The Connecticut Health Insurance Exchange

d/b/a Access Health CT

Request for Proposals (RFP)

For Broker Support for Access Health CT Enrollment Centers, Community Enrollment Partner (CEP) Program and Enrollment Events

September 21, 2015

I. Purpose and Background

Since the passage of the Patient Protection and Affordable Care Act (ACA) in March 2010, and Governor Malloy's signing of Public Act 11-53 in July 2011, Connecticut has built a successful State-Based Marketplace through which eligible Connecticut residents and businesses can shop for and enroll in health care coverage. The primary mission of the Connecticut Health Insurance Exchange d/b/a Access Health CT is to increase the number of insured residents in Connecticut, promote health, lower costs and eliminate health disparities. To accomplish this mission, Access Health CT has worked with brokers, among others, to reach uninsured households and assist qualified individuals and employees with both new enrollment and renewal.

Access Health CT has developed a Certified Independent Broker Program to engage brokers who meet specified criteria to assist Connecticut residents in enrolling in health care coverage through Access Health CT's marketplace. During the past two Open Enrollment (OE) periods, Certified Independent Brokers have been available on site at Access Health CT's New Haven and New Britain Enrollment Centers, its Community Enrollment Partner (CEP) locations and at Access Health CT enrollment events throughout the state.

In anticipation of the 2016 OE period (November 1, 2015 through January 31, 2016), Access Health CT seeks to formalize Certified Independent Broker involvement at these sites and events. Brokers selected through this RFP process will be assigned to one of the two Access Health CT Enrollment Centers or one of the five planned CEP sites for a minimum of 20 hours per week during OE. Selected brokers may also provide broker support at Access Health CT enrollment events (the "Enrollment Events").

II. Enrollment Centers and CEP Sites

Our Enrollment Center hours of operation are expected to be Monday – Friday 9 a.m. to 5 p.m. and Saturdays from 9 a.m.to 1p.m. and locations are:

ENROLLMENT CENTERS	
New Britain	Access Health CT Enrollment Center 200 Main Street New Britain, CT 06051
New Haven	Access Health CT Enrollment Center 55 Church Street New Haven, CT 06510

Our anticipated CEP sites for OE 2016 are set forth below. Hours of operation are to be determined.

(PLANNED) CEP SITES	
Danbury	Women's Center of Greater Danbury 2 West Street Danbury, CT 06810
East Hartford	Raymond Main Library 840 Main Street East Hartford, CT 06108
Norwich	United Community and Family Services, Inc. 47 Town Street Norwich, CT 06360
Stamford	Ferguson Library One Public Library Plaza Stamford, CT 06904
Waterbury	Waterbury Opportunities Industrialization Center 77-79 Bishop Street Waterbury, CT 06704

III. Broker Participation Guidelines and Requirements

Each broker selected must adhere to the broker guidelines and requirements set forth below (as may be amended, the "Broker Requirements"). The Broker Requirements will be incorporated into an agreement that each selected broker will be asked to enter into and are subject to change at Access Health CT's sole discretion. Access Health CT will monitor and adjust the Broker Requirements based upon Access Health CT's customer service and operational needs in its sole discretion. If the broker fails to meet the Broker Requirements, Access Health CT, in its sole discretion, may require the broker to take remedial measures or terminate its agreement with the broker.

Broker Requirements:

1. Each broker must be an Access Health CT Certified Independent Broker (i.e., possess a producer license in good standing with the Connecticut Insurance Department, be appointed with all insurance carriers offering plans on Access Health CT's marketplace, etc.) and successfully complete Access Health CT recertification for the 2016 OE season.

2. Each selected broker will be required to provide broker support to Access Health CT's customers on site at one of Access Health CT's Enrollment Centers or CEP sites, as assigned by Access Health CT, for a **minimum of 20 hours per week** during OE – November 1, 2015 through January 31, 2016. Access Health CT will issue a bi-weekly schedule assigning locations and times that each selected broker will be required to provide coverage. Access Health CT site managers will keep a broker attendance log.

