State of Nebraska

REQUEST FOR INFORMATION FORM

RETURN TO:
Department of Insurance
941 O St, Suite 400
Lincoln, NE 68508
Phone: (402) 471-2201
Fax: (402) 471-6559

SOLICITATION NUMBER	RELEASE DATE
RFI 12--001Z1	March 02, 2012
OPENING DATE AND TIME	PROCUREMENT CONTACT
May 03, 2012 2:00 p.m. Central Time	Martin Swanson

This form is part of the specification package and must be signed and returned, along with information documents, by the opening date and time specified.

PLEASE READ CAREFULLY!

SCOPE OF SERVICE

The State of Nebraska, Department of Insurance, is issuing this Request for Information, RFI 12-001Z1 for the purpose of gathering information to perform a cost analysis of currently available third-party IT platforms, and/or turn-key solutions, components and services related to the Health Insurance Exchange Planning process.

Written questions are due no later than April 05, 2012, and should be submitted via e-mail to: Doi.ExchangeITRFI@nebraska.gov. Written questions may also be sent by facsimile to (402) 471-6559.

Sealed information must be received in the Department of Insurance on or before May 3, 2012, 2:00 p.m. Central Time, at which time information will be publicly opened.

Bidder should submit one (1) original and two (2) copies of the entire RFI response. RFI responses must be submitted by the information due date and time. In addition, the bidder must submit 1 copy of the RFI response on CD in portable document format (PDF).

RFI RESPONSE MUST MEET THE FOLLOWING REQUIREMENTS TO BE CONSIDERED VALID.
RFI RESPONSE WILL BE REJECTED IF NOT IN COMPLIANCE WITH THESE REQUIREMENTS.

1. Sealed RFI response must be received by the date and time of RFI opening indicated above. No late information will be accepted. No voice or telephone information will be accepted.
2. RFI response must meet all specifications of the RFI.
3. This form “REQUEST FOR INFORMATION” must be manually signed, in ink, and returned by the information opening date and time along with your information and any other requirements as specified in the RFI.
4. It is understood by the parties that in the State of Nebraska’s opinion, any limitation on the contractor’s liability is unconstitutional under the Nebraska State Constitution, Article XIII, Section 3, and that any limitation of liability shall not be binding on the State of Nebraska despite inclusion of such language in documents supplied with the contractor’s bid or in the final contract.

BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request For Information form, the bidder guarantees compliance with the provisions stated in this Request for Information.

FIRM: ______________________________

COMPLETE ADDRESS: ______________________________

TELEPHONE NUMBER: ____________________ FAX NUMBER: ____________________

SIGNATURE: ____________________ DATE: ____________________

TYPED NAME & TITLE OF SIGNER: ______________________________

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I. SCOPE OF THE REQUEST FOR INFORMATION

The State of Nebraska, Department of Insurance, is issuing this Request for Information, RFI 12--001Z1 for the purpose of gathering information to perform a cost analysis regarding available third-party IT platforms and/or turn-key solutions, components and services related to the Health Insurance Exchange Planning process.

ALL INFORMATION PERTINENT TO THIS REQUEST FOR INFORMATION CAN BE FOUND ON THE INTERNET AT: http://www.das.state.ne.us/materiel/purchasing/rfp.htm and/or http://www.doi.ne.gov.

A. SCHEDULE OF EVENTS

The State expects to adhere to the tentative procurement schedule shown below. It should be noted, however, that some dates are approximate and subject to change.

ACTIVITY		DATE/TIME
1	Release Request for Information	March 02, 2012
2	Last day to submit written questions	April 05, 2012
3	State responds to written questions through Request for Information "Addendum" and/or "Amendment" to be posted to the internet at: http://www.das.state.ne.us/materiel/purchasing/rfp.htm and/or http://www.doi.ne.gov	April 19, 2012
4	RFI Opening Location: Department of Insurance 941 O Street, Suite 400 Lincoln, NE 68508	May 03 , 2012 2:00 pm Central Time
5	Conduct oral interviews/presentations and/or demonstrations (if required)	June 04, 2012

II. RFI RESPONSE PROCEDURES

A. OFFICE AND CONTACT PERSON

Responsibilities related to this RFI reside with the Department of Insurance. The point of contact for the procurement is as follows:

Name: Martin Swanson Assistant Project Director and Counsel for the Exchange Planning Division
Agency: Department of Insurance
Address: 941 O Street, Suite 400
Lincoln, NE 68508

OR

Address: PO Box 82089
Lincoln, NE 68501-2089
Telephone: (402) 471-2201
Facsimile: (402) 471-6559
E-Mail: Doi.ExchangeITRFI@nebraska.gov

B. GENERAL INFORMATION

A subsequent Request for Proposal (RFP) may not be issued as a result of this RFI. There will not be a contract as a result of this RFI and the State is not liable for any cost incurred by vendors in replying to this RFI. If an RFP is issued, the information provided will assist the State of Nebraska in developing the RFP. This RFI does not obligate the State to reply to the RFI responses, to issue an RFP, or to include any RFI provisions or responses provided by vendors in any RFP.

