Person Index	
i. Knowledge Management	
j. Financial Transaction Processing	
k. Business Process Management	
l. Unified Communications	
m. Exchange Portal	
n. B2B Gateway	
9. Project Description:	

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ATTACHMENT B – System Technology and Functional Capability Questionnaire

General Instructions, Attachment B

How to Respond to Questions with Vendor Response Column

A Place an **A** in this column if the required functionality is **Currently Available** in the software release/version upon which you are basing this RFI response.

B Place a **B** in this column if the required functionality is **Available** but **Requires User/Client Configuration**. This column should be used only in a situation where a built-in capability exists to easily configure the functionality without a development effort.

C Place a **C** in this column if the required functionality is **In Development** and will be available to all clients as a part of a standard software release within **six months** of the closure date of the RFI. In this situation, provide the month and year (MM/YY) this release will be available in the Comments Column. If the release date is scheduled later than six months, place an E in this column and see the instructions for that letter.

D Place a **D** in this column if the required functionality would only be available via a **Vendor Modification** and **HIX** would be expected to fully or partially fund the cost.

E Place an **E** in this column if the required functionality is **Not Available** or not feasible to develop into the core product. Also, place an **E** if the required functionality is in development but will not be in general release for at least six months. In this situation, provide the **MM/YY** and release number when this release will be available.

Comments Column

If a narrative response would be helpful in responding to a question within the grid, enter the response or clarification in the **Comments** cell for that particular requirement. For example, the requirement can only be satisfied by using the ad hoc report writer, put **"**via ad hoc report writer**"** in this column.

The **Comments** column can also be used to reference any relevant attachments in the appendix. Identify attachments by the requirement number and letter (if applicable) and, when possible, provide the attachments in electronic form as well as hard copy.

Req. #	Requirement Description	Vendor Response	Vendor Comments
1.	**General System Requirements**		
1.1	Must meet all information technology requirements under federal law, regulations, and guidance, including but not limited to (see Section 3.2.2):		
1.1.1	• Guidance for Exchange and Medicaid Information Technology (IT) System, Version 2.0 http://www.cms.gov/Medicaid-Information-Technology-MIT/Downloads/exchangemedicaiditguidance.pdf		
1.1.2	• HIT Standards Section 1561 of ACA, Eligibility and Enrollment Blueprint-Exchange Business Architecture Supplement draft, Version 0.5, March 10, 2011		
1.1.3	• Collaborative Environment and Life Cycle Governance-Exchange Reference Architecture Supplement Version 0.91, March 16, 2011		
1.1.4	• Exchange Reference Architecture: Foundation Guidance Version 0.99, March 16, 2011		
1.1.5	• Harmonized Security and Privacy Framework Exchange TRA Supplement Version 0.95, March 16, 2011		
1.1.6	• Medicaid and Exchange IT Guidance: Framework for Collaboration with State Grantees, March 16, 2011		
1.1.7	• Enhanced Funding Requirements: Seven Conditions and Standards: Medicaid IT Supplement (MITS11-01-v.1.0), April 2011		
	• IRS Publication 7075 – Tax Information Security Guidelines for Federal, State and Local Agencies		
1.1.8	• NIEM		

1.1.9	• IRS Technical Guidance		
1.1.10	• GFIPM		
1.1.11	• ERA		
1.1.12	• HIPAA		
1.2	Must integrate with existing infrastructure for consumer screening, applications and eligibility determinations for Medicaid, CHIP and potentially the subsidy program, with newly established Navigator and consumer assistance functions in a manner that is seamless and transparent to Alabama citizens.		
1.3	Must include top-level system administration, including the ability to assign subordinate administrators authority to each subsystem.		
1.4	Must include subordinate administration, including the ability to establish user profiles and grant user authority to add, edit, delete and view information maintained in the system; establish subsystem content and requirements (such as questions on an application, checklist items for coverage offerings, etc.), business (processing) rules, application instructions and help text, time limitations (maximum days to process X), decision paths, etc.		
1.5	Data transfer and reporting must satisfy requirements of HHS, CMS, AHIX and ADOI; and is the proposed system flexible to accommodate changes to information needs, but configurable regarding access to information.		

