

RESPONSE INSTRUCTIONS

Department of Insurance and Financial Services

Health Insurance Exchange Platform and Customer Service Center Request for Information No. 230000000015

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This is a Request for Information (RFI) for:

Michigan is requesting information about an integrated online health insurance exchange platform and associated customer assistance center. This request is being issued in anticipation of a State-Based Exchange utilizing the federal platform effective November 1, 2024 followed by a transition to a fully State-Based Exchange (SBE) effective November 1, 2025.

RFI Timeline

Event	Time	Date
RFI issue date	N/A	Wednesday, February 1, 2023
Deadline for vendors to submit questions about this RFI	3:00 p.m. Eastern	Wednesday, February 8, 2023
Anticipated date the State will post answers to vendor questions on www.michigan.gov/SIGMAVSS	3:00 p.m. Eastern	Wednesday, February 15, 2023
Deadline to submit response*	3:00 p.m. Eastern	Wednesday, February 22, 2023

***A vendor's response received at 3:00:01 p.m. Eastern is late and subject to disqualification.**

This RFI is subject to change. Check www.michigan.gov/SIGMAVSS for current information.

1. **CONTACT INFORMATION FOR THE STATE.** The sole point of contact for the State concerning this RFI is listed on the Cover Page. Contacting any other State personnel, agent, consultant, or representative about this RFI may result in vendor disqualification.
2. **MODIFICATIONS.** The State may modify this RFI at any time. Modifications will be posted on www.michigan.gov/SIGMAVSS. This is the only method by which the RFI may be modified.
3. **QUESTIONS.** Vendor questions about this RFI must be emailed to the Solicitation Manager no later than the time and date specified on the Cover Page. In the interest of transparency, only written questions are accepted. Answers to questions will be posted on www.michigan.gov/SIGMAVSS. Submit questions using the format below; a Microsoft Excel format or similar is suggested.

Q #	Document and Section	Page #	Question

4. DELIVERY OF RESPONSE.

Electronic – The vendor must submit its response, all attachments, and any modifications or withdrawals electronically through www.michigan.gov/SIGMAVSS. The price response should be saved separately from all other response documents. The vendor should submit all documents in a modifiable (native) format (examples include but are not limited to Microsoft Word or Excel and Google Docs or Sheets). In addition to submitting documents in a modifiable format, the vendor may also submit copies of documents in PDF. Attachment file size is limited to 6 MB per document. Vendor’s failure to submit a response as required may result in disqualification. The response and attachments must be fully uploaded and submitted prior to the response deadline. **Do not wait until the last minute to submit a response**, as the SIGMA VSS system requires the creation of an account and entry of certain information, in addition to uploading and submitting the materials. The SIGMA VSS system **will not** allow a response to be submitted after the response deadline identified in the solicitation Closing On/Closing Date fields (Summary view/Detail view), even if a portion of the response has been uploaded.

Questions on how to submit information or how to navigate in the SIGMA VSS system can be answered by calling **(517) 284-0540 or (888) 734-9749**. The Solicitation Manager will not provide assistance related to the submittal of the response and all attachments on the day of the response deadline. Responsibility for a complete submission lies with the vendor.

Note that all documents and information submitted in any manner as part of a response will become public record immediately upon receipt by the State.

5. **ORAL PRESENTATION.** The State reserves the right to invite some vendors for oral presentations.
6. **GENERAL CONDITIONS.** The State will not be liable for any costs, expenses, or damages incurred by a vendor participating in this RFI. This RFI is not an offer to enter into a contract.

The vendor understands that their response will become public record immediately upon receipt by the State. Other than verified trade secrets, responses submitted via www.michigan.gov/SIGMAVSS are the State's property.

