



**Solicitation Information  
July 30, 2015**

**RFP# 7549771**

**TITLE: Form and Rate Review Communications and Documentation Support**

**Submission Deadline: Friday, August 28, 2015 @ 10:30 AM (Eastern Time)**

**PRE-BID/ PROPOSAL CONFERENCE: NO**

**MANDATORY:**

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

**DATE:**

**LOCATION:**

Questions concerning this solicitation must be received by the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than **Friday, August 7, 2015 at 10:00 AM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**SURETY REQUIRED: No**

**BOND REQUIRED: No**

**David J. Francis  
Interdepartmental Project Manager**

Applicants must register on-line at the State Purchasing Website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

**Note to Applicants:**

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

**THIS PAGE IS NOT A BIDDER CERTIFICATION FORM**

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## **SECTION 1: INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Office of the Health Insurance Commissioner (OHIC), is soliciting proposals from qualified firms to provide form and rate review communications and documentation support, in accordance with the terms of this Request for Proposals and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

**The initial contract period will begin approximately October 1, 2015 for one year. Contracts may be renewed for up to three additional 12-month periods based on vendor performance and the availability of funds.**

This is a Request for Proposals, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

### **INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.
7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered.

Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
9. The purchase of services under an award made pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website [www.mbe.ri.gov](http://www.mbe.ri.gov)
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement

16. In order to perform the contemplated services related to the Office of the Health Insurance Commissioner (OHIC), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

## **SECTION 2: BACKGROUND**

### **Authority to Bill for Services**

Pursuant to R.I. General Law §42-14.5-1 and 14.5-2, of the General Laws of the State of Rhode Island, the Office of the Health Insurance Commissioner (OHIC) is authorized to perform the following functions: (1) guard the solvency of health insurers; (2) protect the interests of consumers; (3) encourage fair treatment of health care providers; (4) encourage policies and developments that improve the quality and efficiency of health care service delivery and outcomes; and (5) view the health care system as a comprehensive entity and encourage and direct insurers towards policies that advance the welfare of the public through overall efficiency, improved health care quality, and appropriate access.

## **SECTION 3: SCOPE OF WORK**

### **General Scope of Work**

The State seeks a vendor to provide policy analyst and communications expertise for the Form and Rate Review Communications and Documentation Project. The State prefers a vendor who has prior experience. One of OHIC’s main functions is to perform form and rate review in the health and dental insurance market. In order to successfully maintain and implement this process, OHIC is looking for a vendor to develop a Form and Rate Review policy and operations procedural manual and to engage stakeholders in the annual form and rate review process along with the Office’s Affordability Standards convenings.

### **Specific Activities / Tasks**

The Contractor shall provide ongoing policy analyst services and stakeholder engagement expertise for the Form and Rate Review Communications and Documentation Project. The Contractor must complete the following activities:

#### **Activity 1.1 Review and Document Record of Historical Form and Rate Review Process**

Work in partnership with OHIC staff and other stakeholders to examine and document the historical record:

- Meet with OHIC staff and other stakeholders involved in the form and rate review process
- Collect historical information on the form and rate review process including, but not limited to:

- a. Relevant federal and state rules and regulations, including requirements and procedures applicable to the interface between state regulation and federal oversight and regulation established in the Affordable Care Act;
- b. Form and rate review instructions;
- c. SERFF filing procedures;
- d. Carrier filings;
- e. Carrier correspondence (e.g. bulletins, guidance, and actuarial review letters);
- f. Public summary and decision materials; and
- g. Form and rate approval conditions.

**Activity 1.2 Collect Input from Key Stakeholders**

The vendor shall meet with key stakeholders to discuss their perspective on how OHIC conducts its form and rate review process and to discuss their observations concerning the strengths and weaknesses of the process. Key stakeholders shall include, but are not limited to:

- OHIC staff and consulting actuaries;
- Health insurance carrier management and actuarial staff; and
- Other partner state agencies, including the Attorney General’s Office and HealthSource RI.

**Activity 1.3 Develop Form and Rate Review Policy and Procedures Manual**

The vendor shall develop a form and rate review policy and procedures manual based on Activities 1.1-1.2 that will include, but not be limited to, the following elements:

- Significant dates in the health insurance rate review process;
- The roles of OHIC officials, staff, and contractors;
- Form filing requirements for carriers;
- Information and analysis collected from carriers;
- Information and analysis conducted by OHIC staff and contractors;
- Transparency and confidentiality standards and procedures;
- Opportunities for public comment or intervention;
- Statutory and regulatory standards and procedures; and
- Any additional components of the process not listed above but identified during the course of this engagement.

