

Silver State Health Insurance Exchange

Overview of RFP Process for
Technology Platform and Call Center

September 17, 2024



nevada
health link

Agenda

- Historical Context of State-Based Marketplace Transition
- Review of 2018 RFP Timeline
- Board of Directors Role in 2018 RFP/Transition
- Existing Contract with GetInsured
- Forthcoming RFP Timeline
- Goals/Changes for 2024 RFP
- SSHIX Responses to Questions from Board Members

Historical Context of State-Based Marketplace Transition

- Throughout 2015 and 2016, Bruce Gilbert, former SSHIX Director, laid the preliminary groundwork for the state-based marketplace transition by inviting representatives from potential technology vendors to onsite meetings, some of which included members of SSHIX's Board of Directors. Mr. Gilbert's last day as Director was September 16, 2016.
- Heather Korbolic, Mr. Gilbert's successor, placed the transition project on indefinite hold following the results of the 2016 presidential election, owing to the uncertain future of the Affordable Care Act itself.
- Efforts to "repeal and replace" the ACA in 2017 were unsuccessful, and the transition project began in earnest that fall, beginning with the development of a Request for Information (RFI).

2018 RFP Timeline

- December 2017: RFI issued
- March 2018: RFP issued
- April 13, 2018: RFP response deadline
- May 2018: Evaluation of Vendor Responses
- June 2018: Contract Negotiation
- August 14, 2018: Contract presented to Board of Examiners
- August 2018—August 2019: Design, Development and Implementation (DDI)
 - Included Data Migration from FFE; Onboarding of Insurance Carriers; Plan Certification; Broker/Navigator Onboarding
- August 2019: Soft launch (Carriers review approved plan data)
- October 2019: Hard launch (Plan preview available to enrollment partners and consumers)
- November 1, 2019: Enrollment begins for plans with 1/1/2020 effective date

Board of Directors Role in 2018

RFP/Transition

- Development of the 2018 RFP was driven primarily by information obtained via the December, 2017 RFI, as well as site visits to the Minnesota and Idaho Exchanges during January/February of 2018.
- April 12, 2018 was the first time SSHIX presented an overview of the RFP to its Board of Directors, approx. 5 weeks after the RFP was released.
- The next transition-related update to the Board occurred on July 12, 2018, when the GetInsured contract was presented for the Board's approval.
- Subsequent transition-related updates were provided at most Board Meetings held through September 19, 2019, when the readiness of GetInsured's technology platform for Passive Renewals and the 2019 Open Enrollment Period was confirmed.

Existing Contract with GetInsured

- The initial contract covered the project implementation timeline, as well as website and call center services for Plan Year's 2020—2023, with a contract end date of January 31, 2024.
- In August of 2023, the contract was extended for two additional years, through January 31, 2026.
- GI has never failed to meet minimum Service Levels or incurred performance penalties.
- The need for the forthcoming procurement is driven solely by State regulations which limit the maximum length of vendor contracts.

Forthcoming RFP Timeline (Pt. 1)*

- Early October, 2024: RFP Issued
- October—November 2024: Vendor Response Window (including Q&A)
- November 30th, 2024: Vendor Response Deadline
- December 2024: Evaluation of Vendor Responses
- January 2025: Negotiation of Vendor Contract(s)
[NOTE: in the event that a single vendor is chosen for both Scopes of Work, a single contract will be sufficient; if different vendors are chosen for each Scope of Work, two contracts will be required]
- February 2025: Presentation of Contract(s) to SSHIX Board for approval; Submission of Contract(s) to March BOE meeting agenda
- March 2025: BOE review/approval of Vendor Contract(s)
[NOTE: exact timing of the Contract negotiation/approval is still being worked out with State Purchasing]

*All dates are proposed/tentative as of the 9/17/2024 Board Meeting

Forthcoming RFP Timeline (Pt. 2)*

NOTE: Except as noted, the information on this slide is only applicable in the event of a vendor change.

- April 1, 2025: Proposed start date for Vendor Contract(s)
- April—May 2025: Implementation/Configuration/Testing of Test Environments to support Insurance Carrier On-Boarding; Implementation of Production Environment to facilitate Plan Certification for Plan Year 2026
- June—August 2025: Insurance Carrier On-Boarding; Plan Certification *[also required if Technology Vendor is GetInsured]*
- June—August 2025: Integration of Call Center technology stack with Exchange Platform; Onboarding of Brokers/Navigators
- June—September 2025: User Acceptance Testing and Configuration of Exchange Platform
- July—September 2025: Migration of Consumer Data; Testing of Auto-Renewals Functionality
- October 2025: Public Launch of Exchange Website

*All dates are proposed/tentative as of the 9/17/2024 Board Meeting

Goals/Changes for 2024 RFP

In addition to the baseline requirements included in the 2018 RFP, SSHIX will be adding the following requirements to the 2024 RFP:

- Readiness to support Battle Born State Plans (BBSP's) under the forthcoming Market Stabilization Program
- Readiness to support Medicaid MAGI determinations, in the event that Nevada moves to a "Medicaid Determination" model (more details provided under Board Question #8 on Slide 17)
- Configurable eligibility with respect to existing Lawful Presence requirements, per a forthcoming Bill Draft Request sponsored by Nevada Senator Fabian Doñate (contingent upon CMS' waiving of applicable eligibility requirements)
- Automatic determination of household eligibility following receipt of Medicaid referral
- Performance penalties for non-compliant system behavior, e.g. improper terminations

Questions from Board Members

Question #1:

What vendors will receive the RFP?

