West Virginia Offices of the Insurance Commissioner

Release #: **ITECH10-PB035**
Release Date: **03/30/11**
Response Due: **04/13/11**

Complete this form and submit an electronic copy with signature to: ip.board@wv.gov. Bids must be received by WVOIC prior to 1:30 p.m. on the response due date. If the bid has been revised, you must use the revised bid form or your bid may be disqualified.

Office of Technology
Attn: IP Board
Capitol Complex, Bldg 5, 10th Floor
Charleston, West Virginia 25305

PROJECT-BASED SERVICES

Category 8 – Major Project Implementation (Including Project Management)

The award is limited to a maximum of twenty-four (24) months and a not-to-exceed cost of $2,000,000.00. See the attached Scope of Work and General Terms and Conditions. Attach all required information (Degrees, Resumes, References, etc.) to the bid.

Complete the following for each candidate you wish to offer.

Name: _____

Date available to work: _____

Hourly pay rate: $_____

Estimated hours: _____

_____	_____	_____
Vendor Name	FEIN Number	Telephone Number

_____

Vendor Signature

Statement of Work

PURPOSE

The purpose of this solicitation is to identify a vendor to assist the West Virginia Offices of the Insurance Commissioner (OIC) with the development of the health insurance exchange (HIX) information technology (IT) strategic plan; provide coordination, facilitation services and project management for IT related work; and provide assistance in the development of grant applications and procurement documents (RFI, RFQ, RFP) as necessary for health insurance exchange information technology needs.

BACKGROUND

In September 2009, the OIC; West Virginia Department of Health and Human Resources; and Governor's Office of Health Enhancement and Lifestyle Planning received a grant from the Human Services and Resources Administration (HRSA) for approximately $36 million. Part of this grant was designated for the OIC to research and develop a health insurance exchange. On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act. On March 30, 2010, 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.

An Exchange is an organized marketplace to help consumers and small businesses buy health insurance in a way that permits easy comparison of available plan options based on price, benefits, and quality. By pooling people together, reducing transaction costs, and increasing price and quality transparency, Exchanges create more efficient and competitive health insurance markets for individuals and small employers.

Exchange Concept

- Organizes health insurance market for consumers
- Serves as transparent source of simplified health insurance information
- Streamlines eligibility determination and enrollment for public health insurance subsidies and programs
- Streamlines health insurance administration for consumers, employers, and carriers
- Expands size of risk pool for consumers

West Virginia is preparing for an operational Exchange for late 2012. WV has numerous objectives to put in place immediately to begin testing the Exchange by July 2012. As stated, health insurance exchange planning and research began in West Virginia prior to passage of the ACA through funding made

available by the HRSA State Health Access Program (SHAP) grant and have continued under the Planning Exchange Grant (PEG).

As part of the PEG, West Virginia outlined the development of an IT strategic plan that would guide the State's IT infrastructure planning for the health insurance exchange. The State also outlined in the PEG specified the need for facilitation services. On January 20, 2011, HHS released the Exchange Implementation grants. It is under these grants that the infrastructure of the exchange will be funded.

STATEMENT OF WORK

1. HIX IT Strategic Plan

The contractor shall develop and complete the health insurance exchange information technology strategic plan. The vendor will be required to work with other state agencies and their technical departments. The vendor is expected to develop with OIC staff an IT Gap Analysis. This includes a breakdown of technical architecture. It is expected that the vendor provide specific details regarding current State information technology systems, including:

- Identifying all current/legacy software as related to project.
- Identifying all current/legacy hardware as related to project.
- Identifying all system software as necessary for a health insurance exchange.
- Identifying all system hardware as necessary for a health insurance exchange
- Providing a mapping of the current/legacy system and utilization flows with assessment of how "as is" environment may interface with proposed "to be" options.

A breakdown is also needed for applicable standards required by the federal government, including the ONC recommendations that pertain to standards and protocols that facilitate enrollment of individuals in Department of Health and Human Resources (DHHR) programs. This includes but is not limited to the recommendations concerning incorporation of the National Information Exchange Model; recommendation of using consistent expression of business rules and technology neutral standard formats separate from core programming/ transactional systems; and recommendation of using existing HIPAA standards to facilitate transfer of consumer eligibility, enrollment, and disenrollment information between programs.

A thorough analysis and report on all provisions outlined in Federal rules, guidance, and grant applications as they relate to information technology, including assistance in developing the IT related sections of the Exchange Implementation grant application.