Additionally, to document and prepare the rate review process specific to individual, Medicare supplemental and dental insurance, the vendor shall collect information and interview key stakeholders as described in Activities 1.1-1.2, and shall collect and examine relevant documents (for example, form and rate filings, actuarial review letters, the record of administrative hearings in the case of individual insurance).

**Activity 1.4 Stakeholder Engagement, Convening, and Communications on Form and Rate Review and OHIC’s Affordability Standards**

The vendor shall, in conjunction with the development of a form and rate review documentation manual, work on engaging consumers, employers, their employees, and other relevant stakeholders in OHIC’s annual form and rate review process. The vendor shall also work on engagement of stakeholders for OHIC’s Affordability Standards work. This work will include but is not limited to:

- Educating and engaging stakeholders in the form and rate review process, including education on the impact of form and rate review in Rhode Island and explaining the cost drivers of health insurance rates;
- Educating and engaging stakeholders on the intersection between OHIC’s form and rate review process and OHIC’s Affordability Standards; and
- Specific engagement of employers on both form and rate review and the Affordability Standards.

**SECTION 4: TECHNICAL PROPOSAL**

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project, including their experience in the field of health policy and communications in general and health care reform and insurance regulation in particular, if any. Please also note any specific expertise with Rhode Island’s health care environment.
2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor’s experience in state health policy, communications, and insurance regulation experience. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided. The State prefers a vendor who has prior:
  - a. Expertise with health care policy development, implementation, and analysis;
  - b. Expertise in health care reform efforts, including expertise with the ACA;
  - c. Expertise in the health insurance marketplace and industry stakeholders in Rhode Island, including familiarity with health insurance regulation practices;
  - d. Expertise conducting research on statutory and regulatory guidance, including an understanding of commercial insurance regulation in Rhode Island;
  - e. Demonstrated ability to facilitate stakeholder identification and consultation; and
  - f. Expertise with stakeholder and consumer engagement and education
- 3 Work plan - Please describe in detail, the framework within which the requested technical assistance will be performed.

**SECTION 5: COST PROPOSAL**

Vendors must provide a separate, signed and sealed Cost Proposal using Appendix A: Cost Schedule Spreadsheet for fees charged for the preparation and delivery of the strategic plan outlined in this proposal for a 12-month term. When formulating the cost proposal, vendors should present their costs by position with a fully loaded hourly rate. Please explain the basis and rationale of your fee structure.

**Project Budget:**

- Fixed fee not to exceed project
- Payment will be based on staff positions, rates and hours.
- A 10% retainage will be applied to the contract amount and will be payable only after the final delivery and acceptance of all deliverables.
- Funding is contingent on availability of federal Rate Review Cycle II & Cycle IV funds.

**SECTION 6: EVALUATION AND SELECTION**

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 52.5 (75.0%) out of a maximum of 70 technical points. Any technical proposals scoring less than 52.5 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 52.5 technical points or higher will be evaluated for cost and assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Office of the Health Insurance Commissioner (OHIC) reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

<b>Criteria</b>	<b>Possible Points</b>
Staff Qualifications	20 Points
Capability, Capacity, and Qualifications of the Offeror	30 Points
Quality of the Work plan	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
<b>Total Possible Points</b>	<b>100 Points</b>
<b>Criteria</b>	<b>Possible Points</b>

\*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

## **SECTION 7: PROPOSAL SUBMISSION**

Questions concerning this solicitation may be e-mailed to the Division of Purchases at [david.francis@purchasing.ri.gov](mailto:david.francis@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. Please reference **RFP #** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7549771 Form and Rate Review Communications and Documentation Support**" to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

## **RESPONSE CONTENTS**

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet

(included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

2. One completed and signed W-9 (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).
3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to eight (8) pages (this excludes any appendices).
4. **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project.
5. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-Rom, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

#### **CONCLUDING STATEMENTS**

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the RFP. The State's General Conditions of Purchases/General Terms and Conditions can be found at the following URL: <https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf> .

**Appendix A . Cost Proposal Spreadsheet: 12-Month Budget**

Personnel	\$	-
Other costs	\$	-
<b>Total</b>	<b>\$</b>	<b>-</b>

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Authorized Agent Signature

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Date

Appendix A . Cost Proposal Spreadsheet: Staff

<b>Role</b>	<b>Name</b>	<b>Fully loaded hourly rate</b>	<b>Hours</b>	<b>Total</b>
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Total</b>				<b>\$ -</b>

Appendix A . Cost Proposal Spreadsheet: Other Costs

Item	Description	Cost
<b>Total</b>		\$ -