



STATE OF ALABAMA

Alabama Department of Insurance Office of the Alabama Health Insurance Exchange (HIX)

Request for Proposal for the Alabama Health Insurance Exchange System

Deliverable
RFP#: 2012-HIX-101
Issued date: May 9, 2012
Amendment date: May 25, 2012
AMENDMENT 1
Version 3.2

The above referenced Request for proposal, dated May 9, 2012, is amended as outlined below.

This amendment must be signed and returned with the RFP response, which must be received no later than 5:00 P.M. Central Daylight Time on Monday, June 11, 2012 or the proposal will not be considered.

Lines 20-22 on the Title Page are being amended to read as follows:

May 9, 2012 (Issue Date)
As amended, May 25, 2012
Version 3.2.

Line 34 in the Table of Contents is being amended to read as follows:

1.2.2 Alabama MAGI Eligibility Determination System

Line 267 in Table 1, Project Timetable

- References to CST changed to CDT

Lines 313-318 in Section 1.1 are being amended to read as follows:

It is the state's desire to obtain a SOA solution that will allow other state agencies to consume centrally hosted services. The vendor selected will not be responsible for integrating services beyond the scope outlined in this RFP. However, licensing costs for components that have broad applicability across agencies – e.g. eligibility engine, address validation tools, business intelligence software, user administration, etc. – should be priced in such a way to allow for extensibility beyond the Exchange System.

Line 344 in Section 1.2 is being amended to read as follows:

- Alabama MAGI Eligibility Determination System

Lines 364-390 in Section 1.2.2 are being amended to read as follows:

1.2.2 Alabama MAGI Eligibility Determination System

At this time, it is anticipated that Alabama will procure a new system which will supply the eligibility determination functionality for HIX, Medicaid and CHIP (ALL Kids). A requirement is included (see Section 3) that specifies a HIX System to provide the MAGI (income-based) eligibility functionality for HIX, Medicaid and CHIP. The MAGI based eligibility decision would then be passed to Medicaid and CHIP. ***NOTE: It has now been determined that the proposed HIX System must include an Eligibility Determination System capable of making MAGI determinations for HIX, Medicaid and CHIP programs. Vendors must proceed with the understanding that the proposal must include cost estimates for the entire eligibility function, and that none of this functionality will be provided by the Medicaid Eligibility Determination System. Vendors must not present proposals that assume that another agency will provide this functionality. In the proposed budget, vendors must present a line item price for purchasing and writing the business rules to support the MAGI eligibility determination. The price quoted must also include ongoing operations, maintenance and support costs on an annual basis for the first five years of operation. The price for the up-front and ongoing MAGI eligibility determination component must be included on Form N.***

Lines 412-420 in Section 1.2.3 are being amended to read as follows:

In the same way that MyAlabama.gov Portal is an entry point for the stakeholders of the Alabama MAGI Eligibility Determination System, MyAlabama.gov Portal will be an entry point for stakeholders of the Alabama Health Insurance Exchange System. Section 3 provides more detail regarding the HIX procurement.

NOTE: It has now been determined that the proposed HIX System must include an Eligibility Determination component capable of making MAGI determinations for HIX, Medicaid and CHIP programs. Vendors must proceed with the understanding that the proposal must include cost estimates for the entire eligibility function. Vendors must not present proposals that assume that another agency will provide this functionality.

Lines 551-555 in Section 2.3.1 are being amended to read as follows:

Vendor should provide Independent Verification & Validation (IV&V) for system design, with minimal IV&V performed at major release points, with the requirement of a IV&V before every release to the production environment. The IV&V must not be performed by a group that is designing, building nor supporting the Exchange system build.

Lines 998-1018 are being amended to read as follows:

- IRS Publication 1075 – Tax Information Security Guidelines for Federal, State and Local Agencies
 - IRS rules and regulations for safeguarding FTI, such as Safeguard Procedures Report (SPR),
 - Safeguard Activities Report (SAR), Corrective Action Plan (CAP), Compliance with updates and reporting, logging, secure storage, restricting access, Employee Awareness and Internal Inspections, Computer Security and Disposal
 - Completion and compliance with the latest revisions of the CMS comprehensive system security control requirements for state Exchanges, especially the CMS System Security Plan (SSP), System Security Plan Workbook (SSP Workbook) and Safeguard Procedures Report (SPR). The SSP is a comprehensive system security control requirements for state Exchanges. These information security control requirements have been defined within a comprehensive framework, based off other federal standards and common security standards. This new set of documents is a refined collection of all the federal security requirements that state Exchanges must meet. The new control requirements are documented within the System Security Plan (SSP), System Security Plan Workbook (SSP Workbook) and Safeguard Procedures Report (SPR).