The vendor is expected to provide analysis, recommendations for, and interfacing strategy of potential IT components and functions (both core and ancillary components), including but not limited to:

Choosing Coverage

- Eligibility Portal: Portal will give consumer ability to input relevant personal information, which will allow electronic assessment of public plan and federal subsidy eligibility. Portal could also give consumer option to input employer or other account code, giving exchange the ability to pull from various accounts set up on consumer's behalf. Logic of system will be built based on MAGI requirements set forth in HHS rules. If consumer is eligible for public plan, consumer will be directly linked to eligibility/enrollment portal for specified public plan. Portal will need to interface with federal income verification tools and citizenship determination tool- likely to be a single interface. Portal could also interface with existing public assistance databases to incorporate MAGI information in a more expedited manner for consumer.
- Health Coverage Matrix: An overview will be made available of all health coverage available in state of West Virginia. While consumers will be able to access these programs via the eligibility portal, consumers also will have the option of reviewing the universe of available services in a matrix document on the exchange website.
- Consumer Purchasing Preference Function: As a component of the carrier menu, this function would allow consumers to adjust the metrics by which they will purchase coverage, be that premium, co-pay, quality of wellness program, etc.
- Provider Eligibility Portal: This function would allow providers to determine what coverage a consumer has by accessing a single portal as offered by the health insurance exchange. This mechanism would streamline administrative efforts of providers as they could access the HIX coverage database.
- Private Coverage Enrollment Portal: Upon selection of a carrier plan, the exchange could facilitate the consumer's enrollment into the plan of the consumer's choice by collecting relevant information and linking to carrier. Another option is to link the consumer directly to the appropriate plan and allowing the plan to enroll the consumer. A more thorough analysis needs to take place concerning the most appropriate option.
- Exchange Plan Rating Function: Per the ACA, the Exchange will need to rate the available plans based on yet to be determined metrics. These ratings will be made available to the public in the carrier menu.
- Carrier Menu: Exchange provides access to a carrier plan menu for consumers looking to purchase commercial insurance. This menu will allow

consumers to compare and contrast critical insurance metrics with more detailed plan descriptions also being available. Carrier menu will be linked to a premium calculator so that consumers know exactly what premium they would be responsible for each plan. Menu will be structured in five actuarially determined tiers per federal guidelines, with one being available to only young adults.

- Carrier-Provider Network Maps (Provider Search): This function would allow consumers to see what providers are available in their zip code or surrounding area and what plans those providers belong to.
- Provider Cost Comparison: This function would allow consumers to compare the cost of various procedures as performed by different providers. This function could also show what prices provider has agreed to with different carriers.
- Provider Quality Comparison: This function would allow consumers to compare the quality of care provided by different providers. Function would also allow consumers to compare quality metrics of different providers.

Consumer Experience

- Virtual Access Portals: This concept contemplates utilizing the services of the West Virginia Telehealth Alliance to expand eligibility functions in the community health center setting. In essence, insurance kiosks, or portals, would be set up in primary care settings to allow consumers to access the exchange at the location where they receive their care. This would allow the State of West Virginia to improve the availability of access points to coverage tools in West Virginia communities.
- Privacy Review Portal: This would allow consumers to review how their personal information is being used and how it is being protected. This function would also give consumers the ability to determine how their information would be used outside of the necessary functions of the exchange.
- Multiple Exchange Access Points: WV Consumers need multiple access points into the exchange so that they are assured to receive appropriate subsidies and other services as provided by the exchange. Given literacy levels, lack of computer access, and poor broadband linkages, it is absolutely essential that the exchange is not just a web portal. Beyond the required call center, plans are being developed to utilize a number of organizations already established in communities, including Family Resource Networks; DHHR case workers; volunteers; and other community groups to serve as insurance exchange facilitators and counselors
- Consumer Advocate Information: Information concerning steps a consumer can take to file a grievance or receive assistance from the consumer advocate's office.
- Wellness Information: This function would provide consumers with information from Healthy Lifestyles effort and give consumers ability to compare wellness programs of different health plans.
- Exchange Sign In Function: Consumers will create sign in as they enter into exchange. As consumer navigates through sites, their progress will be saved so that if they decide to call in or use the live chat function then consumer

assistance staff can see where they are in the process. Also allows consumers to save their progress and come back to finish procurement of coverage when their schedule allows.

