



State of West Virginia  
 Department of Administration  
 Purchasing Division  
 2019 Washington Street East  
 Post Office Box 50130  
 Charleston, WV 25305-0130

# Request for Quotation

RFQ NUMBER
INS12016

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF
SHELLY MURRAY 304-558-8801

VENDOR

RFQ COPY  
 TYPE NAME/ADDRESS HERE

SHIP TO

INSURANCE COMMISSION  
  
 1124 SMITH STREET  
 CHARLESTON, WV  
 25305-0540 304-558-3707

DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/17/2012				

BID OPENING DATE: 06/14/2012 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	LS		961-20		
<p>THE WEST VIRGINIA PURCHASING DIVISION, FOR THE AGENCY, THE WEST VIRGINIA INSURANCE COMMISSION, IS SOLICITING BIDS FOR ANALYTIC SUPPORT FOR THE WEST VIRGINIA HEALTH BENEFIT EXCHANGE TO STUDY AND MAKE RECOMMENDATIONS REGARDING THE DESIGN AND OPERATION OF THE EXCHANGE'S NAVIGATOR PROGRAM AND ANY OTHER CONSUMER MECHANISMS PER THE ATTACHED SPECIFICATIONS.</p> <p>TECHNICAL QUESTIONS MUST BE SUBMITTED IN WRITING TO SHELLY MURRAY IN THE WEST VIRGINIA PURCHASING DIVISION VIA MAIL AT THE ADDRESS SHOWN AT THE TOP OF THIS RFQ, VIA FAX AT 304-558-4115, OR VIA E-MAIL AT SHELLY.L.MURRAY@WV.GOV. DEADLINE FOR ALL TECHNICAL QUESTIONS IS 05/29/2012 AT THE CLOSE OF BUSINESS. ALL TECHNICAL QUESTIONS RECEIVED, IF ANY, WILL BE ADDRESSED BY ADDENDUM AFTER THE DEADLINE.</p> <p>EXHIBIT 3</p> <p>LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE UPON AWARD AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
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TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE
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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



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<p>ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.</p> <p>UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT BY THE STATE OF WEST VIRGINIA, ITS AGENCIES, OR POLITICAL SUBDIVISIONS, THE TERMS, CONDITIONS, AND PRICING SET FORTH HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.</p> <p>RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30) DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICE SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p>						

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
05/17/2012				

BID OPENING DATE: **06/14/2012**      BID OPENING TIME **01:30PM**

LINE	QUANTITY	UOP	CAT NO	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>BID OPENING TIME:      1:30 PM</p> <p>PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:</p> <p>-----</p> <p>CONTACT PERSON (PLEASE PRINT CLEARLY):</p> <p>-----</p> <p>ANY INDIVIDUAL SIGNING THIS BID IS CERTIFYING THAT: (1) HE OR SHE IS AUTHORIZED BY THE BIDDER TO EXECUTE THE BID OR ANY DOCUMENTS RELATED THERE TO ON BEHALF OF THE BIDDER, (2) THAT HE OR SHE IS AUTHORIZED TO BIND THE BIDDER IN A CONTRACTUAL RELATIONSHIP, AND (3) THAT THE BIDDER HAS PROPERLY REGISTERED WITH ANY STATE AGENCIES THAT MAY REQUIRE REGISTRATION.</p> <p>***** THIS IS THE END OF RFQ      INS12016 ***** TOTAL: _____</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ FEIN \_\_\_\_\_ ADDRESS CHANGES TO BE NOTED ABOVE

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## INS12016

## REQUEST FOR QUOTATION

A. The West Virginia Offices of the Insurance Commissioner (OIC) seeks assistance for analytic support for the West Virginia Health Benefit Exchange (HBE) to study and make recommendations regarding the design and operation of the Exchange's Navigator Program and any other consumer assistance mechanisms, including study on each category of intermediaries :

1) Producers

- i. Perform a current environment assessment of the existing private sector health insurance distribution system in order to determine how private sector resources may be available and suitable for the use by the Exchange, including: compensation structure; number of covered lives enrolled, policies sold, and what markets they are in; training required and process for licensure; number of currently licensed agents; and regional distribution of licensed producers.
- ii. Analyze any research, plans, or actions that have been taken in at least four other states and at the federal level to address issues of agent participation in the Exchange.
- iii. Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a broker and consumer.
- iv. Perform a feasibility study of transitioning traditional relationship of an agent and consumer to that of a consultant and consumer.
- v. Analyze potential for requiring continuing education (CE) training specific to Exchange and options for process and development of this training. Identify recommendations on if and how this should be developed and also assist in the development of a contract for the CE to be developed as necessary.
- vi. Perform a feasibility study of agents' enrollment of consumers into Medicaid and CHIP including training and compensation issues.
- vii. Make recommendations on design and functional elements of the enrollment and case management portals for producers. Recommendations should be based on the input of stakeholders.