Lines 1030-1043 are being amended to read as follows:

- NIST 800-53 Latest Version

Lines 2488-2498 in Tab B are being amended to read as follows:

The content of the Cost Executive Summary Response Table A will be the Vendor's total cost to be charged to HIX for all products and services during the respective year. The 2014 year is the warranty year in which the successful vendor will operate the Exchange. The costs for years 2015-2018 represent the per year costs to HIX of the Vendor continuing to be renewed to operate the Exchange.

Lines 7443 to 7460 in APPENDIX B are being amended to read as follows:

- The Vendor’s solution should address how the HIX would host an eligibility system that supports not only the HIX, but also requires integration with the current Medicaid and CHIP systems for the purpose of making a MAGI determination for eligibility.
- **NOTE: It has now been determined that the proposed HIX System must include an Eligibility Determination component capable of making MAGI determinations for HIX, Medicaid and CHIP programs. Vendors must proceed with the understanding that the proposal must include cost estimates for the entire eligibility function. Vendors must not present proposals that assume that another agency will provide this functionality.** Seamlessly integrates the System with the CMS “Federal Hub”, when (if) directed by the state of Alabama (assuming CMS is able to participate in integration activities within the Project Timeline requirements of the Alabama HIX implementation – See Table 1)

Line 8334 in Appendix K is being amended to read as follows:

- Form N – MAGI Eligibility Determination System Cost

Lines 8529-8551 are being amended to read as follows:

FORM N: MAGI ELIGIBILITY DETERMINATION SYSTEM COST

COST TO PURCHASE, INSTALL AND CONFIGURE*	
OPERATING YEAR 1	
OPERATING YEAR 2	
OPERATING YEAR 3	
OPERATING YEAR 4	
OPERATING YEAR 5	

***THIS COST SHOULD REFLECT ALL OF THE “UP-FRONT” COSTS TO PROCURE THE MAGI ELIGIBILITY DETERMINATION SYSTEM PRIOR TO THE “GO-LIVE” DATE OF OCTOBER 1, 2013.**

NOTE: OPERATING YEAR COSTS SHOULD REFLECT ALL LICENSING AND MAINTENANCE COSTS FOR EACH YEAR. IT MUST BE ASSUMED THAT AN ENTERPRISE LICENSE WILL BE PURCHASED THAT WOULD ALLOW OTHER STATE AGENCIES TO USE THE BUSINESS RULES ENGINE THAT SUPPORTS THE MAGI ELIGIBILITY DETERMINATION.

IN FORM N, VENDORS SHOULD NOT INCLUDE ANY CONFIGURATION, DEVELOPMENT OR INTEGRATION COSTS BEYOND THE SCOPE OF MAKING THE MAGI ELIGIBILITY DETERMINATION FOR HIX, MEDICAID AND CHIP.

Requirement EL-9 in the “Indiv Eligibility (EL)” Worksheet of the Requirements Response Matrix is being amended to read as follows:

Utilize / create a single client identifier for the Exchange, and if applicable, forward this identifier for use by Medicaid and CHIP at the point of application / account creation.

Requirement EL-12 in the “Indiv Eligibility (EL)” Worksheet of the Requirements Response Matrix is being amended to read as follows:

Provide ability to cross reference other individual identifiers including, but not limited to, those in the Medicaid, SERFF, AHIE, and the Federal Hub systems.

Requirement EL-41 in the “Indiv Eligibility (EL)” Worksheet of the Requirements Response Matrix is being amended to read as follows:

If screening determines that an individual requires a Medicaid determination for an Aged, Blind, Disabled, or SSI-based program, a referral must be initiated to Alabama Medicaid System. If applicable, the request and corresponding response must be in the form of a NIEM-conformant message unless an existing message standard is approved by HIX.

Requirement EL-114 in the “Indiv Eligibility (EL)” Worksheet of the Requirements Response Matrix is being amended to read as follows:

Provide capability to accept referrals from Alabama Medicaid for individuals who are transitioning to Exchange programs.

Signature acknowledges receipt of this amendment and its incorporation into the Request for Proposal.

Company: _____

By: _____

Print name: _____

Title: _____

Date: _____