Answer:

Vendors who are registered with the State Purchasing Division's NevadaEPro procurement system will receive automatic notification when the RFP is made public. Registration with NevadaEPro is a requirement for vendors who wish to submit a proposal, and all vendor proposals must be submitted electronically through the NevadaEPro portal.

Questions from Board Members

Question #2:

What is the cost of the RFP process?

Answer:

Aside from staff hours invested during the development and evaluation processes, there is no specific cost/fee for Nevada State agencies to release an RFP. However, agencies do pay a small annual assessment to offset the State Purchasing Division's operating costs.

Questions from Board Members

Question #3:

Who evaluates the responses?

Answer:

State procurement regulations require that vendor responses be evaluated by a predetermined evaluation committee, which must be selected before the RFP is released. Similarly, scoring criteria must be determined prior to the RFP's release, and the criteria must be clearly defined in the RFP itself. The principal job of the evaluation committee is to assign a numerical score, based on their analysis of the vendor response, for each of the scoring criteria other than cost. Following individual assignment of scores the committee will then meet collectively to discuss the rationale behind their scores, and committee members will have the opportunity to modify their initial scores following this discussion.

Cost proposals are submitted in a separate document, and the scoring of cost proposals is generally evaluated by the State Purchasing representative assigned to the procurement using an objective formula: $(\text{Highest Proposed Value} - (\text{Proposed Value} - \text{Lowest Proposed Value})) / \text{Highest Proposed Value} \div \text{Criterion Weight} = \text{Cost Score}$. The cost score is added to the technical scores and leads to identifying a top scoring vendor, and/or providing a small selection of vendors for presentation opportunities.

Questions from Board Members

Question #4:

Who (person or persons) makes the final decision?

Answer:

If onsite presentations from multiple high-scoring vendors are not desired, then the final vendor selection is based upon an objective tally of the evaluation committee's scores, combined with the score for the cost proposal. In simple terms, the highest score wins. The winning vendor will then be invited to negotiate a contract, after which we would present the contract to the Board for review and approval, just as we did with the 2018 contract.

However, as with the 2018 RFP, the Exchange intends to reserve the right to request onsite presentations from multiple, high-scoring vendors in the event that the scoring process itself does not identify a single, standout vendor. In such a scenario an additional set of scoring criteria (also defined in the RFP) would be used by the evaluation committee to evaluate the vendor presentations. Attendance at the presentations would be available to agency representatives (including Board members) who do not serve on the evaluation committee, but these additional representatives would be prohibited from influencing the scores assigned by the evaluation committee. Regardless of whether onsite presentations are requested, though, the Board would have the final say in either approving or rejecting the proposed contract.

Questions from Board Members

Question #5:

What involvement will the Board have? (RFP responses, product demos, questions for current/proposed vendor/s, committees etc.)

Answer:

According to the following guidance provided by the State Purchasing Division, there are no statutory prohibitions against Board members being involved in the evaluation/scoring process, however the number of participating Board members would be limited:

In choosing the evaluation committee makeup, you could potentially have up to three Board members serve on the evaluation committee, but not more. The Board has seven voting members, so if the evaluation committee had more than three Board members it would violate open meeting law. Some Board run Agencies (like PEBP) have an exemption in NRS from open meeting law for the purpose of evaluating an RFP, the Exchange does not.

Because the evaluation/contract negotiation process is confidential pursuant to NRS 333.335 and NAC 333.170, the number of participating Board members would need to be less than a quorum.

Questions from Board Members

Question #6:

What other stakeholders are involved in this process and decision-making?

Answer:

Generally speaking, the decision-making process for vendor selection is limited to the RFP evaluation committee. This constraint is mandated by NRS/NAC regulations in order to preserve the integrity of the procurement process and ensure a level playing field for all respondents.

Questions from Board Members

Question #7:

Will there be collaboration and/or input or representation with other healthcare related offices i.e. Medicaid, CHIP, NV DOI, Governor's office, insurance carriers, broker/enrollers, etc.?

Answer:

Primary administrative oversight for the procurement is provided by the State Purchasing Division, which is under the Department of Administration. This oversight ensures that procurements are managed in accordance with the priorities of the Governor's Office and the Executive Branch.

In recent months, SSHIX has met extensively with personnel from DHCFP and DWSS to ensure the continued improvement to the Exchange's integration with Nevada Medicaid, and to ensure readiness for the rollout of Nevada's Market Stabilization Program. This information has directly informed the vendor requirements for the forthcoming RFP.

Lastly, a representative from the DOI was included on the 2018 RFP evaluation committee, and SSHIX is currently working with the DOI's administration to secure staff availability for the upcoming evaluation committee. Given the DOI's overlapping statutory responsibilities with respect to plan certification and plan management, we believe their perspective is essential to the forthcoming procurement.

Questions from Board Members

Question #8:

How will the Medicaid “assessment” vs. “determination” models be addressed in the RFP?

Answer:

At present, Nevada remains compliant with federal regulations under its “Medicaid assessment” model, whereby the Exchange assesses the potential Medicaid eligibility of marketplace applicants and refers positively-assessed households to NV Medicaid for an eligibility determination. However, recent federal guidance suggests that the “Medicaid determination” model—whereby a State Exchange conducts Medicaid MAGI eligibility determinations before referring eligible households to NV Medicaid for enrollment—might become a requirement within the term of the forthcoming technology vendor contract. We will therefore be including “readiness to support Medicaid MAGI determinations” as a scoring criterion and non-negotiable vendor requirement, and respondents will be required to provide a gap analysis defining exactly which changes to their existing product (if any) would be required to facilitate Medicaid eligibility determinations. The size/scope of this gap analysis will impact the evaluation committee’s score for this particular criterion.



Questions and Answers