



Request for Information:
Group Vision Insurance Plans

RFI 2641
Washington State Health Care Authority

March 27, 2018

Section 1: RFI Goals and Objectives

This Request for Information (RFI) is seeking information that will assist the Washington State Health Care Authority (HCA) in the prospective procurement and implementation of a group vision insurance plan for the School Employees Benefits Board (SEBB) Program, and potentially any other programs administered by the Employees and Retirees Benefits (ERB) division of HCA.

The goals of this RFI are:

- Inform – With this RFI, HCA hopes to inform the vendor community of its intent to procure for a group vision insurance plan, and provide some general business context regarding the project.
- Learn – HCA is issuing this RFI to collect information from the vendor community on its knowledge, experience, and expertise offering group vision insurance plans. HCA is particularly interested in the following:
 - The benefit plans offered for a group vision insurance plan;
 - A description of provider networks for group vision insurance plans; and
 - Details regarding network adequacy for such plans.
- Guide – The HCA hopes to use this RFI to promote interest in our effort to design, procure, and implement a group vision insurance plan in the following ways:
 - Inform the overall design of a group vision insurance plan that fits the needs of HCA and SEBB Program members; and
 - Inform the creation of a competitive solicitation to procure for such a plan for the SEBB population.

Section 2: Background

A. Overview of ERB Programs

HCA is a cabinet-level agency within the Washington State executive branch and governed by chapter 41.05 of the Revised Code of Washington (RCW). The agency is the largest purchaser of health care services in Washington State through its management of the Public Employees Benefits Board (PEBB) and Apple Health (Medicaid) Programs. This purchasing influence will grow even larger with the implementation of SEBB. The ERB division of HCA will administer benefits designed for both the SEBB and PEBB Programs. Today, the PEBB Program covers all eligible Washington State employees and their dependents, which includes Washington State school employee retirees.

The SEBB Program was created within HCA pursuant to the passage of Engrossed House Bill (EHB) 2242 (Laws of 2017, 3rd sp.s., Part VIII¹) in July 2017. EHB 2242 directs the SEBB and HCA to develop and administer a suite of benefits for eligible Washington State school employees and their dependents through the SEBB Program.

Starting January 1, 2020, all Washington State school districts, educational service districts, and charter schools will be required to participate in the SEBB Program. SEBB will design and approve insurance benefit plans and establish eligibility criteria for participation in these plans.

¹ [http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/House/2242.SL.pdf?cite=2017 3rd sp.s. c 13 § 801](http://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/House/2242.SL.pdf?cite=2017%203rd%20sp.s.%20c%2013%20%24%20801).

HCA will support the procurement of these benefit plans for SEBB approval. SEBB may or may not choose to adopt some or all of the benefit plans that PEBB currently offers, and may choose to direct HCA to procure some or all of its own benefit plans independent of the PEBB Program. Under EHB 2242, benefit plans and rules must be in place and fully effective on January 1, 2020, and HCA must follow the state procurement process to put the benefit plans in place.

On March 15, 2018, SEBB adopted resolutions that, among other things, requires HCA to “perform a procurement for a stand-alone vision benefit.” During the board discussion it was clarified the intent of this resolution is a group vision plan. This RFI is only the first step being taken by HCA in fulfillment of this resolution.

B. SEBB Program Population

The SEBB Program will offer benefits to Washington State school employees and dependents who meet the eligibility criteria defined in the Washington Administrative Code (WAC) rules, which are currently in the process of being developed. The only current eligibility criteria is set as any employee anticipated to work at least six hundred and thirty (630) hours during the school year. Currently, when a Washington State school employee retires and meets eligibility requirements, they become eligible for benefits under the PEBB Program. The SEBB population does not include retirees at this time.