C. COMMUNICATION WITH STATE STAFF

From the date the RFI is issued and until RFI opening (as shown in the Schedule of Events), contact regarding this RFI between potential vendors and individuals employed by the State is restricted to written communication with the staff designated above as the point of contact for this RFI.

The following exceptions to these restrictions are permitted:

1. Written communication with the person(s) designated as the point(s) of contact for this RFI;
2. Contacts made pursuant to any pre-existing contracts or obligations; and
3. State-requested presentations, key personnel interviews, clarification sessions or discussions.

Violations of these conditions may be considered sufficient cause to reject a vendor's response to the RFI. No individual member of the State, employee of the State, or member of the Interview Committee is empowered to make binding statements regarding this RFI. The State of Nebraska will issue any clarifications or opinions regarding this RFI in writing.

D. WRITTEN QUESTIONS AND ANSWERS

Any explanation desired by a vendor regarding the meaning or interpretation of any RFI provision must be submitted in writing to the Department of Insurance and clearly marked "RFI Number ; 12--001Z1RFI IT Questions". It is preferred that questions be sent via e-mail to Doi.ExchangeITRFI@nebraska.gov. Questions may also be sent by facsimile to 402-471-

6559, but must include a cover sheet clearly indicating that the transmission is to the attention of Martin Swanson, showing the total number of pages transmitted, and clearly marked "RFI Number ;12-001Z1RFI IT Questions".

Written answers will be provided through an addendum to be posted on the Internet at http://www.das.state.ne.us/materiel/purchasing/rfp.htm and/or http://www.doi.ne.gov on or before the date shown in the Schedule of Events.

E. ORAL INTERVIEWS/PRESENTATIONS AND/OR DEMONSTRATIONS

The Review Committee(s) may conclude that oral interviews/presentations and/or demonstrations are required. All vendors will have an opportunity to interview/present and/or give demonstrations. The presentation process will allow the vendors to demonstrate their RFI offering, explaining and/or clarifying any unusual or significant elements related to their response.

Any cost incidental to the oral interviews/presentations and/or demonstrations shall be borne entirely by the vendor and will not be compensated by the State.

F. SUBMISSION OF RESPONSE

The following describes the requirements related to the RFI submission, handling and review by the State.

To facilitate the response review process, one (1) original, clearly identified as such, and two (2) copies of the entire RFI response should be submitted. The copy marked "original" shall take precedence over any other copies, should there be a discrepancy. RFI responses must be submitted by the RFI due date and time. In addition, the bidder must submit 1 copy of the RFI response on CD in portable document format (PDF).

A separate sheet must be provided that clearly states which sections have been submitted as proprietary or have copyrighted materials. RFI responses must reference the request for information number and be sent to the specified address. Container(s) utilized for original documents should be clearly marked "ORIGINAL DOCUMENTS". Please note that the address label should appear as specified on the face of each container. Rejected late responses will be returned to the vendor unopened, if requested, at vendor's expense. If a recipient phone number is required for delivery purposes; 402-471-2201 should be used. The RFI number must be included in all correspondence.

G. PROPRIETARY INFORMATION

Data contained in the response and all documentation provided therein, become the property of the State of Nebraska and the data becomes public information upon opening the response. If the vendor wishes to have any information withheld from the public, such information must fall within the definition of proprietary information contained within Nebraska's public record statutes. All proprietary information the vendor wishes the state to withhold must be submitted in a sealed package, which is separate from the remainder of the response. The separate package must be clearly marked PROPRIETARY on the outside of the package. Vendor may not mark their entire Request for Information as proprietary. Failure of the vendor to follow the instructions for submitting proprietary and copyrighted information may result in the information being viewed by other vendors and the public. Proprietary information is defined as trade secrets, academic and scientific research work which is in progress and unpublished, and other information which if released would give advantage to business competitors and serve no public purpose (see Neb. Rev. Stat. §84-712.05(3)). In accordance with Attorney General Opinions 92068 and 97033, vendors submitting information as proprietary may be required to prove specific, named competitor(s) who would be advantaged by release of the information and the specific advantage the competitor(s) would receive. Although every effort will be made to withhold information that is properly submitted as proprietary and meets the State's definition of proprietary information, the State is under no obligation to maintain the confidentiality of proprietary information and accepts no liability for the release of such information.