2.	Plan Management		
2.1	Must handle steps for certification of Qualified Health Plan (QHP) approval, including:		
2.1.1	• Applicant registration process, requiring an applicant to designate an application administrator.		
2.1.2	• Application completion, review and submission, including checklists and/or dashboards.		
2.1.3	• Application review through a workflow process with decision-making potentially by various individuals for different parts of an application.		
2.1.4	• Timeframes accounting, with dashboards and notifications to ensure applications are reviewed for administrative completeness and substance within rules established pursuant to the Administrative Procedures Act, Title 41.		
2.1.5	• Automated correspondence (notices of deficiency, automatic application withdrawals, etc.).		
2.1.6	• Application/licensee information maintenance/updates.		
2.1.7	• Public access to QHP information.		
2.2.	Must handle steps for approval of health plan form and rate (coverage) submissions, including:		
2.2.1	• The capability to integrate with the National Association of Insurance Commissioners (NAIC) System for Electronic Rate and Form Filing (SERFF).		
2.2.2	• Allowing for the submission of coverage-offering filings by authorized QHP personnel in a manner that promotes uniformity and comparability of plan information, and that ensures inclusion of consumer protections.		
2.2.3	• In-system ability to communicate about a filing in a secure, confidential manner.		
2.2.4	• Checklists/dashboards to reflect status of filings.		
2.2.5	• Plan re-certification dates for insurers		

2.3	Must monitor QHP provider network offerings, including:		
2.3.1	• A consistent and easy method for QHPs to add, modify or delete providers in system and the ability to promptly update network description.		
2.3.2	• The ability to synthesize enrollment data and provider data to evaluate network adequacy throughout the state.		
2.4	Must monitor clinical quality improvement, outcomes, utilization, etc.		
3.	**Coverage for Alabama Citizens**		
3.1	Must interface with MyAlabama if this is adopted as the front-end for the Exchange.		
3.2	Must include enrollment features such as a registration process for consumer and qualified dependents, including the ability to create and update a user profile through the Internet, over a telephone, using TTY or by other means.		
3.3	Must include online, real-time assistance by Internet chat session, by telephone, by TTY and possibly by other means.		
3.4	Must have English and Spanish versions.		
3.5	Must have simple to locate and use resources for individuals with disabilities.		
3.6	Must include automatic direction of consumer to appropriate resources and product options based on information provided.		
3.7	Must make it easy to understand and compare product options.		
3.8	Must handle transition of coverage inside Exchange (e.g., from one QHP to another or from commercial to non-commercial coverage, including when family members have different kinds of coverage).		
3.9	Must handle termination of coverage (e.g., when someone		

	leaves the Exchange for the traditional insurance market, including communication with employers outside of the Exchange regarding their employee's eligibility for Exchange coverage).		
3.10	Information about the Exchange should be readily accessible on website to consumers who want to learn more before enrolling.		
3.11	Notification to IRS and HHS of individuals qualifying for advanced tax credits and cost sharing reductions through a web service.		
4.	**Render Assistance to Citizens of Alabama**		
4.1	Must provide call center functions – providing a call center with 24x7 contact and support, including:		
4.1.1	• Educating consumers on their rights and responsibilities with respect to group health plans and health insurance coverage,		
4.1.2	• Assisting consumers with enrollment in a group health plan or health insurance coverage by providing information, referral and assistance,		
4.1.3	• Resolving problems for consumers through direct contact with insurers,		
4.1.4	• Assisting consumers with filing of complaints and appeals where needed,		
4.1.5	• Coordination of referrals to regulatory agencies,		
4.1.6	• Collecting, tracking, reporting and reviewing problems and questions encountered by consumers.		
4.1.7	• Determining when to make a "warm hand-off" to Medicaid and CHIP call center personnel and facilitation of this hand-off		
4.1.8	• Plan renewal/eligibility redetermination dates for consumers		

