

Request for Information

Wisconsin's Health Insurance Portal and Interchange

Issued by:

The State of Wisconsin Department of Health Services Office of Free Market Health Care

I. Introduction

A feature of the new federal Patient Protection and Affordable Care Act (<http://www.healthcare.gov/law/about/index.html>) is the requirement that all states establish a health insurance exchange. While the new law sets minimum standards, states are given great flexibility in implementing exchanges that take into account the existing insurance markets in addition to the needs of individuals and businesses seeking insurance.

Wisconsin, with a storied history of innovation, is preparing for 2014 by leveraging existing systems for eligibility and enrollment that will allow residents to apply for and manage their health care coverage, FoodShare benefits, child care and more.

Building on existing information technology infrastructure, which will serve as the portal to Wisconsin's fully integrated health insurance exchange by ensuring a simple and streamlined eligibility and enrollment process?

II. Purpose of Request

The Office of Free Market Health Care (OFMHC) is interested in learning more about health insurance exchange systems and applications that serve the non-group and group health insurance markets. The OFMHC will be holding one-hour demonstrations on August 1 and 2, 2011 to allow interested parties to demonstrate their product offerings. The following are the requirements to participate in the demonstrations.

- The system/application must serve either the non-group or group health insurance market.
- The system/application must be in service or be far enough along in development to provide for a live system demonstration. Screen shots or power point documents will not qualify as a live demonstration.
- The following functionality must be included in the demonstration:
 - Employer enrollment and management functions (if applicable)
 - Employee and/or individual consumer enrollment functions (as applicable)
 - Health plan comparison and selection, including any sorting or filtering functionality
 - Health plan product support including loading and maintenance of plan design, rate, and premium information
- The following functionality is not required but should be demonstrated if available:
 - Health insurance education tools as it relates to purchasing health insurance
 - User account administration and any customer support tools
- A product/business owner or designee that is intimately familiar with the system/application and can respond to detailed functionality questions must conduct the demonstration.

Demonstrators must submit their company background, including populations served, and a listing of their existing clients (Appendix A).

Demonstrators must also review Appendix B: Designation of Confidential and Proprietary Information. This form must be used to designate any material as trade secret as provided in s. 19.36(5), Wis. Stats including any material distributed during the demonstration.

The Department is unable to predict how many qualified demonstrators, based on the requirements above, will respond to this RFI. Therefore, in the event that it becomes necessary to schedule additional demonstrations because the period of August 1st and 2nd becomes full, the Department will make the required arrangements to schedule the additional qualified vendors at a future date.

The OFMHC will provide access to the internet, computer projector, and display but demonstrators must use their own computers for the demonstration.

The demonstrations will be held at:

Office of the Commissioner of Insurance
Room 227
125 South Webster Street
Madison, WI 53707-7873

Please contact Craig Steele at (608) 266-7024 (craig.steele@wisconsin.gov) with any questions regarding this RFI and to schedule your demonstration.

RESPONDENTS MUST NOTE: This RFI is not a solicitation for proposals, bids or services, nor does it represent any other formal procurement device. The Department, at its sole discretion, may elect to conduct a formal solicitation based upon, among other factors, the information received in response to this RFI.

Appendix A

STATE OF WISCONSIN

Request for Information#

RFI 0708

Existing Clients : Use multiple sheets if necessary

FOR
VENDOR: _____

Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) with requirements similar to those included in this Request for Information. If a demonstrator is proposing any arrangement involving a third party, the named references should also be involved in a similar arrangement.

Company
Name _____

Address (include Zip
+ 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s)
Used _____

Company
Name _____

Address (include Zip
+ 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s)
Used _____

Company
Name _____

Address (include Zip
+ 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s)
Used _____

Company Name _____

Address (include Zip
+ 4) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s)
Used _____

Appendix B

STATE OF WISCONSIN
DOA-3027 N(R01/98)

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to RFI0708 includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

Prices always become public information when bids/proposals are opened, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c), Wis. Stats. as follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

We request that the following pages not be released

Section	Page #	Topic

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFORMATION IS CHALLENGED, THE UNDERSIGNED HEREBY AGREES TO PROVIDE LEGAL COUNSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD THE STATE HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF THE STATE'S AGREEING TO WITHHOLD THE MATERIALS.

Failure to include this form in the bid/proposal response may mean that all information provided as part of the bid/proposal response will be open to examination and copying. The state considers other markings of confidential in the bid/proposal document to be insufficient. The undersigned agrees to hold the state harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company _____ Name

Authorized _____ Representative

Signature

Authorized _____ Representative

Type or Print

Date

This document can be made available in accessible formats to qualified individuals with disabilities.