H. REQUEST FOR INFORMATION OPENING

The sealed responses will be publicly opened and the responding entities announced on the date, time and location shown in the Schedule of Events. Responses will be available for viewing by those present after the opening.

I. LATE REQUEST FOR INFORMATION RESPONSES

RFI responses received after the time and date of the RFI opening will be considered late responses. Rejected late responses will be returned to the vendor unopened, if requested, at vendor's expense. The State is not responsible for responses that are late or lost due to mail service inadequacies, traffic or any other reason(s).

III. PROJECT DESCRIPTION AND SCOPE OF WORK

The State of Nebraska, Department of Insurance, is issuing this Request for Information, RFI 12-001Z1for the purpose of gathering information to perform a cost analysis of available third-party Information Technology (IT) platforms, components and services related to the Health Insurance Exchange Planning process.

A. PROJECT ENVIRONMENT

In March 2010, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 was signed into law. The two laws are collectively referred to as the Affordable Care Act ("ACA").

The ACA provides grant funding to assist states in planning, development, and implementation of parts of the ACA. The ACA requires the creation of a Health Insurance Exchange (“Exchange”) in each state, either by the state or by the federal government, and would perform a variety of functions, including offering residents of each state the means to compare information on available health benefit plans, enroll in plans, and receive subsidies if eligible. In addition, the Exchange (or an entity on behalf of the Exchange) will certify “qualified health plans” to be offered on the Exchange, rate those plans based on quality, maintain a website and toll-free number, provide a calculator for consumers to determine the amount of their premium after subsidies have been calculated, coordinate with the Medicaid Division regarding eligibility and enrollment into Medicaid and the Children's Health Insurance Program, identify individuals exempt from the federal insurance mandate, require participating plans to justify rate increases, and contract for Navigators to provide public education and facilitate enrollment. Either as part of the Exchange for individuals or as a separate Exchange, small businesses will have the opportunity to assist their employees in enrolling in health plans offered on the Exchange. Exchanges must be effectually operational by October 1, 2013.

B. PURPOSE

On behalf of the Nebraska Department of Insurance (“NDOI”), responses are sought regarding available third-party Information Technology (IT) platforms, components and services with the necessary degree of interoperability between IT components in the federal and state entities that work together to provide health insurance coverage through the Exchange, Medicaid or Children’s Health Insurance Program (CHIP) programs as part of the Health Insurance Exchange Planning process in Nebraska.

This Request for Information (RFI) addresses the goal of the State in acquiring functional and compliant IT systems that is simple and seamless in identifying people who qualify for tax credits, cost-sharing reductions, Medicaid, and CHIP.

Requirements and standards are presented below in this RFI to inform vendors of the type of capabilities a proposed framework should be able to achieve. The purpose of this RFI is to identify viable available solutions and provide NDOI with estimated pricing, requirements, and ideas that best fit the state of Nebraska.

Responses to this RFI will be carefully reviewed and a more detailed Request for Proposals in the future, may be prepared based on the feedback received. The RFP, if issued, will be sent to selected, qualified vendors as well as posted on the Department website. As part of the qualifying process, vendors may be asked to provide a demonstration of their proposed IT platforms or turn-key solutions based on the criteria listed in this RFI.

C. SCOPE OF WORK

Responses should address the following as they relate to the proposed development of a Health Insurance Exchange solution:

1. General Technical Requirements
   a. Provide an executive summary containing an overview of previous experience with Health Insurance Exchange or similar technology, all major points detailed in the RFI and an explanation of how the proposed solution's strategy addresses the key principles described.
   b. Describe and/or provide a visual representation of how your system will meet the various workflows and how each component of your proposed solution is utilized throughout the workflow. Also, to the extent possible, please describe the differences in workflow between the state vs. regional processes.
   c. Discuss the nature of your solution from an intellectual property perspective. Do you retain all rights to all source code and enhancements? Please discuss how your source code is maintained and secured.
   d. Describe the hardware, software, operating systems, and database requirements that your proposed solution requires from data user, data provider, and system administrator perspectives.
   e. Define how your solution interfaces to existing source systems. List which data types your solution can handle and which data standard formats you would support. Include how information can be captured as well as disseminated from your solution.
      i. Describe your organization's commitment to and experience with open source solutions and initiatives.
   f. Discuss your abilities to integrate to existing web portals from within the IT platform.
   g. Describe the hardware requirements for a statewide Health Insurance Exchange.
   h. Describe your abilities to be flexible to any laws, rules or regulations that may be issued and/or amended by the federal government and/or state policymakers that may affect various process within the IT platform.