- Plan Complaint Portal: This function would allow consumers to see what complaints had been officially filed against plans on the exchange.
- Electronic and Telephonic Signature Function: This component of the exchange would allow consumers to contractually verify their purchase of the plan of their choice.
- Smart Phone Application: Function would allow consumers to check the status of their premium payment; check for providers/specialists in their carrier network; check the status of their flexible spending account; read patient rights and recourses to file complaints; etc.
- Insurance Consultant/ Counselor Assistance: A web portal is only one means by which consumers will access exchange. Given computer/ internet access and literacy issues, insurance counselors have been designated in the SHAP budget for consumers to access via phone or web chat. The Call Center/Live Chat for health insurance questions and assistance is conceptually modeled after and incorporating elements of the State Health Insurance Assistance Program for Medicare.
- FAQ: Function would allow consumers to quickly see brief answer to most frequently asked questions regarding exchange.
- Provider Feedback Function: This function could also be developed to allow consumers to provide feedback on providers. Claims could be used to ensure that consumers did in fact receive service from listed provider.
- Toll Free Consumer Hotline: Consumers that do not feel comfortable with the Exchange process or that have questions must be given the option of accessing consumer service via a toll free consumer hotline. Consumer assistance personnel should be able to link into the part of the process where the consumer is at that point in time so as to better assist the consumer. This is a requirement under the ACA.
- Common Terms: This function would give consumers access to consumer friendly definitions of key insurance terms. This would be by product of NAIC's current efforts to develop such language.
- Alternative Language Function: The exchange must provide for the availability of information in a linguistically diverse way. A function could be developed that translates information on the exchange into language consumers are most comfortable with using.
- ADA Functions: This function would give consumers with disabilities alternative mechanisms by which to use the exchange.
- Plan Feedback Function: This function would allow consumers to offer feedback on their experience with a specific plan. Plan information could be used to ensure that consumer did in fact receive service from listed plan.
- Plan Consumer Rights Information: Per the ACA, plans must provide consumers with information concerning their rights under the plan. Mechanism to both collect this information and make it available on site is necessary.

- Consumer Survey: Per the ACA, the consumer should be surveyed as to their opinion on the exchange experience. This survey should be driven by a logic tree that allows for consumers that have gone through different avenues of the exchange to be asked questions specific to their experience.
- Producer/Navigator Consumer Portal: It has been conceptually discussed that the exchange will directly link consumers to exchange participating navigators/ producers. Mechanisms need to be set up for the various access points that are made available to consumers for the exchange so that consumers are able to easily understand how to contact a navigator/producer. This portal could also place consumers with producers in the consumer's area with a case balanced approach.
- Coverage Decision Making Assistance Tool: As consumers navigates the exchange, they could be given option to respond to questions in a guided decision-making tree that would direct consumer to plans that best serve their health care needs. Such a tool would be voluntary and include a disclaimer that consumer should take time to fully research coverage options available to them. Potential negative consequence would be the possibility of creating adverse selection within the exchange.
- Personal Health Record: A personal health record empowers consumer to take responsibility and ownership of their health and health care. PHRs could potentially have functionality to incorporate other information as well, including health coverage and paid claims information. PHR could serve as possible distinction between plans in tiers of exchange- some plans incorporate such a function while others do not?
- Exchange Tutorials: Consumer could watch tutorial on how to utilize the exchange and its functions. Tutorial could be multifaceted and cover plethora of topics based on specific options that consumer chooses through the exchange process.
- Exchange Live Chat: Consumers could ask questions and advice from consumer assistance staff via live chat functions. This would allow consumers not desiring to call into the toll free hotline an opportunity to link with exchange support staff.
- Family Case Mix Provider Function: This tool would allow consumers to choose plans that have providers in the same network as providers in the networks of family members receiving a public plan.

Cooperation with Other Agencies

- Medicaid/CHIP Enrollment Portal: This mechanism would allow for consumers eligible for CHIP or Medicaid to be appropriately enrolled in those programs.
- Public Health Notifications: This function would allow public health officials to send out information to consumers via their exchange contact information.
- Interface with Treasury: The exchange must provide the Treasury with various data components related to individuals and employers. This function may be streamlined into one federal interface.

