

REQUEST FOR INFORMATION
FOR
CONTACT CENTER SERVICES
CONNECTICUT HEALTH INSURANCE EXCHANGE
DBA Access Health CT



Connecticut's Official Health Insurance Marketplace

Project: Contact Center Services 2016

Key Dates:

RFI ISSUE DATE	June 23, 2015 12:00pm EST
REQUESTS/CLARIFICATION DUE DATE	June 29, 2015 4:00pm EST
RFI REVISIONS/ADDENDA POSTING DATE	July 1, 2015 4:00pm EST
RFI RESPONSE DUE DATE	July 21, 2015 4:00pm EST

TABLE OF CONTENTS

		PAGE REFERENCE
I	Background	3
II	RFI General Information	4
III	Revisions to RFI	5
IV	Reservations of Rights by Exchange	5
V	Proprietary Material/Freedom of Information	6
VI	Current Contact Center Environment	7
VII	Responses to RFI <ul style="list-style-type: none"> – How to Deliver Response – Introductory Letter – Format and Content of RFI Responses – Questions and Clarifications – Contact Protocol – Vendors Selected to Submit Proposals 	8
VIII	Minimum Qualifications	11
IX	RFI Evaluation	12
	<u>Appendices</u> A : Exchange Volumes (Historical/Projected)	

I. BACKGROUND

Since the passage of the Patient Protection and Affordable Care Act (ACA) in March of 2010, and Governor Malloy's signing of Public Act 11-53 in July of 2011, the State of Connecticut (the "State") quickly worked to build an effective and functional state-based exchange (SBE) through the establishment and operation of the Connecticut Health Insurance Exchange d/b/a Access Health CT (the "Exchange"), a quasi-public agency of the State.

The Exchange's primary mission is to increase the number of insured residents in Connecticut, promote positive health outcomes, lower costs and eliminate health disparities. To accomplish this mission and fulfill key requirements of the ACA, the Exchange has developed an online health care coverage shopping and enrollment experience for state residents and small businesses. The Exchange also established an extensive communication and enrollment infrastructure to inform Connecticut residents of healthcare coverage options and facilitate enrollment through the Exchange. The Exchange shares an online application system with the State of Connecticut Department of Social Services ("DSS"), the single state agency for the Medicaid and CHIP (Children's Health Insurance Program). The health coverage available through the Exchange includes, HUSKY Health Programs and qualified health plans through private carriers. Since the establishment of the Exchange, nearly 500,000 Connecticut residents have enrolled in health care coverage through the Exchange, lowering Connecticut's uninsured rate to less than 4%.

The ACA and its implementing regulations require state-based exchanges to provide a number of consumer assistance tools. 45 CFR § 155.205. Among other things, the ACA requires the Exchange to provide for the operation of a toll-free call center that addresses the needs of consumers requesting assistance and provides information to applicants and enrollees in plain language. The call center must offer information in a manner that is accessible to individuals living with disabilities or with limited English proficiency.

To meet this ACA requirement, the Exchange issued a Request for Proposals in October 2012 to identify and assess potential vendors to operate its call center (the "Contact Center"). As a result of the Request for Proposals process, the Exchange selected Maximus Health Services, Inc. ("Maximus") as its Contact Center vendor.

The Contact Center commenced operations on October 1, 2013, at the commencement of open enrollment for 2014 coverage. In compliance with ACA requirements, the Contact Center receives inquiries from individual consumers and answers their questions about healthcare coverage eligibility, enrollment, rates and benefits. It further assists them in enrolling in Qualified Health Plans, Medicaid and CHIP, refers calls to certified brokers to assist them with health plan selection, and otherwise fulfills the requirements of 45 CFR § 155.205.

Unless the Exchange elects to extend the current vendor contract according to its terms, that contract will expire on August 31, 2016. To assist the Exchange in making a determination on potential options for cost-effective, efficient, accurate and high-quality Contact Center operations, the Exchange seeks to gather information through this Request for Information (“RFI”) concerning vendor capabilities, interest and general market research.

Based in large part upon the results of this RFI, the Exchange will determine whether or not it is in its best interests to proceed with a Request for Proposals (“RFP”). If the Exchange decides to initiate an RFP process, it is anticipated that the RFP would be issued in or about the 3rd-4th quarter of 2015, and that Contact Center services would be in place in time for the 2017 ACA open enrollment period.

II. RFI GENERAL INFORMATION

This RFI is not a request for proposals (RFP) and should not be construed as such. However, responding to this RFI generally will be a prerequisite to responding to an RFP issued by the Exchange for Contact Center services.