2. Privacy/Security
   a. Indicate how your solution would assist in creating/obtaining the necessary inter-entity agreements needed to share data of this nature (e.g. IRS, Department of Labor).
   b. Describe the level of information available in the solution's audit trail and the process for Health Insurance Exchange utilization and reporting of the audit trail.

3. Standards
   a. Indicate how your solution follows the standard industry Systems Development Life Cycle (SDLC) frameworks including the use of iterative and incremental development methodologies or a demonstratively acceptable alternative.
      i. The design should take advantage of a Web Services Architecture (using XML, SOAP and WSDL or REST) and Service Oriented Architecture approach for design and development leveraging the concepts of a shared pool of configurable computing resources or a demonstratively acceptable alternative.
   b. Describe how your solution ensures the privacy, confidentiality, and security of patient information from technical and functional perspectives. Include in your response details regarding compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA), transaction standards, standards and protocols adopted by the Secretary pursuant to Sections 1104 and 1561 of Affordable Care Act
   c. Describe how your solution addresses program Accessibility provisions of Section 504 of the Rehabilitation Act and Security and Privacy safeguards requirements of Section 6103 of the Internal Revenue Code.

4. Interoperability and Extensibility
    a. Describe any Application Programming Interfaces (API's), Software Development Kits (SDK's) or other tools available for third-parties to extend the functionality offered by your solution as well as the ability for users or administrators to create and modify forms, menus, rules and reports.
    b. Describe how the solution will have complete integration including integration of process flow and information with flow with such business partners as navigator, health plans, small businesses, brokers, employer and others.
        i. 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.
        ii. Solution should have key modules including but not limited to eligibility, enrollment, premium tax credits administration and cost-sharing assistance administration. It should ensure seamless coordination between Medicaid, Chip 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.
        iii. Describe how solution will work to avoid duplication of costs, processes, data and effort between state agencies.

5. Scalability
    a. Describe how the system would be deployable to additional states, if necessary, in a scalable manner and the incremental technical, financial, and operational implications associated with system expansion at both data provider (federated) and administrative (central) levels.

6. Implementation
    a. Attach 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). Please reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation. Please indicate implementation services that are typically included and those that can be purchased on a fee basis.
    b. Describe the recommended technical and end user training/education including documentation, approaches, modules offered, and services that would be offered.
    c. Discuss how the proposed solution will incorporate and compliment existing provider workflows (e.g. NFOCUS, AccessNebraska).
    d. Discuss the number of current employees and your company's capacity to install a statewide Health Insurance Exchange.
    e. Discuss your implementation strategy – ASP, web based, etc.

7. Maintainability
    a. Describe the level of support and maintenance required for your proposed solution. Include in your description 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 that may be valuable to the Nebraska Department of Insurance.

8. Financial / Total Cost of Ownership

   a. Provide, to the extent possible, an estimated cost model to purchase, implement, and operate your 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.
   b. Indicate previous experience, if any, with sustainable funding models associated with your solution.
   c. Describe the anticipated resources and costs required to support the implementation, and operations of your proposed solution to supplement the model you provide in section 8.a. Please differentiate between the data provider, data user, vendor, and system administrator components.
   d. Respondents must clearly state all assumptions underlying your pricing response (i.e., charge basis, charge variances and sensitivities, etc.).

9. Performance, Reliability and Availability
   a. Describe the system performance for the proposed solutions. In addition to the items below, list any requirements and other factors that could influence performance of the system.
      i. Response time for the types of transactions mentioned in the above use cases (average, maximum)
      ii. Capacity (for example, the number of concurrent customers or transactions the system can accommodate)
      iii. Average system response time after user input
      iv. System safeguards that prevent users from severely degrading system performance or “hanging” the system (e.g., searches that return a large number of records)
   b. Discuss the business continuity / disaster recovery that your company has designed around your Health Insurance Exchange solution.

Form A

Vendor Contact Sheet

Request for Information Number 12-001Z1

Form A should be completed and submitted with each response to this solicitation document. This is intended to provide the State with information on the vendor's name and address, and the specific persons who are responsible for preparation of the vendor's response.

Preparation of Response Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

Each vendor shall also designate a specific contact person who will be responsible for responding to the State if any clarifications of the vendor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Vendor Name:	
Vendor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	