- Interface with SSA and Homeland Security: The exchange must verify the consumers are legal citizens of the United States. To achieve this goal, an interface will need to be developed with the SSA or Homeland Security. This function may be streamlined into one federal interface.
- Interface with State Agencies for Citizenship/Income Determination: The State is exploring whether or not there are more efficient mechanisms by which to determine citizenship and income of consumers through existing state systems. These systems could be interfaced with the exchange and through a master client index a consumer's previous engagement with the government could be sufficient for citizenship and income verification.
- Horizontal Interface: This function would allow for the eligibility of non health related programs to be determined by the Exchange. Another output of this concept could be that once a consumer has input MAGI information it could be linked through a master client index with social service programs to mitigate the time it takes for a consumer to apply for those services.
- Medicare Interface: Given what will be a very visible stature for the exchange, the public may benefit from having a portal from the health insurance exchange to the Medicare system. To pull resources and streamline administration, a long term project could be to place Medicare Advantage plans on the exchange for consumers.
- Social Service Eligibility Reference: The exchange could inform consumers of their eligibility for programs in social services like TANF and SNAP. This reference could be flashed to the consumer in a screen but would not require the consumer to follow course in applying for those programs.

Facilitating Employer-Sponsored Coverage

- Payroll Deduction Mechanism: This function would allow individuals or members of a small group to set up a payroll deduction through their employer for the purpose of paying their premium.
- Employer Coverage Notifications: Exchange must provide employer the name of each employee of the employer who ceases coverage under a qualified health plan during a plan year and the effective date of the cessation.
- Free Choice Voucher Portal: For consumers that may be eligible for a Free Choice Voucher from their employer to procure coverage on the exchange a function will need to be developed to first determine whether or not consumer is eligible for such a voucher. This function should be able to inform consumer and employer exactly what the process is for completing this option and specifically what the voucher will be.
- Electronic Employer Exchange Kits: Small and eventually large employers can utilize the functions of the exchange to streamline the administrative burden that providing coverage to their employees results. To effectively utilize the exchange, an employer kit could be developed that systematically outlines all of the steps that an employer needs to take to use the exchange.

- Employer Tax Credit Calculator: This function would assist employers in determining what tax credits/ subsidies for which they may be eligible. This function could serve as subcomponent of employer exchange kit.
- Premium Aggregator: Upon inputting MAGI information and information related to all accounts offering additional premium assistance the totals must be verified and a mechanism created to collect from these various accounts.
- Premium Calculator: As consumer compares and contrasts plans in the carrier menu, they will know the aggregated contribution to their coverage from other entities, thus giving them a better tool by which to budget for and purchase the plan that best serves their needs. This tool would need to work in conjunction with account verification tool, as input into the eligibility portal by consumer, and premium aggregator. Premium calculator should also have function that allows consumers see what type of cost sharing subsidies may be available to them.

Data and Reporting

- All Payer Claims Database: Through an executive order by the Governor, DHHR is leading a task force to establish an APCD. This tool could function to provide consumers with both provider charges within a carrier network and quality assessments of those providers in carrier networks. Other quality comparison tools still need to be considered and worked out with various state entities and other interested parties.
- Master Client Index: Function could be used to streamline front in eligibility determination based on similar information already provided to another service or program in the State. Function could also be used to track consumers across different health coverage plans.
- Exchange Funding Report: The Exchange shall publish the average costs of licensing, regulatory fees and any other payments required by the Exchange, and the administrative costs of the Exchange, on an Internet website to educate consumers on such costs. This information shall include information on monies lost to waste, fraud and abuse.
- Periodic Financial Disclosures: Per the ACA, plans must provide periodic financial disclosures on the exchange. Mechanism to both collect this information and make it available on site is necessary.
- Provider Complaint Portal: This function would allow consumers to see official complaints have been filed against various providers.
- Plan Claims Policies and Aggregate of Denials: Per the ACA, plans must make available on the exchange claims policies and aggregates of denied claims. Must also include a mechanism to allow the consumer to see what a plan pays for a specific service with a specific provider. Mechanism to both collect this information and make it available on site is necessary.
- Case Management Tracking: As consumer uses navigator, producer, or other case management service, this information could be collected, charted, and saved for legal and training purposes.

- Data on Enrollment/Disenrollment: Per the ACA, plans must provide all enrollee and disenrollment data on the exchange. Mechanism to both collect this information and make it available on site is necessary.
- Cost Sharing Information: Per the ACA, plans must provide detailed cost sharing information on the exchange, including information about payment to providers out of network. Mechanism to both collect this information and make it available on site is necessary.