The Exchange seeks to identify qualified and experienced respondents that will submit a statement of qualifications or other relevant information for the operation of the Contact Center in accordance with the Connecticut Exchange’s stated requirements, the ACA, implementing regulations and other federal guidance (the “Services” or “Project”). RFI responses should clearly address a responder’s capability to deliver a Contact Center that will:

1. Serve Exchange consumers with a simple and streamlined approach to ensure ease of use and customer satisfaction.
2. Facilitate the application and enrollment process and provide assistance for both web-based and paper-based applications.
3. Help Exchange consumers with information and choices about the overall Exchange program and plans, private-industry qualified health plans (“QHPs”) including the Advanced Premium Tax Credit (“APTC”) and Cost Sharing Reduction programs (“CSR”), and the HUSKY Health programs.
4. Triage more complex questions to the Exchange’s Internal Resolution Department, certified brokers, issuers of QHPs, or DSS, as needed.
5. Be the first point of contact for many Exchange consumers with questions about applying for, determining eligibility for, and enrolling in healthcare coverage through the Exchange.
6. Assist Exchange consumers with enrollment and information regarding insurance affordability programs.

7. Assist Exchange consumers with information and support during the annual IRS Form 1095 delivery period.
8. Comply with the standards set forth by the ACA and the State of Connecticut and all applicable state and federal laws, regulations, rules, and guidance.

RFI responses should also include a description of the responding vendor's:

1. Strategy for managing Exchange call volumes;
2. Approach to hiring, training and quality management to the Exchange's specifications;
3. Plan for transition services from the Exchange's current vendor; and
4. Standard and Customized reporting

III. REVISIONS TO RFI

In the event that it is necessary to revise any part of the RFI, timely addenda will be posted to the Exchange's website by 4:00 pm EST on June 26, 2015. Interested respondents are solely responsible for checking the Exchange website for RFI changes before responding.

IV. RESERVATION OF RIGHTS BY EXCHANGE

The issuance of this RFI does not guarantee that the Exchange will engage in an RFP process or award a contract to any respondent. The Exchange reserves the right to withdraw, extend or otherwise modify the RFI or the related schedule or process, in any manner, solely at its discretion.

The Exchange also reserves the right to:

- Consider any source of information in evaluating responses;
- Omit any planned evaluation step if, in the Exchange's view, the step is not needed;
- At its sole discretion, reject any or all responses at any time;
- Waive any immaterial defect or informality in any response or response procedure;
- Request additional information and data from any or all respondents;
- Disqualify any respondent who fails to provide information or data requested herein or who provides inaccurate or misleading information or data;
- Disqualify any respondent on the basis of any real or apparent conflict of interest; and
- Disqualify any respondent on the basis of past performance on other projects.

The Exchange shall have the sole discretion to select the vendor(s) that provide the best combination of qualifications, relevant positive experience, available resources, and cost. The Exchange may determine that it is in its best interests to select one vendor to provide the services or a combination of vendors each providing specific services to the Exchange.

V. PROPRIETARY MATERIAL / FREEDOM OF INFORMATION

The Exchange is a quasi-public agency and its records are public records. See Conn. Gen. Stat. §§ 1-200, *et seq.*, and especially §§ 1-210(b)(4) and 1-210(b)(5)(B). Due regard will be given to the protection of proprietary or confidential information contained in all RFI responses received. However, all materials associated with this RFI are subject to the terms of the Connecticut Freedom of Information Act (“FOIA”) and all applicable rules, regulations and administrative decisions.

If a respondent wishes to preserve the confidentiality of any part of its RFI response, it will not be sufficient merely to state generally in the response that the response is proprietary or confidential in nature and not, therefore, subject to release to third parties. Instead, those particular sentences, paragraphs, pages or sections that a vendor believes to be exempt from disclosure under FOIA must be specifically identified as such. A convincing explanation and rationale sufficient to justify each exemption consistent with § 1-210(b) of FOIA must accompany the response. The rationale and explanation must be stated in terms of the reasons the materials are legally exempt from release pursuant to FOIA. Respondents should not request that their entire proposal, or the majority of the proposal, be confidential. The Exchange has no obligation to initiate, prosecute or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information that is sought pursuant to a FOIA request. The respondent has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue.

In no event shall the Exchange have any liability for the disclosure of any documents or information in its possession that the Exchange believes are required to be disclosed pursuant the FOIA or any other law.

