



February 12, 2020

Request for Professional Services:

Anticipated start date for below requested service is November 1, 2021.

Community First Health Plans, Inc. (Community First), is a not-for-profit corporation formed by the Bexar County Hospital District, d/b/a, University Health System, a political subdivision of the State of Texas (Affiliate). Community First was incorporated in 1994 and was licensed by the state of Texas on October 6, 1995, to operate as a health maintenance organization (HMO). Community First provides health care services to enrolled subscriber groups through a network of health care organizations under both prepaid and fee-for-service contracts. The Affiliate's board of managers appoints Community First's board of directors and the Affiliate can impose its will on Community First. The Affiliate includes Community First in its financial statements as a blended component unit.

For over 25 years now, Community First has provided quality health care and has touched the lives of almost 700,000 unique individuals. We are proud to offer exceptional care for individuals and families, including children, quality prenatal care to expectant mothers, adults, and now special needs children. Community First is NCQA-accredited (National Committee for Quality Assurance), meaning our health plan has undergone rigorous processes and successful certification to ensure our standards allow us to provide the best quality services to our members and providers. Our goal is that our community has access to health care for all stages of life and the assurance of care for the unexpected, when most needed.

Community First is subject to various regulatory requirements including maintenance of minimum statutory net worth. As of December 31, 2020, Community First is in compliance with all such requirements.

Community First is requesting professional services for a billing and enrollment solution for individual insurance products offered on the Health Insurance Exchange (HIE) as outlined below. We are anticipating between 500-1000 HIE members for a January 1, 2022 go-live on the exchange. Submission of pricing quotes must outline all required infrastructure updates, implementation costs, and ongoing service/maintenance fees.

All Respondents must:

1. Provide an overview of your organization including the number of employees, revenue, client base, areas of specialization and expertise, etc. Please provide further detail specifically regarding experience with HIE billing and enrollment on the Texas exchange.
2. Provide the names and biographies of your staff that will implement the billing and enrollment solution service including highlights of relevant project implementation experiences on the exchange in the state of Texas. Please explain how their experience will benefit Community First Health Plans.
3. Outline the number of health plans your organization has provided a billing and enrollment solution to for individual insurance products offered on the HIE in Texas (or

other states if relevant) in the past three years. Provide the “report card” or outcome on these successes vs challenges.

4. Describe the process your organization will utilize to ensure that Community First is able to implement a billing and enrollment solution that is compliant with the Centers for Medicare and Medicaid Services (CMS) and Texas Department of Insurance (TDI) regulatory requirements for individual health insurance products on the exchange.
5. Describe how your organization’s billing and enrollment platform/services will integrate with Community First’s core system (QNXT).
6. Describe how your product and services are compliant with provisions outlined in HIPAA, the HITECH Act, the 21st Century CURES Act, and any other relevant federal or Texas state regulatory requirements. Describe the time/costs associated to Community First (if any) when system changes are required due to regulatory changes.
7. Provide information on your organization’s certifications/assessments for internal controls. Specifically:
 - a. Describe certifications your organization has achieved (i.e. SOC I/SOC II)
 - b. Describe how often your organization engages in the process
 - c. List the last time your organization was audited and if it achieved certification during
8. Explain how implementation of your organization’s services will accomplish the following:
 - a. Process eligibility files for HIE members to include during open enrollments
 - b. Communicate/exchange enrollment files with Community First’s Pharmacy Benefits Manager (PBM) Navitus and other vendors
 - c. Streamline the billing and recoupments process to include premium collections include delinquent premiums and timelines on resolution of billing issues regarding premiums (CSR’s)
 - d. Enhance operational requirements between enrollment and finance departments
 - e. Process for sending member changes to the health plan ex: address changes, service area, SSN corrections, changes in exchange ID, gain/loss of subsidy
9. Describe your organization’s training approach for Community First staff prior to implementation of your services.
10. Discuss expected market conditions, market capacity and outside influences that may affect the cost or availability of services during the next three years. Describe how your organization will address those issues on our behalf.
11. Provide a detailed implementation timeline, scope, and cost as a part of your organization’s response.

3-Year Term \$

4-Year Term \$

5-Year Term \$

12. Provide a minimum of three (3) references that can attest to your organization qualifications and expertise in providing the services as outlined in this request for professional services.

Please respond via email to jsimpson@cfhp.com by 2pm (CST) on February 26, 2021. Any proposal received after 2pm on February 26, 2021 will not be considered.