3. Brokers must provide broker support at Enrollment Events as assigned by Access Health CT.

4. A customer will begin the enrollment process with an Access Health CT enrollment specialist. If the customer is determined to be eligible for a qualified health plan (QHP) and needs assistance selecting a plan, the customer will be referred to an on-site broker. Brokers will not be permitted to solicit clients for enrollment at the Enrollment Center or CEP site.

5. Brokers shall meet an 85% sales lead completion rate for all customers referred for QHP enrollment from an Access Health CT enrollment specialist on site. Brokers will be required to report sales completion rates weekly on an Excel spreadsheet to their Access Health CT's Individual Sales and Training Manager.

6. Brokers shall conduct themselves professionally while on site and shall defer to the Access Health CT site manager with respect to all activities taking place at the site, including broker activities. Any broker that refuses to do so, will be released from on-site service and will not be scheduled for further hours.

7. Brokers shall maintain a consumer satisfaction rating of 90% or better on an Access Health CT-approved customer satisfaction survey.

8. Brokers shall abide by all Access Health CT broker policies, guidelines and requirements, including Access Health CT's Compliance and Disciplinary Policy for Certified Independent Brokers. Brokers shall execute State Nondiscrimination Form A, attached hereto, and any other State ethics or nondiscrimination forms that may be deemed to be required.

9. Brokers shall submit to periodic assessments by Access Health CT to ensure Broker Requirements and standards are being met.

Brokers may be entitled to commissions from insurance carriers offering qualified health plans on the Access Health CT's marketplace (each an "Issuer") based upon the broker's agreements or arrangements with the Issuers. The broker shall not receive any monetary compensation from Access Health CT and Access Health CT shall not have any responsibility for the payment of commissions to the broker. Access Health CT shall not have any responsibility or obligation in determining the ownership of a client relationship and any such determination shall be governed by the agreements that may exist between the broker and his or her agency, if any.

IV. Questionnaire

Q1. Name of Broker and Contact Information (including telephone, email and mailing address)
A1.
Q2. Agency affiliation, if any (including address)
A2.
Q3. Please confirm your willingness to provide broker support on site for a minimum of 20 hours per week at Access Health CT Enrollment Centers, CEP Sites and Enrollment Events as assigned by Access Health CT.
A3. (circle one) Yes or No
Q4. Please list the Enrollment Center and/or CEP Sites where you would be most interested in providing support in order of preference.
A4.
Q5. Brokers will be required to provide a weekly enrollment report in an Excel spreadsheet prescribed by Access Health CT. This report will, at a minimum, include the following data elements: Primaries' name, Application Number, number of QHP and Medicaid lives. Please confirm your willingness to provide such weekly reporting.
A5. (circle one) Yes or No
Q6. If selected, are you committed to servicing any individual who is transferred to you by an Access Health CT Enrollment Specialist including individuals who may be Medicaid or who has a "mixed" household eligibility?
A6. (circle one) Yes or No
Q7. Do you speak a language other than English? Please be specific and explain which language and the level of fluency.
A7.
Q8. Have you been licensed by the State of Connecticut Insurance Department as Life, Accident/Health Producer for at least the past 3 years?

A8.
Q9. Do you agree to complete advanced Access Health CT worker portal training and sign any non-disclosure/privacy documents required by Access Health CT?
A9. (circle one) Yes or No
Q10. Have you successfully enrolled or reenrolled at least 200 enrollees in health care coverage through Access Health CT's marketplace during the two prior open enrollment periods (i.e., 2014 and 2015 open enrollment)?
A10. (circle one) Yes or No
Q11. Using the chart below, please estimate the number of members (not contracts) enrolled by you through Access Health CT during the periods listed below:
A11. Estimated Number of Access Health CT Enrollees

Carrier or Plan	Enrollment year	# of Members
ConnectiCare Benefits Inc.	2014	
	2015	
Healthy CT	2014	
	2015	
Anthem (Medical)	2014	
	2015	
United Healthcare	2014	
	2015	
Anthem Stand Alone Dental	2014	
	2015	
Husky/Medicaid/CHIP	2014	
	2015	

Q12. Have you been disciplined or under investigation by the State of Connecticut Insurance Department at any point within the past 5 years? (If "yes", please state broker names, violations and dates.)
A12. (circle one) Yes or No