- 7. CONFIDENTIAL TREATMENT FORM AND THE FREEDOM OF INFORMATION ACT.** As a public record, all portions of the vendor's response is subject to disclosure as required under Michigan's Freedom of Information Act (FOIA), MCL 15.231, et seq. However, the State may exempt some information from disclosure as permitted by law. Under MCL 18.1261(13)(b), records containing "a trade secret as defined under section 2 of the uniform trade secrets act, 1998 PA 448, MCL 445.1902," are exempt from disclosure under FOIA. In addition, "financial or proprietary information" submitted with a vendor's response is exempt from disclosure under FOIA. **A vendor's failure to comply with this Section is grounds for rejecting a vendor's response as non-responsive.** As a part of its response, each vendor must follow the procedure below.
- a. SUBMIT A COMPLETED "CONFIDENTIAL TREATMENT FORM" (CT FORM) WITH YOUR BID.** Completion and submission of the CT Form is required regardless of whether the vendor seeks confidential treatment of information. **Failure to submit a completed CT Form may be cause for disqualification from the solicitation process. If a vendor fails to properly complete and submit the CT Form or otherwise fails to follow CT Form instructions, the response may be publicly disclosed in its entirety without redaction after an award recommendation.**
 - i. Complete and sign Section 1 of the CT Form if the vendor does NOT request confidential treatment of information contained in its response; or
 - ii. Complete and sign Section 2 of the CT Form if the vendor requests confidential treatment of certain information. **Vendor must also submit a "Public Copy" of the response with the trade secret, financial, and proprietary information redacted and clearly labeled as the "Public Copy."**
 - iii. **Failure to complete and sign a CT Form may result in disqualification of the vendor. If a vendor fails to properly complete and submit the CT Form or otherwise fails to follow the CT Form instructions, the response, in its entirety, will be treated as a "Public Copy" and may be publicly disclosed by the State without redaction after vendors have been notified of an award recommendation.**
 - b. FOIA REQUESTS.** If a FOIA request is made for a vendor's response, the Public Copy may be distributed to the public along with the vendor's CT Form. The CT Form is a public document and serves as an explanation for the redactions to the Public Copy. Do not put any trade secret, financial, or proprietary information in the CT Form. Do not redact the CT Form itself.
 - c. NO ADVICE.** The State will not advise a vendor as to the nature or content of documents entitled to protection from disclosure under FOIA or other laws, as to the interpretation of such laws, or as to the definition of trade secret or financial or proprietary information. Nothing contained in this provision will modify or amend requirements and obligations imposed on the State by FOIA or other applicable law.

- d. **FAILURE TO REQUEST CONFIDENTIAL TREATMENT.** Failure to request material be treated as confidential as specified herein relieves the State, its agencies, and personnel from any responsibility for maintaining material in confidence.
- e. Bids containing a request to maintain an entire response as confidential may be rejected as non-responsive. Vendors may not request confidential treatment with respect to resumes, pricing, and marketing materials. The State reserves the right to determine whether material designated as exempt by a vendor falls under MCL 18.1261 or other applicable FOIA exemptions. If a FOIA request is made for materials that the vendor has identified as trade secret, financial, or proprietary information, the State has the final authority to determine whether the materials are exempt from disclosure under FOIA.
- f. Vendor forever releases the State, its departments, subdivisions, officers, and employees from all claims, rights, actions, demands, damages, liabilities, expenses and fees, which arise out of or relate to the disclosure of all or a portion of vendor's response submitted under this RFI. Vendor must defend, indemnify and hold the State, its departments, subdivisions, officers, and employees harmless, without limitation, from and against all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to any FOIA request, including potential litigation and appeals, related to the portion of vendor's response submitted under this RFI that vendor has identified as a trade secret, or financial or proprietary information. The State will notify vendor in writing if indemnification is sought. The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense, or any portion thereof, if the State deems necessary. Vendor will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. If a State employee, official, or law is involved or challenged, the State may control the defense of that portion of the claim. Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

CONFIDENTIAL TREATMENT FORM

INSTRUCTIONS. Vendor must complete **either** *Section 1* or *Section 2* of this CT Form and sign where indicated. **Do not complete both sections.** This CT Form must be signed by the individual who signed the vendor’s response. A completed CT Form must be submitted with your response, regardless of whether your response contains confidential information.

Failure to submit a completed CT Form with your bid is grounds for rejecting the response as non-responsive. If a vendor fails to properly complete and submit the CT Form or otherwise fails to follow CT Form Instructions, the response, in its entirety, will be treated as a “Public Copy” and may be publicly disclosed by the State without redaction after vendors have been notified of an award recommendation. See the Confidential Treatment Form and The Freedom of Information Act (FOIA) sections of the Response Instructions for additional information.

