

**CONNECTICUT HEALTH INSURANCE EXCHANGE
d/b/a Access Health CT**

**REQUEST FOR INFORMATION FOR
CALL CENTER SERVICES**



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I. BACKGROUND

The primary mission of the Connecticut Health Insurance Exchange d/b/a Access Health CT (“Access Health” or the “Exchange”), Connecticut’s official state-based health insurance marketplace, 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 meet certain requirements of the Patient Protection and Affordable Care Act (“ACA”), Access Health has developed an online shopping and enrollment experience for state residents and small businesses, as well as an extensive marketing and communication infrastructure, to raise awareness of health insurance options and facilitate consumer enrollment into healthcare coverage.

Our Values in Action

At Access Health CT, it is with our customers and our employees in mind that we seek to promote these collective values and to live by these behaviors. Our culture of acceptance welcomes and values everyone. We challenge the status quo to find new ways to grow and improve our community, our company and ourselves. Our people take pride in the service we provide, and in the spirit of the common good that we share.

- ❖ **Authenticity:** Act with sincerity, credibility and self-awareness
- ❖ **Integrity:** Commit to doing the right thing with genuine intention
- ❖ **Excellence:** Aim high and challenge the status quo
- ❖ **Ownership:** Take responsibility and initiative
- ❖ **One Team:** Collaborate to succeed
- ❖ **Passion:** Dedication to creating opportunities for great health and well-being

The ACA and its implementing regulations require state-based exchanges to provide several resources to consumers for the facilitation of enrollment into healthcare coverage. 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”). The Call Center regularly 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 and Husky Health Programs (Medicaid/CHIP), refers calls to Certified Independent Brokers to assist them with health plan selection, and otherwise fulfills the requirements of 45 CFR § 155.205. The Call Center must offer information in a manner that is accessible to individuals living with disabilities or with limited English proficiency.

On January 21, 2016, the Exchange issued a Request for Proposals to identify and assess potential vendors to operate its Call Center (the “RFP”). As a result of the RFP process, the Exchange selected Faneuil, Inc. (“Faneuil”) as its Call Center vendor and awarded it an initial 3-year contract. The Exchange subsequently renewed the contract for an additional two (2) years. The Exchange and Faneuil are in the final year of the contract renewal term.

The Exchange seeks to gather information through this Request for Information (“RFI”) concerning vendor capabilities, pricing, and the general options available to it regarding its current and future call center service needs. Respondents should note, this RFI is not a request for proposals (RFP) and should not be construed as such. Additionally, the Exchange makes no representation or guarantee that it will (i) issue an RFP for Call Center Services following the issuance of this RFI or (2) award a contract to a Respondent to this RFI for the operation of the Call Center.

II. CURRENT CALL CENTER ENVIRONMENT

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

Overview of Exchange Operating Platform

The Exchange, in conjunction with the Connecticut Department of Social Services (“DSS”), has implemented an eligibility and enrollment system (“HIX”). The HIX system was built specifically for the Exchange by Deloitte Consulting LLP (“Deloitte”). Ongoing maintenance and operations for the HIX system is also currently supported by Deloitte.

The HIX system 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 HIX system 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 Call Center.

The Call Center’s customer service representatives (“CCR”) utilizes the HIX system through a worker portal. CCRs also have real-time access to an Oracle Service Cloud Customer Management system (“CRM”) to provide quick and easy access while working with the Exchange consumer during a call. The CRM provides the CCR with a full electronic repository for all reference materials to fully resolve the consumer’s request. CCRs 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 HIX system 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. 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 Call Center Platform

Faneuil currently manages the Call Center services platform and 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 Call Center provider will be expected to handle for the Exchange. Faneuil provides approximately between 150 (off peak) and 400 (peak) call center representatives at two call center locations, including one in Bristol, Connecticut. The peak call period is generally November through the middle of January.

The current Exchange Call Center architecture consists of several 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.
- Chat and ask a question via email capabilities

III. RFI GENERAL INFORMATION

The Exchange seeks to identify qualified and experienced Respondents that will submit a statement of qualifications and related pricing information for the operation of the Call Center in accordance with the Exchange's stated requirements, the ACA, implementing regulations and other federal guidance (the "Services" or "Project"). RFI responses should clearly address a Respondent's capability to deliver a Call 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 to telephonic, web-based, and paper-based applicants.
3. Help Exchange consumers with information and choices about the overall Exchange program and low cost/free options, including qualified health plans ("QHPs") and Husky Health programs (Medicaid/CHIP),

4. Triage more complex questions to the Exchange’s Customer Resolution Team, Certified Independent Brokers, issuers of QHPs, or the CT Department of Social Services (“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 options, including Premium Tax Credits (“PTC”) and Cost Sharing Reduction programs (“CSR”).
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.