Based on Washington State school employee data received from the Office of Financial Management (OFM) for the 2015-16 school year, there were approximately 134,000 school employees statewide who worked at least 630 hours and approximately 10,500 employees who worked less than 630 hours. The number of dependents covered through school employee groups will likely increase from current levels as the employee premium contribution methodology will change under SEBB to be relatively more favorable to employees with dependents. While the exact number of members will not be known until the end of open enrollment in late fall of 2019, it is known that the subscriber population is largely female (roughly 75%) and the median age is approximately thirty-seven (37). HCA estimates that total SEBB enrollment (eligible subscribers and dependents) is between 200,000 and 300,000.

While all school districts, educational service districts, and charter schools may contract with HCA for PEBB benefits, currently only seventy-two (72) school districts and five (5) educational service districts elect to participate in these benefits; this is approximately three to five percent (3-5%) of all Washington school employees. Currently most active K-12 teachers and school employees have benefits arranged by their individual employing districts and collective bargaining units. EHB 2242 requires state consolidation of benefits purchasing, benefits administration, and collective bargaining.

Section 3: Purchasing Goals

HCA is committed to promoting the health and wellness of SEBB and PEBB members and expects Carriers to continue to develop strategies and programs that support the triple aim of better health, better care, and lower costs.

ERB division purchasing goals are:

- **Member Satisfaction**
 - Maintain access to choice of health plan and provider, and provide timely,

- person-centered care for employees.
- Improve member health literacy so that members can effectively use their benefits to meet their health goals.
- Promote health equity among the diversity of SEBB and PEBB members.
- Promote primary care by encouraging members to have a primary care home.
- **Clinical**
 - Design benefits that support providers in delivering evidence-based, standardized care. Specific examples include:
 - Implementing the recommendations of the Bree Collaborative;
 - Limiting low-value care;
 - Supporting providers in the move to team-based care; and
 - Implementing the Governor’s Executive Order 16-09 Addressing the Opioid Use Public Health Crisis, which includes effective screening for opioid use disorder and increased management of medication-assisted and other needed treatments.
- **Financial**
 - Increase the long-term financial sustainability of state health programs.
 - Support HCA in purchasing goal of connecting 90% of payments to quality and value as defined by HCP-LAN 2c-4b by 2021 (See Exhibit 1 - CMS Framework for Value-based Payments or Alternative Payment Models).
 - Improve management of underlying cost and reduce health care waste.
 - Reward improved performance of the contracted health systems within the ERB division’s contracted carriers.

Section 4: Content of Responses

This section outlines the elements requested in response to this RFI. After reviewing the responses, HCA may contact some or all vendors with follow up questions or with a request to make a presentation at HCA headquarters. HCA values a vendors’ time, and does not want it spent on preparing an extensive response beyond what is necessary for the purposes of this process. HCA would prefer vendors submit a brief response to the questions rather than no response at all. For the purposes of this RFI, “Not applicable” or “No response” qualifies as a brief response.

Please respond to the questions below, specific to your organization’s **group vision insurance plan(s)**.

A. Plan Type

1. Using the table provided below, please provide the aggregated numbers of your vision coverage as of January 1, 2018.

Product Type	Number of Accounts	Number of Subscribers	Number of Members
Self-insured			
Fully-insured			
Discount/Affinity Only			
Totals			

2. If offered, are your self-insured vision plans customizable?
3. How many vision plan contracts does your organization have in Washington State?

B. Plan Design

1. Describe your organization's benefit plan offerings and include covered services descriptions. Please provide your range of plans and rates.
2. Describe any member paid buy-up options offered by your organization.
3. Does your organization offer member discounts or affinity programs? If so, describe what the programs are, and what is included in them.
4. Is your eye exam covered annually or biennially? Describe any member cost shares for this service.
5. What tests are included in the eye exam benefit?
6. Please describe how pediatric eye exams and hardware benefits are designed and factored in the overall plan designs, keeping in mind the Affordable Care Act (ACA) pediatric vision requirements.
7. Describe your organization's range of deductibles.
8. Does your organization pay claims based on a capped amount per member, or are your costs based on a per service fee schedule? Is this dependent on whether the plan is fully-insured or self-insured?
9. If payment is based on a capped amount per member, does the capped amount renew annually or biennially?