Section 1. CONFIDENTIAL TREATMENT IS NOT REQUESTED

This section must be completed, signed, and submitted with the response if the vendor does **not** request confidential treatment of any material contained in the response. If this section is completed, **do not** complete *Section 2. CONFIDENTIAL TREATMENT IS REQUESTED.*

By signing below, the vendor affirms that confidential treatment of material contained in their response is not requested.

RFI Number _____ RFI Title _____

Signature _____ Date _____

Printed Name, Title, Company _____

Section 2. CONFIDENTIAL TREATMENT IS REQUESTED

This section must be completed, signed, and submitted with the response if vendor requests confidential treatment of any material contained in the response. Submission of a completed CT Form is required to request confidential treatment. If this section is completed, **do not** complete *Section 1. CONFIDENTIAL TREATMENT IS NOT REQUESTED*.

Provide the information in the table below. Vendor may add rows or additional pages using the same format shown in the table. Vendor must specifically identify the information to be protected as confidential and state the reasons why protection is necessary.

The CT Form will not be considered fully complete unless, for each confidentiality request, the vendor: (1) identifies the Response Page #, Section #, and Paragraph #, (2) identifies whether the material is a Trade Secret (TS), Proprietary Financial Information (FI), or Proprietary Information (PI), and (3) explains the specific legal grounds that support treatment of the material as TS, FI, or PI. Vendors must provide a complete justification as to how the material falls within the scope of an applicable FOIA exemption or relevant case law. Vendors must not simply cite to an applicable exemption or case name. Vendors must also provide the contact information for the person at their organization authorized to respond to inquiries by the State concerning the material.

Vendor must also submit a “Public Copy” of the response with the trade secret, financial, and proprietary information redacted and clearly labeled as the “Public Copy”.

(1) Response Page #, Section #, Paragraph #	(2) Material is Trade Secret (TS), Proprietary Financial Information (FI), Proprietary Information (PI)	(3) Applicable FOIA Exemption with Written Justification	(4) Vendor Contact Information

By signing below, the vendor affirms that confidential treatment of material contained in their response is requested and has attached to this form a redacted “Public Copy” of the vendor’s response.

RFI Number _____ RFI Title _____

Signature _____ Date _____

Printed Name, Title, Company _____

REQUEST FOR INFORMATION

State-Based Exchange Platform and Customer Service Center

This Request for Information (RFI) includes 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 Exchange (SBE). 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 SBEs. 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.

The information gathered may be used to assist the State in developing program strategy and possibly developing an RFP.

Constraints – The preferred solution would minimize the risk of disruption to Michigan’s Medicaid administering agency, the Michigan Department of Health and Human Services (MDHHS), which currently services 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 MDHHS system, and it would interface with the MDHHS system in the same manner as its current configuration with 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.

1. Program Overview

The State of Michigan is seeking this information in anticipation of legislation authorizing an SBE. We anticipate a phased-in process of utilizing the federal platform in year one and then transitioning to a full SBE in year two.

2. Requirements

Part One: Health Insurance Exchange Platform

Information requested and responded to should be separated into sections and 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 State is ultimately seeking an integrated exchange platform, modular solutions for core SBE 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 in achieving the stated goal of establishing and operating an online SBE.

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 exchange, 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 exchange, or similar model.
- B. Describe any enhanced or innovative plan comparison features, such as prescription drug or provider and network 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 exchange, or similar model.
- B. Describe flexibility/configurability for accommodating changes to open enrollment periods.
- C. Describe features that allow agents or in-person assisters to assist an individual with the application and enrollment process.
- D. Describe tools that allow agents or 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 exchange, 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 exchange, or similar model.
- B. Describe supported schema(s) for plan data (i.e. SERFF 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 exchange, 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 exchange, 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 exchange, or similar model.
- B. Demonstrate utilization of existing electronic interface to the state Medicaid agency in at least one other state-based health insurance exchange, 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 exchange, 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 exchange.

- 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 exchange, 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 exchanges 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: Customer Service Call 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 exchange, 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 exchange, 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 exchange.

Section 4: Cost Breakdown

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

- A. Describe which state-based exchanges 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:

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 State to enter into a contract with any respondent(s) or to make any procurement. The State 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), Invitation to Negotiate (ITN), Competitive Proof of Concept (CPC), Direct Solicitation (DS), or take no action at all, as a result of the information gathered. The State 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.