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 based on any real or apparent conflict of interest; and
- Disqualify any respondent based on past performance on other projects.

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 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 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. RESPONSES TO RFI

Key Dates:

RFI ISSUE DATE	November 16, 2020
WRITTEN QUESTIONS DUE	November 30, 2020 4PM EST
ANSWERS POSTED	December 14, 2020 4PM EST
RFI RESPONSE DUE DATE	December 30, 2020 4PM EST

How to Deliver the Response:

1. **RESPONSE DUE DATE:** Responses must be received by no later than 4:00 PM EST on December 30, 2020.
2. **RESPONSES MUST BE SENT BY EMAIL TO:** CallCenterRFI.AHCT@CT.gov
3. **RESPONSE EMAIL SUBJECT LINE MUST READ:**

<insert COMPANY NAME> Response to Access Health CT RFI - Call Center Services 2020.
4. **RESPONSES MUST BE ADDRESSED TO:** Jeanna Walsh, Operations Manager

Introductory Letter

An introductory letter must accompany the RFI response. The letter must be dated and should introduce the respondent’s RFI response, list a primary contact name, email address, and phone number, and should be signed by an authorized official.

Format and Content of RFI Responses

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

Each RFI response shall provide the information described in the “Minimum Qualifications” section below along with the introductory cover letter and any other information required in this RFI. Clarity and completeness are important.

Questions and Clarifications:

1. **QUESTIONS DUE DATE:** Must be received by email no later than 4:00 PM EST on November 30, 2020.

2. **QUESTIONS MUST BE SENT BY EMAIL TO:** CallCenterRFI.AHCT@CT.gov

3. **QUESTIONS EMAIL SUBJECT LINE MUST READ:**

<insert COMPANY NAME> Question or Clarification re: Access Health CT RFI - Call Center Services 2020

4. **QUESTIONS EMAIL MUST BE ADDRESSED TO:** Jeanna Walsh, Operations Manager

Questions received after 4:00 pm EST on November 30, 2020, 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 to the Exchange’s website, <http://ct.gov/hix>, under the “Contact Us” tab beneath the heading “Doing Business with the Exchange” on **December 14, 2020 by 4:00 PM EST.**

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.

VII. 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 of the types of fees and costs as well as the pricing model your Company will apply to provide the Call Center 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.
 - i. Respondents should refer to the RTM, posted as APPENDIX B, for detailed specifications and requirements to develop the Pricing Model and Total Fees/Costs to provide the Services.
 - ii. **Respondent's Pricing Model and applicable Total Fees/Costs, including Implementation Costs, must be provided based on a 3-year contract.**
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:
 - i. Telephonic/Telecommunications
 - ii. Data Transition and Migration
 - iii. Customer Relationship Management Platform and Data

- iv. Knowledge Management Platform and Data
- v. Customer Contact Information
- vi. Historical Management Information Data and Reports
- vii. Components of cost (one time and recurring) involved in transitioning services from a prior vendor
- viii. Please include and illustrate any other services or value-added transition areas you would provide to the Exchange.
- ix. Integrated Voice Response (IVR)
- x. Call Center monitoring software
- xi. Call recording and agent recording system

11. RFI responses should also include a description of the Respondent's:

- i. Strategy for managing Exchange call volumes (See Appendix A for historical Exchange call volumes); and
- ii. Standard and Customized Reporting.

VIII. REVISIONS TO RFI

If it is necessary to revise any part of the RFI, timely addenda will be posted to the Exchange's website, <http://ct.gov/hix>, under the "Contact Us" tab beneath the heading "Doing Business with the Exchange." Interested Respondents are solely responsible for checking the Exchange website for RFI changes before responding.

APPENDIX A – EXCHANGE VOLUMES (HISTORICAL)

The Exchange volume exhibit below represent call volume from October 2018 through September 30, 2020.

Month/Year	Call Offered to Call Center	Month/Year	Call Offered to Call Center
October 2018	61,192	October 2019	72,020
November 2018	127,139	November 2019	103,829
December 2018	132,333	December 2019	120,897
January 2019	107,151	January 2020	89,149
February 2019	76,060	February 2020	65,757
March 2019	74,354	March 2020	82,554
April 2019	67,060	April 2020	73,386
May 2019	61,576	May 2020	48,782
June 2019	53,887	June 2020	56,268
July 2019	68,487	July 2020	69,327
August 2019	68,204	August 2020	64,938
September 2019	59,961	September 2020	57,956

It is estimated that approx. 80% of all calls are related to a HUSKY A, B, or D program, while the remaining 20% are related to QHP enrollment. This distribution fluctuates during the months of QHP open enrollment.