2) Navigators

- i. Analyze research, plans, or actions that have been taken in at least four other states and at the federal level to address Navigator issues.
- ii. Make recommendations as to what additional functions could be performed by Navigators beyond those required by federal law.
- iii. Perform needs assessment and feasibility analysis to determine number of Navigators needed, taking into account the varying needs of different

- ii. Make recommendations as to how to leverage existing state workers for the use by the Exchange for assisting consumers in eligibility and enrollment functions.
- iii. Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of state workers determining eligibility, enrolling consumers, and providing consumer assistance in the Exchange.
- iv. Identify specific training needs that could be required for these workers and develop strategy options for designing and developing the training.
- v. Assess liability issues of state workers and address how to mediate this risk
- vi. Provide a detailed assessment of the state's Medicare State Health Insurance Assistance Program (SHIP) model for eligibility, enrollment, and consumer assistance.

4) Non-compensated Community Assisters

- i. Perform a current environment assessment of any existing organizations that assist a consumer base in enrollment, including: identifying organizations that perform these activities now, plan to, or potentially could; compensation structure; training required; number of members; number of people served; and regional distribution of members.
- ii. Determine the possibility of leveraging these resources for eligibility, enrollment and consumer assistance functions of the Exchange.
- iii. Identify what research, plans, or actions have been taken in at least four other states and at the federal level to address issues of non-compensated community assisters in the Exchange.
- iv. Research the efforts of national organizations focused on maximizing enrollment, including that of Enroll America.
- v. Assess liability issues associated with the utilization of non-compensated community assisters.
- vi. Identify regulatory and oversight issues associated with non-compensated community assisters.

5) Other

- i. Develop payment strategy options for all persons or entities that assist in enrollment (bonuses, commissions, grants, and other payments)
  - 1. Payment strategies should take carrier medical loss ratio (MLR) calculation into consideration
  - 2. Payment strategies should take cost allocation into consideration
  - 3. Payment strategies to include measure to ensure that persons providing assistance are not double-dipping
- ii. Identify options for functional relationships between producers, Navigators, state workers, and non-compensated community assisters.
- iii. Other questions as the OIC deems necessary

- v. The findings from these interviews will ensure that the study, options development and support for the recommendations are well informed by the needs of those that the Navigator Program will serve and involve. This will include:
  - 1. Key Informant Interview Plan. The successful vendor will be required to develop a plan and conduct key informant interviews.
    - a. The plan should identify how interview recruitment will be conducted to assure a diversity of consumer interests, including small employers, individuals from racial and ethnic minority groups experiencing health disparities, urban, and rural consumers.
  - 2. Discussion Guide. The successful vendor will be expected to develop a discussion guide to conduct key informant interviews, which will be documented in a final report that will be presented to the OIC staff.
  - 3. Report on Findings. The summary of the key informant interviews will be documented in a final report that will be presented to the OIC staff. This report should provide a well-informed assessment of West Virginia consumer needs that should be addressed through a Navigator program.
- 3) Background and Qualitative Analysis. The successful vendor will be required to develop background and qualitative analyses that identify key issues for consideration.
  - i. This includes the compilation of existing research of other state or federal entities and a thorough assessment of current federal requirements for Navigator programs.
    - 1. If available, provide the materials provided by other states that were gathered during research, including existing forms and language specific to their Navigator program.
  - ii. The analyses should be consistent with the work plan.
- 4) Options Development. The successful vendor will develop options for the OIC staff to consider.
  - i. The presentation of options should be sufficiently developed to foster a transparent dialogue about West Virginia policy decisions.
  - ii. The options should be consistent with the work plan.
  - iii. The options should be within the parameters of state and federal law.
- 5) West Virginia specific analysis of options. The successful vendor will build on the background analysis to provide neutral analyses and West Virginia specific analyses of options to support the OIC staff in the development and consideration of options.

INS12016  
Quotation Sheet

Cost Bid

Print Name	
Signature	
Company Name	
Company Address	
Federal ID Number	
Phone	
Fax	
Email Address	

<p>All-Inclusive Rate</p> <p>(Consists of all charges and expenses including, but not limited to, commute, meals, lodging).</p>	<p>\$ _____</p>
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By my signature above I certify that the bid submitted meets or exceeds all the mandatory specifications of this RFQ. Additionally, I agree to provide any additional documentation deemed necessary by the State of West Virginia to demonstrate compliance with said mandatory specifications.

STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

**West Virginia Code §5A-3-10a states:** No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires \_\_\_\_\_, 20\_\_\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_



**VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

**1. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_\_\_ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
- \_\_\_\_\_ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or,**
- \_\_\_\_\_ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or,**

**2. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_\_\_ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

**3. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_\_\_ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or,**

**4. Application is made for 5% resident vendor preference for the reason checked:**

- \_\_\_\_\_ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or,**

**5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

- \_\_\_\_\_ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or,**

**6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

- \_\_\_\_\_ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

**Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.**

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.