C. Provider Network

1. Describe how your organization determines who is in-network.
2. What vision provider types does your organization contract with?
3. Does your organization use a tiered provider network? If yes, describe the different coverage levels.
4. Is the network the same for both fully insured and self-insured plans?
5. How do your organization's covered providers work with medical plans when services provided are covered under a medical plan and not a separate vision plan?
6. Describe all the ways your organization allows members to submit claims for reimbursement.
7. Can a member purchase glasses or contact lenses from an out-of-network provider and submit a claim for reimbursement?
8. Describe how your organization pays out-of-network providers when:
 - a. The provider submits the claim
 - b. The member submits the claim
9. If prior authorization is required to schedule an examination with a network provider, what is the average wait time for an appointment with your organization's Washington

network providers?

10. Complete Exhibit 1, County Coverage: Number of Contracted Providers by Provider Type, with the following information:
 - Column “c”: the number of in-network ophthalmologists.
 - Column “d”: the number of in-network optometrists.
 - Column “e”: the number of in-network ophthalmologist and optometrist (those accounted for in columns c and d) offices that sell vision hardware (prescription lenses, frames, contact lenses) on site.
 - Column “f”: the number of retail stores that sell vision hardware.
11. Provide a list of the States where your organization has contracted providers.
12. Does your organization provide international coverage? If yes, please describe.

D. Customer Service

1. Does your organization have customer service centers dedicated to specific contracted clients? If not, would this be a possibility? If the answer to either question is yes, what are the minimum requirements that would make a contracted client eligible for a dedicated customer service center?
2. Does your organization have other dedicated staff for large contracted clients? If so, please describe.
3. Are your customer service centers specifically dedicated to either members or providers, or do they handle both?
4. Are your customer service centers U.S. based? If so, where are they located? If they are not located in the U.S., where are they located?
5. Please provide your customer service hours, including time zone.
6. How does your organization measure customer satisfaction, and how often is it measured? Provide any scores or results from the past two years.
7. How does your organization work with vision providers who submit claims for services that are not covered under your vision plan, but may be covered under the member’s medical plan?

E. Administration

1. How do members order vision hardware through your organization’s online portal?
2. What documents can a member upload to the online portal?
3. Can your organization receive premium payments directly from a member?
4. Please answer the following hypothetical questions regarding implementation, assuming HCA is a new client:
 - a. After being provided with a HIPAA 834 eligibility file, on average how long would it take to collaborate to build the group structure framework and data layouts, assuming there are six (6) subgroups (Reference Exhibit 2 – Group Structure Example)?

- b. After completion of the group structure framework and data layouts, on average how long would it take to program the groups into your organization's IT systems?
- c. After completion of the programming, on average how long would it take your organization to test?

F. Miscellaneous

- 1. What feedback or advice do you have for HCA as it considers procurement of a group vision insurance plan?
- 2. Please provide contact information (name, email, and phone number) for staff that HCA can follow up with for questions pertaining to this RFI.

Section 5: Administrative Terms and Conditions

A. RFI Coordinator

Please submit responses to the RFI Coordinator at the following address and/or email:

Lesley Houghton
 RFI Coordinator
 626 8th Ave SE
 Olympia, WA 98504
Contracts@hca.wa.gov

B. RFI Schedule

Release RFI	March 27, 2018
Vendor Questions Due	April 3, 2018
Answers to Vendor Questions	April 9, 2018
Vendor Submissions Due	April 24, 2018

C. Response Instructions

Please do not cut and paste responses into this RFI. Instead, provide a response as a separate document. Responses should be ordered using the same numbering as listed in section 4, including the section headings and questions. Vendors may include any preprinted materials that would provide the information HCA requests, and may attach a cover letter to provide any additional pertinent information about the organization not requested in Section 4 of this RFI.

Responses should be provided in an electronic format, such as Adobe Acrobat or Microsoft Word. This will assist in HCA's review process. You only need to provide a single copy of your response. Responses may be provided in more than one file and submitted in more than one email. While HCA prefers that all responses be submitted via email to the RFI Coordinator, a physical copy of responses and materials will also be accepted. However, faxed responses will not.