VI. CURRENT CONTACT CENTER ENVIRONMENT

The Contact Center is one of the most public-facing elements of the Exchange's operations. It is critical for the Exchange that Contact Center services consistently remain available during Contact Center hours, operate efficiently and without undue delays, and are delivered according to customer expectations.

Overview of Exchange operating platform

The Connecticut Exchange, in conjunction with DSS, has implemented an eligibility and enrollment system ("EES"). This EES was built specifically for the Connecticut Exchange by Deloitte. Ongoing maintenance and operations for the EES is also currently supported by Deloitte.

The EES enables consumers to 'self-serve' and go on-line to get a predetermination of health insurance coverage eligibility, eligibility for HUSKY Health Programs, potential premium costs, APTC's (tax credits) and shop for health plans. If the consumer is ready to buy health insurance, the online EES assists the self-serve consumer with every stage of the process. Consumers that wish to either initiate enrollment or complete an online enrollment with assistance by the Exchange – may opt to do so over the telephone by calling the Exchange's Contact Center.

The Contact Center's customer service representative ("CCR") utilizes the EES through a worker portal. CCR's also have real-time access to a Siebel CRM and an Oracle Knowledge Management System to provide quick and easy access while working with the Exchange consumer during the call. The KMS provides the CCR with a full electronic repository for all reference materials to fully resolve the consumer's request. CCR's may not only assist consumers with enrollment, but also assist consumers with more difficult questions and transactions at any time during their relationship with the Exchange.

Upon completion and submission of the consumer's enrollment and eligibility information into the EES the information is presented in real time to the Federal Data Services Hub for identity and eligibility verification. An eligibility determination is received back from the Federal Data Services Hub instantly. This allows consumers to receive an immediate eligibility determination as well as an APTC dollar amount, if applicable. Once the eligibility is confirmed, the system will enable a consumer to select a health plan, and coverage level. Those consumers who are eligible for APTC, will have a system generated determination of a preliminary monthly premium for them. Consumers eligible for HUSKY Health do not have premiums or additional health plan choices. After the enrollment is completed an 834 file is generated nightly to the health plan carriers transmitting the consumer's enrollment data.

Overview of the Exchange Contact Center platform

The Exchange Contact Center services platform is currently provided through Maximus.

Maximus handles all inbound calls from individuals interested in applying for or renewing healthcare coverage through the Exchange. Appendix A provides a high level overview of the volumes of calls a Contact Center provider will be expected to handle for the Exchange. Maximus provides approximately

between 150 (off peak) and 400 (peak) call center representatives at four call center locations, including one in Hartford, Connecticut. The peak call period is generally from November through the end of February each year, depending on ACA yearly open enrollment directives issued by the Centers for Medicare & Medicaid Services (“CMS”).

The current Exchange call center architecture consists of a number of vendor/subcontractor licensed and/or owned sub-systems and interfaces. This list below is illustrative of those components and is not meant to represent a complete list at this time.

- Interactive Voice Response (IVR)
- Automatic Call Distributor (ACD)/Private Branch Exchange (PBX) Systems
- Soft Phones, IP Desk Phones and Digital Phones
- Call Management System
- Workforce Management System
- Call Recording and Agent Screen Recording System
- Reporting and Analytics System
- Intelligent Call Routing System
- Toll Free Network Service
- Toll Free Network Routing Platform
- Business Rules Engine for Hours of Operation/Per Site/Per Skill
- Outbound Dialer Notification Capabilities
- Agent, Skill Group, IVR, Call Routing and Toll Free Reporting
- Exchange -Developed Customer and Worker Portal Health Exchange platform
- Web-Based Self-Registration Application with Exchange Provided Registration Technical Assistance

VII. RESPONSES TO RFI

How to Deliver the Response

RESPONSE DUE DATE: Responses shall be submitted no later than 4:00 PM EST on July 21, 2015.

Response packages must be sent by email to David Lynch at:

CallCenterRFI.AHCT@CT.gov

Vendor’s response email Subject line should read:

<insert COMPANY NAME> Response to Access Health CT RFI - Contact Center Services 2016.

Introductory Letter

An introductory letter shall accompany the RFI response. The letter shall be dated and should introduce the respondent's RFI response, list a primary contact name, email address, and phone number, and should be addressed to:

Access Health CT
c/o David Lynch, Call Center Operations Manager
280 Trumbull St.
15th Floor
Hartford, CT 06103

Format and Content of RFI Responses

Total length of the RFI response should not exceed thirty (30) pages. The length of the introductory letter will not be counted in the thirty (30) page criteria.