V. Selection Criteria

Access Health CT's evaluation committee will assess responding brokers (each a "Respondent") on the basis of their timely-submitted proposals to this RFP and any additional written information that may be requested by Access Health CT. The goal of the evaluation committee is to select brokers that provide the best combination of commitment to customer service, proficiency in enrolling customers in health care coverage through Access Health CT's marketplace, ability to provide support for the and desire to work in an Access Health CT team setting. The evaluation committee may consider the following non-exclusive factors in making its selection:

- Enrollment activities of the Respondent during the 2014 and 2015 Open Enrollment periods.
- Respondent's demonstrated interest in and commitment to identifying and enrolling customers in health care coverage through Access Health CT's marketplace.
- Whether the Respondent has provided or is committed to providing a minimum of 20 hours a week to working at an Enrollment Center or CEP site.
- Respondent's commitment to privacy and security standards and to the prevention of fraud and abuse.
- Respondent's agreement to meet the reporting and sales closing requirements set forth by Access Health CT.
- Respondent's adherence to all ethical professional standards as evidenced by active producer licensing and being in good standing with Connecticut Insurance Department and carriers.
- Respondent's commitment to ongoing servicing of Access Health CT customers throughout the year.
- Respondent's demonstrated knowledge of the Affordable Care Act and Access Health CT's enrollment processing.
- Two (2) letters of reference from customers that Respondent successfully enrolled in health care coverage through Access Health CT and can attest to Respondent's service as a broker.

VI. Key Dates

Below please find a schedule of key dates for this RFP process.

Activity	Date
RFP Issued (open for 5 days)	September 21, 2015
Proposal Due Date	September 28, 2015
Anticipated Selection Date	October 5, 2015

VII. Preparation and Submission of Response to RFP

When preparing your response to this RFP, please adhere to the following requirements and guidelines:

1. The Respondent's proposal should consist of the following sections, in the order listed

below:

a) Cover Letter
b) Approach and Methodology To Address Items Detailed In the Broker Requirements section
c) Completed Questionnaire and Supporting Information
d) Two (2) letters of reference (as described in "Selection Criteria" section)

2. The proposal should be formatted as follows:
   - Paper size: 8.5 x 11 inches
   - Minimum font size: 11 point (except for footnotes, headers, or footers)
   - Ready for printing: All electronic files submitted will be pre-formatted for printing
   - Software: All electronic files submitted should be created (or fully compatible) with Microsoft Office 2010 or Adobe PDF

The Respondent is required to submit:

- One (1) digital copy of the proposal submitted via email containing all documents in a format compatible with Microsoft Word and affording the user the capability of searching its contents, except that signature pages and forms that are not conveniently available in Word format may be provided in PDF format.

RFP Responses are due no later than 4 pm ET on September 28, 2015.
Responses should be emailed to: Chelsea.novak-rich@ct.gov

VIII. Rights of Access Health CT

All proposals shall become the sole property of Access Health CT and will not be returned.

Issuance of this RFP does not guarantee that Access Health CT will award a contract to any Respondent. Access Health CT reserves the right to withdraw, re-bid, extend or otherwise modify the RFP or the related schedule and process, in any manner, solely at its discretion.

Access Health CT also reserves the right to:

- Consider any source of information in evaluating proposals;
- Omit any planned evaluation step if, in Access Health CT's view, the step is not needed;
- At its sole discretion, reject any and all proposals at any time; and
- Open contract discussions with other Respondent(s), if Access Health CT and the first selected Respondent(s) are unable to agree on contract terms.

IX. Disqualification

Any attempt by a Respondent to influence a member of the evaluation committee during the proposal review and evaluation process will result in the elimination of that Respondent's proposal from consideration.

CONNECTICUT HEALTH INSURANCE EXCHANGE

NONDISCRIMINATION CERTIFICATION – Representation

By Individual

Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

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INSTRUCTIONS:

For use by an individual who is not an entity (corporation, limited liability company, or partnership) when entering into any contract type with **The Connecticut Health Insurance Exchange**, regardless of contract value. Submit to **The Connecticut Health Insurance Exchange** prior to contract execution.

REPRESENTATION OF AN INDIVIDUAL:

I, _____, of _____,
Signatory Business Address

represent that I will comply with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

_____ _____
Signatory Date

_____
Printed Name