Please note that HCA will not accept zipped or compressed files in connection with this RFI. HCA will not open any such file. If individual files to a response are too large, please

send multiple emails instead of compressing files.

D. Cost of Response

You will not be reimbursed for costs associated with preparing or presenting any response to this RFI.

E. Response Property of HCA

All materials submitted in proposal to this RFI become the property of HCA. HCA has the right to use any of the ideas presented in any response to the RFI. HCA intends to share some of the information provided in response to this RFI with other state agencies, commissions, boards, or the like, to assist them in the performance of their duties, including collective bargaining.

F. Public Records and Proprietary Information

Any information contained in the response that is proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word “confidential” or “proprietary” printed on the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.

To the extent consistent with chapter 42.56 RCW, the Public Records Act, HCA shall maintain the confidentiality of your information marked confidential or proprietary. If a request is made to view your proprietary information, HCA will notify you of the request and of the date that the records will be released to the requester unless you obtain a court order enjoining that disclosure. If you fail to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in its notice to you.

HCA’s sole responsibility shall be limited to maintaining the above data in a secure area and to notify you of any request(s) for disclosure for so long as HCA retains your information in HCA records. Failure to so label such materials, or failure to timely respond after notice of request for public records has been given, shall be deemed a waiver by you of any claim that such materials are exempt from disclosure.

G. Revisions to the RFI

HCA reserves the right to amend this RFI at any time. In the event it becomes necessary to revise any part of this RFI, addenda will be provided via e-mail to all individuals who have made the RFI Coordinator aware of their interest. Addenda will also be published on Washington’s Electronic Bid System (WEBS). The website can be located at <https://fortress.wa.gov/ga/webs/>. For this purpose, the published questions and answers and any other pertinent information shall be provided as an addendum to the RFI and will be published on WEBS.

HCA reserves the right to cancel or reissue this RFI at any time, without obligation or liability.

H. No Obligation to Buy or Procure

HCA will not contract with any vendor as a result of this RFI. While HCA may use responses to this RFI to draft a competitive solicitation for the subject of these

services, issuing this RFI does not compel HCA to do so.

Responding to this RFI will not be a requirement of future solicitations. Responses and information provided in response to this RFI will not be considered when evaluating bidders responding to any future solicitation.

Exhibit 1 – County Coverage: Number of Contracted Providers by Provider Type

a. State	b. County Name	c. Number of Ophthalmologists	d. Number of Optometrists	e. Number of Ophthalmologist and Optometrist Offices that Sell Vision Hardware	f. Number of Retail Vision Hardware Stores
WA	Adams				
WA	Asotin				
WA	Benton				
WA	Chelan				
WA	Clallam				
WA	Clark				
WA	Columbia				
WA	Cowlitz				
WA	Douglas				
WA	Ferry				
WA	Franklin				
WA	Garfield				
WA	Grant				
WA	Grays Harbor				
WA	Island				
WA	Jefferson				
WA	King				
WA	Kitsap				
WA	Kittitas				
WA	Klickitat				
WA	Lewis				
WA	Lincoln				
WA	Mason				
WA	Okanogan				
WA	Pacific				
WA	Pend Oreille				
WA	Pierce				
WA	San Juan				

WA	Skagit				
WA	Skamania				
WA	Snohomish				
WA	Spokane				
WA	Stevens				
WA	Thurston				
WA	Wahkiakum				
WA	Walla Walla				
WA	Whatcom				
WA	Whitman				
WA	Yakima				
OR	Clackamas				
OR	Clatsop				
OR	Columbia				
OR	Gilliam				
OR	Hood River				
OR	Morrow				
OR	Multnomah				
OR	Sherman				
OR	Umatilla				
OR	Union				
OR	Wallowa				
OR	Wasco				
OR	Washington				
ID	Adams				
ID	Benewah				
ID	Bonner				
ID	Boundary				
ID	Idaho				
ID	Kootenai				
ID	Latah				
ID	Lewis				
ID	Nez Perce				

Exhibit 2 – Group Structure Example