Each RFI response shall provide the information described in the Minimum Qualifications and Evaluation Criteria sections below, along with the introductory cover letter and any other information required in this RFI. Clarity and completeness are important.

Questions and Clarifications

Questions and requests for clarifications on this RFI must be sent to attention of David Lynch at:

CallCenterRFI.AHCT@CT.gov

Vendor's email requesting clarifications or to pose questions - Subject line should read:

<insert COMPANY NAME> QUESTION or Clarification re: Access Health CT RFI - Contact Center Services 2016

Questions received after 4:00 pm EST on June 29, 2015, will not be answered.

At the discretion of the Exchange, relevant questions and the corresponding answers will be made available to all respondents by posting them on the Exchange's website. In the event that it is necessary to revise any part of the RFI, addenda will be posted to the Exchange's website by 4pm EST on July 1, 2015. Interested respondents are solely responsible for checking the Exchange website for RFI changes before responding.

Contact Protocol

Respondents may not contact anyone other than the person(s) identified above in this RFI with respect to inquiries and responses to this RFI. Inquiries must be made in writing via email. No questions will be answered orally. No questions will be accepted by telephone.

Failure to comply with the stated contact and response procedures articulated in this RFI will result in the respondent being disqualified from further consideration in the sole discretion of the Exchange.

Vendors Selected to Submit Proposals

Based on the responses to this RFI, the Exchange may select three or more vendors to submit a response to a future Request for Proposals issued by the Exchange to the selected vendors. The Exchange is under no obligation to issue an RFP or to invite RFI respondents to participate.

VIII. MINIMUM QUALIFICATIONS

Please describe your Company's relevant experience and performance relating to the minimum qualifications for Services, for the items set forth below:

1. Your Company's relevant experience, expertise and performance in performing the types of duties described in this RFI, including at least one example of a similar project executed in the last 24 months;
2. The personnel and other resources available for the Project;
3. The experience and qualifications of your key personnel and the name of the primary contact(s) for the Exchange;
4. Identification and description of any subcontractor(s) you anticipate using on the Project, including their area of expertise, background of key personnel, and history of work with your Company;
5. Demonstration of the necessary financial resources to fulfill the obligations described in this RFI;
6. References for at least three (3), but no more than five (5), projects/engagements to which your Company has provided contact center services for ACA exchanges or similar government operations servicing eligibility and enrollment processing for healthcare programs;
7. A clear overview, but not estimated amounts, of the types of fees and costs as well as the pricing model your Company will apply to provide the Services and any associated materials. You must define the full range of acceptable pricing models that your Company would apply to estimate costs to service the requirements of the Exchange. You must be clear on those pricing models that are unacceptable. You must separately disclose and itemize any commissions or fees anticipated to be received by your Company, any mark-ups for products and services from other vendors that would be charged to the Exchange (for any service, license, product or materials), and any consideration or compensation provided to your Company from contracted vendors that you anticipate using on this Project.
8. Your Company's process to appropriately handle the conflicts of interest that may arise on the Project and copy of your Company's conflict of interest policy. Including how the responder would plan to comply with all applicable state and federal laws, including, but not limited to, Connecticut General Statutes Title 1, Chapter 10, concerning the State's Codes of Ethics.
9. A clear overview of your Company's hiring, training and quality management approach. Include your Company's approach to involving the Exchange in these critical functions.
10. A clear approach and plan demonstrating that your Company has effectively managed a transition from an existing call center vendor to yours. If your Company has experience transitioning services from the Exchange's current vendor, please provide an overview of that experience. If the Company is an existing AHCT Exchange vendor, this section will not be required for consideration. Please outline your transition plan and services, including, but not limited to:
 - a. Telephonics/Telecommunications
 - b. Data Transition and Migration
 - c. Customer Relationship Management Platform and Data

- d. Knowledge Management Platform and Data
- e. Customer Contact Information
- f. Historical Management Information Data and Reports
- g. Components of cost (one time and recurring) involved in transitioning services from a prior vendor
- h. Please include and illustrate any other services or value added transition areas you would provide to the Exchange.

IX. RFI EVALUATION

An Evaluation Committee will evaluate and determine the individual and comparative merits of each of each response received. It is the respondent's responsibility to ensure that its response complies with the requirements of this RFI, demonstrates qualifications, and provides the information requested. If the respondent fails to comply with the contact and response procedures or fails to provide any information requested in this RFI, such failure may result in either non-qualification of a particular category of service or rejection of the submission.