Administration

- Special Enrollment Period Functions: Even when enrollment periods are developed the exchange must accommodate a special enrollment period process for unique situations. A mechanism will need to be developed to determine whether or not the consumer is eligible for the special enrollment period.
- Account Contribution Portal: In order to draw premium assistance from disparate accounts set up on behalf of individual consumers a mechanism would need to be set up that can both allow for the account to be set up and interfaced with the premium calculator but also allow provide the appropriate information to the carrier or TPA for collection purposes.
- Tax Credit Adjustment Function: Allow consumers to set up mechanism by which their premiums are adjusted throughout the year based on new information provided by the consumer. This would mitigate the level at which consumers will have to repay premium assistance based on their yearly tax filings.
- SERFF System Interface: The System for Electronic Rate and Form Filing is a regulatory system used in WV. The SERFF system is designed to enable companies to send and states to receive, comment on, and approve or reject insurance industry rate and form filings. Qualified Health Plans still must be approved through the State's rates and forms process.
- SBS System Interface: State Based Systems (SBS) is a comprehensive software solution that supports many aspects of insurance regulation. Developed by the NAIC in partnership with insurance regulators, SBS is designed to serve the needs of regulators, consumers and the insurance industry. The exchange will need to be interfaced with the SBS system for licensure, consumer services, and other regulatory systems that apply to the HIX.
- Premium Collection and Remittance: The Exchange could perform accounting functions to remit premiums and prepaid amounts to the appropriate plan. Such options could include collecting from disparate accounts set up on behalf of the consumer, facilitating the federal premium subsidy, collecting from a payroll deduction, or collecting from a exchange registered account. Through economy of scale, the exchange could potentially perform these functions more efficiently.
- Plan Certification Portal: Plans on the exchange must go through the rates and forms plan certification process and then be uploaded onto the exchange in a manner that allows consumers to compare and contrast with other plans on the carrier menu. Plan rate increase requests must be made public before approval process begins.

- Portability of Coverage: It is contemplated that Exchange will facilitate portability of coverage as employee transitions from employer to employer. This concept faces obstacle of different employers choosing different tiers of coverage for their employees. To make this a functional option, some type of tracking mechanism will be necessary to store procured coverage as one traverses from one employer to the next. Business operation would need to be developed to transfer plan from one employer to the next.
- Mandate Exemption: Exchange must provide consumers with process for being exempted from mandate. This service could be made available as a component of the eligibility portal.
- Link to Regional Exchange: WV has considered two potential benefits of regional exchanges. The first option would be to provide coverage to consumers from multiple states/regions in a single exchange or give a consumer access to multiple exchanges. This would benefit consumers by either increasing the number of participants in plans from which they choose. It could also provide them with regionally attractive options, especially for consumers living in border counties. State mandatorily covered services and variations in state regulations make this concept difficult to realize. The second option would be to share administrative functions with other state exchanges. For example, having one vendor that would be able to collect and remit premiums in more than one exchange could potentially see savings through an economy of scale.
- Producer/Navigator Interface: Producers and navigators are key stakeholders as the exchange is developed. Their role in the exchange needs to be further fleshed out. Consumers that want to utilize the service of an agent or broker should not be precluded from doing so. Concepts are being considered that would give agents/brokers special access to the exchange to perform functions for consumers.
- Risk Adjustment Tool: Each state will operate risk adjustment for the individual and small group market. Plans with lower than average risk must make payments. Plans with higher than average risk would receive payments. Calculation of average actuarial risk based upon all enrollees in fully-insured plans in the state. Grandfathered plans are exempted.
- Risk Corridor: HHS will establish risk corridors for 2014-2016. Covers Qualified Health Plans in the individual and small group markets. Plans whose claims exceed 103% of premiums minus administrative expenses receive payments. Plans whose claims are less than 97% of premiums administrative expenses makes payments.
- Reinsurance: HHS, with NAIC, will establish a mandatory reinsurance program for 2014-2016. All group and individual insurers and third party administrators must contribute based upon total market share. Non-grandfathered individual market plans covering high-risk individuals receive payments. Total contributions to be based on estimates of the NAIC. Program phases out over 3 years.
- Flexible Spending Account Portal: Function would allow consumers to load dollars into their flexible spending account and have a up to date statement of consumer's FSA.

The vendor must also provide overview of at least five different health insurance exchange systems being developed by other jurisdictions in conjunction with the Early Innovator Grants, or otherwise, that may be applicable to West Virginia's health insurance exchange.