4.1.9	• Information about where person in the eligibility determination process for applications requiring manual review		
4.2	Must provide web portal functions, including but not limited to:		
4.2.1	• Providing an electronic premium tax credit and cost-sharing reduction calculator that allows individuals to view an estimated cost of their coverage once premium tax credits have been applied to their premium and the impact of cost-sharing reductions, if applicable.		
4.2.2	• Providing plan comparison information.		
4.3	Must provide appeals and grievance processes, including:		
4.3.1	• Eligibility appeals		
4.3.2	• Employer liability appeals		
4.3.3	• Carrier benefit coverage appeals and grievances		
4.3.4	• Provider grievances		
4.4	Must have capabilities to assist with the conduct of outreach to educate consumers on their rights and responsibilities with respect to group health plans and general health insurance coverage.		
4.5	Must have capabilities to provide assistance with calculation of premium tax credits for small businesses under section 36B of the Internal Revenue Code of 1986 (as added by the ACA).		
4.6	Must incorporate the requirements of the Navigator program including allowing Navigators necessary access, tracking		

	Navigator activities, and tracking Navigator qualifications.		
4.7	Must include easy access to applications and notices to facilitate program operations and communications with enrollees.		
4.8	Must perform individual responsibility determinations (process to receive and adjudicate requests from individuals for financial or religious exemptions from the individual responsibility requirements of the ACA). This should include functionality to allow citizens to "self attest" to the reason an exemption is sought.		
5.	**Render Assistance to Small Businesses in Alabama**		
5.1	Must provide small businesses with the opportunity to compare and enroll in plans		
5.2	Must provide real-time verification of size of businesses seeking to purchase plans through commercial and/or public sector databases		
5.3	Must verify application (employer & employee)		
5.4	Must assure employer choice requirements by allowing employers to:		
5.4.1	• Select one insurer and let qualified employees select from Platinum, Gold, Silver or Bronze plan		
5.4.2	• Select one plan level (e.g. Silver) and let qualified employees select from all SHOP insurers offering plans at that level		
5.4.3	• Select one plan (e.g. Silver) from one insurer and let qualified employees enroll (e.g. XYZ Insurance)		
5.5	Must support premium aggregation, i.e., HIX must submit one monthly employer bill, collect premium and pay the ap-		

	propriate QHP Issuer		
5.6	Must determine eligibility for small business tax credit and provide notice to IRS for tax credits through a web service		
5.7	Must provide the ability of small businesses to shop for plans based on experience, rating, enrollment, and renewals to support:		
5.7.1	• Employer Plan Selection		
5.7.2	• Employee Plan Selection		
5.7.3	• Account Installation & Fulfillment		
5.7.4	• Account Maintenance		
5.7.5	• Employer Renewals		
5.8	Must provide billing, collection and reconciliation capabilities, including:		
5.8.1	• Employer account set up		
5.8.2	• Invoice generation		
5.8.3	• Payment remittance & receipt		
5.8.4	• Premium reconciliation		
5.8.5	• Collections		
5.8.6	• Account Maintenance		
6.	**Data Reporting**		
6.1	Must have data warehousing capabilities.		
6.2	Must track plan performance metrics.		
6.3	Must have quality rating and transparency reporting capabili-		

	ties.		
7.	**Financial**		
7.1	Must include capabilities for financial management functions, such as tracking Exchange costs and program funding, transitional reinsurance, risk adjustment payments, and other features to ensure the financial integrity of the Exchange.		
7.2	Must include the capability to collect plan data and run risk adjustment.		
7.3	Premium aggregation and de-aggregation for SHOP consumers		
7.4	Payment to insurers offering products through the SHOP Exchange including billing, collection and reconciliation functions		