Evaluation Criteria

The Exchange will use the following criteria to evaluate the responses to this RFI:

- **CRITERIA 1 – CORPORATE STRUCTURE AND EXPERIENCE**

- a) History of the Company (include weblink).
- b) Business size and size (be sure to include the standard/applicable North American Industry Classification System (NAICS) codes.
- c) Financial strength (be sure to include your Dun & Bradstreet (DUNS) number).
- d) Primary Contact information (address, telephone, facsimile, e-mail, website address).
- e) Annual company revenue from contact center services, as a value and as a percentage of total revenue; from government contact center services as a value and as a percentage of total revenue.
- f) Clear articulation of corporate structure and ownership.
- g) Organization, number and type of personnel and the location of the Company's offices should be included, particularly those locations that would be contemplated as call center sites.
- h) Clear context of the commercial (financial, telecommunications, healthcare, etc.) and government markets for which your Company provides contact center services.
- i) Names of current or recent contact center customers and a brief description of those engagements, including: dates, your Service Level Agreement goals with these customers and your demonstrated ability to meet or exceed these goals.
- j) Clear identification and summary of several projects performed pertaining to the type of work you are proposing to perform under this RFI. This should include specific information on the dates, type of services provided and length of relationship, as well as any other pertinent information.
- k) Description of how the Company is structured and set up to handle this type of work.

- l) Clear identification of at least three (3), but no more than five (5), verifiable professional services references for whom you have provided similar services, with a contact person, title and phone number.

- **CRITERIA 2 – EXPERIENCE AND QUALIFICATIONS**

- a) Demonstration that your Company has the experience and qualifications to perform the duties described in this RFI.
- b) Clear articulation of a call center services transition model or plan for a phased transition from the current vendor to your Company's proposed solution that at a minimum addresses: timeframe, complexity, process, and cost considerations.
- c) Clear articulation of the hiring, training and quality management approach.
- d) Provision of any independent call center benchmarking results, the name of the benchmarking organization and dates of the benchmarking, including a description of the industry benchmark group you were measured against. Copies of independent benchmarking must be in original form (unredacted) form.

- **CRITERIA 3 – PRICING MODEL/FEES AND COSTS** (*see Minimum Qualifications Item 7*)

- **CRITERIA 4 – FINANCIAL WHEREWITHAL**

Demonstration of the Company's financial wherewithal to meet these service obligations.

- **CRITERIA 5 – CONFLICTS OF INTEREST**

Clear identification of how your organization will ensure that conflicts of interest are appropriately disclosed and addressed. Including how the responder would plan to comply with all applicable state and federal laws, including, but not limited to, Connecticut General Statutes Title 1, Chapter 10, concerning the State's Codes of Ethics.

Rating

The Exchange will evaluate submitted responses that conform to the contact and delivery instructions as outlined in this RFI and all subsequent addenda.

The Exchange will assign scores of zero (0) to five (5) for the RFI criteria, with ratings assigned as follows:

- 5 - Excellent
- 4 - Good
- 3 - Satisfactory
- 2 - Marginal
- 0 – Unsatisfactory

APPENDIX A – EXCHANGE VOLUMES (HISTORICAL/PROJECTED)

The Exchange volume exhibits below represent actual call volume from September 1, 2013 – May 30, 2015. The call volumes projected through August, 2016 are for illustrative purposes and vendors should note that volume projections for future planning periods would be finalized closer to the actual issuance of an RFP.

Year/Month	Calls Offered to Call Center	Year/Month	Calls Offered to Call Center
13-Sep	2,762	14-Aug	40,654
13-Oct	29,929	14-Sep	44,104
13-Nov	31,994	14-Oct	53,009
13-Dec	88,836	14-Nov	71,779
14-Jan	62,635	14-Dec	136,179
14-Feb	69,952	15-Jan	120,175
14-Mar	116,647	15-Feb	162,059
14-Apr	99,223	15-Mar	121,786
14-May	73,099	15-Apr	111,361
14-Jun	59,888	15-May	91,119
14-Jul	44,938		

Call volume for the months June 2015 – August 2016 are estimates of call volume based on seasonality and population growth.

Call volume growth is attributed to an increasing population due to new growth, transitions from existing Medicaid program, and reenrollment activity beginning in the second year of operations.

It is estimated that approx. 83% of all calls are related to a HUSKY A, B, or D program, while the remaining 17% are related to QHP enrollment. This distribution fluctuates during the months of QHP open enrollment.