The contractor shall also develop and complete for the purposes of the HIT IT strategic plan the following items:

- background information of historical and current health insurance exchanges IT infrastructure
- analysis and recommendations for relationship between IT and business operations
- incorporate cost projections for capital development and sustainability into strategic plan
- analysis and recommendations for West Virginia exchange and other jurisdictions' IT initiatives
- identification, analysis and recommendations for relationship between health insurance exchange and other state agency IT systems
- assessment of current State assets that could potentially be utilized for more cost efficient or effective services
- identification, analysis and recommendations of health insurance exchange and insurance industry IT systems
- analysis and recommendations for health insurance exchange and producer IT systems
- analysis and recommendations for health insurance exchange and relevant federal IT systems
- development of strategies to maximize usability for all consumers
- assistance with development of privacy policy using guidelines set up by government entity
- assistance with development of security policy using guidelines set up by government entity
- development of strategies for security systems that will interface with both federal and state IT systems
- development of strategies to maximize efficient use of financial resources for IT
- analysis and recommendations for projected utilization and economy of scale models
- analysis and recommendations for synergies with other Local, State and Federal health information technology systems and initiatives, which shall require a working relationship with constituent State agencies, including but not limited to West Virginia Department of Health and Human Services, West Virginia Public Employee Insurance Agency, West Virginia Children's Health Insurance Program, the West Virginia Health Care

Authority; and development of IT implementation strategy for various exchange development scenarios

The vendor is required to provide formal program updates as necessary and formal reports on at least a monthly basis (please provide samples of reports). The OIC retains the right to add additional duties, research components, and requirements as necessary.

IT Project Facilitation

The contractor shall provide coordination, facilitation services, and project management of IT planning with vendors; State agencies; other jurisdictions; federal agencies; private insurance companies; producers; consumers; the Exchange Board and all other stakeholders as necessary, for health insurance exchange information technology related work. Completion of this deliverable will require, but is not limited to: as requested, detailed presentations concerning the status of the HIX IT strategic plan and HIX IT related issues taking place nationally; facilitate discussions with various stakeholders regarding IT issues and business operations (community of interest groups); organize and report health insurance exchange IT research as directed; and management of HIX IT related projects upon request as necessary. The vendor is required to make staff available for the purposes of IT Project Facilitation.

Procurement Assistance, Grant Assistance, and Project Management

The contractor shall provide assistance in the development of grant applications and procurement documents for HIX IT related work. Completion of this deliverable will require, but is not limited to:

- assessments of the value of available grants to West Virginia's HIX IT planning efforts
- facilitation services for discussing with stakeholders implications of applying for grants
- project management assistance for developing grant applications
- development, as necessary, of request for comments, request for proposals, request for quotations
- assistance in developing procurement statements for scope of work and facilitation assistance in discussing the development of procurement documents with stakeholders
- the vendor is also expected to provide project management services as it relates to vendors selected to develop the infrastructure and operations of the exchange

The vendor will provide assistance and recommendations concerning IT needs regarding the design, development, and implementation of core capabilities that must follow standard industry Systems Development Life Cycle (SDLC) frameworks including the use of iterative and incremental development methodologies. The vendor must also provide assistance and recommendations concerning the required specifications, analysis, design, code, and testing in a manner that can be easily shared with interested stakeholders. This includes, but is not limited to, the following:

Project Startup Review (PSR) - Deliverables: Acquisition Strategy, Concept of Operations, Risk Analysis, Alternatives Analysis, Scope Definition, Performance Measures, briefings/presentations to HHS

Architecture Review (AR)-Products: Business Process Models, Requirements Document, Architectural diagrams, briefings/presentations to HHS

Project Baseline Review (PBR)-Products: Project Process Agreement (Charter), Information Security Risk Assessment, Information Security Risk Assessment, Project Management Plan, Project Schedule, Release Plan, briefings/presentations to HHS

Preliminary Design Review (PDR)- Products: System Security Plan, Test Plan(s) and Traceability Matrix, Logical Data Model, Data Use Agreement(s), Technical Architecture Diagrams (Software/Hardware Architectures, Network, Overall Infrastructure, Security, etc.), briefings/presentations to HHS

Detailed Design Review (DDR) - Products: System Design Document, Interface Control Document, Database Design Document(s), Physical Data Model, Data Management Plan, Data Conversion Plan, Automated Code Review Results briefings/presentations to HHS

Final Detailed Design Review (FDDR)- Products: See DDR products, Pre-Operational

Readiness Review (PORR), Products: Contingency Plan, Inter/Intra-agency Agreement(s) (IAs), Test Case Specification, Implementation Plan, User Manuals, Operations & Maintenance Manual, Training Plan, Integration Testing, End-to-End Testing, Test Summary Report, Defect Reports, Security Testing Results, briefings/presentations to HHS

Operational Readiness Review (ORR) - Products: See PORR products

Deliverables

1. Development of the health insurance exchange (HIX) information technology (IT) strategic plan, written approved plan must be received within 90 days of contract award.
2. Provide coordination, facilitation services and project management for IT related work.
3. Provide assistance in the development of grant applications for Level Two Establishment Grant and other grants as required. Also provide assistance with procurement documents (RFI, RFQ, RFP) as necessary for health insurance exchange information technology needs. The first RFI must be completed by June 30, 2011.

Contractor Requirements:

1) Contractor must have a working knowledge of the healthcare industry and health insurance industry. Describe knowledge and experience in this area.
2) Contractor must have experience in project management. Please provide evidence of experience.
3) Contractor must have experience in writing grants. Please provide evidence of experience.
4) Contractor must have experience in managing procurement development. Please provide evidence of experience.
5) Contractor must have a background in information technology. Please provide evidence of experience.
6) Contractor must provide narrative of his understanding of this project and what experience and training he has that would make him the best candidate.
7) Contractor must provide resumes for the contractor or sub contractors who will be working on this project.
8) Contractor must have experience in information technology security regarding policies and strategies.

EVALUATION CRITERIA:

Understanding of this Project:	15
Experience in HC and Insurance:	10
Experience in grant writing:	10
Experience in procurement development:	10
Experience in Project Management:	10
Information Technology Background:	15

Cost:	30
Total:	100

GENERAL TERMS AND CONDITIONS:

1. Terms and Conditions:
This Release/Request for Quotation/Proposal is governed by the Terms and Conditions of the original Statewide Contract and the terms listed herein.

2. Proposal Submission:
All proposals should be submitted electronically with signature, to the Office of Technology. Any proposal not received in the Office of Technology prior to the date and time of the bid opening will be disqualified. It is the sole responsibility of the vendor to deliver a proposal to the IP Board on time.

3. Rejection of proposals:
The office of Technology reserves the right to accept or reject any or all proposals or candidates at its discretion. The Office of Technology may withdraw a Request for Proposal at any time for any reason. A contract may or may not be awarded for any reason.

4. Vendor Relationship:
The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship is contemplated or created by the parties to this contract. The Vendor as an independent contractor is solely liable for the acts of its employees and agents. Vendor shall be responsible for selecting, supervising and compensating any and all individuals employed pursuant to the terms of the statewide contract. Neither the Vendor nor any employees or contractors of the Vendor shall be deemed to be employees of the State for any purposes whatsoever.

Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, contributions to insurance and pension or other deferred compensation plans, including but not limited to Workers' Compensation and Social Security obligations, and licensing fees, etc. and filling of all necessary documents, forms and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including but not limited to the foregoing payments, withholdings, contributions, taxes, social security taxes and employer income tax returns.

The vendor shall not assign, convey, transfer or delegate any of its responsibilities and obligations under this contract to any person, corporation, partnership, association, or entity without expressed consent of the Agency.

5. Candidate Information:
Vendors responding to this request must provide a resume for each candidate as well as copies of educational degrees and certifications. A candidate must show proof that they are a U.S. citizen or eligible to work in the United States. A candidate must agree to abide by, and sign the confidentiality agreement attached as exhibit A. The State Agency requesting candidates will interview the candidate

before any Release/Contract is awarded. Both the State Agency and The Office of Technology reserve the right to approve of the qualifications of any candidate.

6. Award:

The State Agency will select the candidate subject to the approval of the Office of Technology who they believe best fits the needs of the agency at the lowest hourly cost. The State Agency person recommending the award must sign a non-conflict of interest certification and attach it to the recommendation submitted to the Office of Technology. The Office of Technology will review/approve the recommendation of award. If the Office of Technology approves the award, an electronic approval letter will be returned to the Agency. The Agency will issue the Release/Contract (WV-39) and attach a copy of the approval letter to the Auditors copy and send the original to the vendor.