

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
55 ELM STREET
HARTFORD, CT 06106

REQUEST FOR INFORMATION

HEALTHCARE DATA WAREHOUSING AND ANALYSIS,
CHRONIC CONDITION CARE AND HEALTH ENHANCEMENT PROGRAM
COORDINATION AND MONITORING

Issue Date:
September 2, 2012

Questions Cut-Off Date:
September 14, 2012

Questions and Answers Publish Date:
September 19 2012

RFI Response Due Date:
September 28, 2012

Scope:

In accordance with Section 5-259 of the Connecticut General Statutes, the State Comptroller, in collaboration with the Health Care Cost Containment Committee, is soliciting information from vendors interested in providing services to support the State of Connecticut's Health Enhancement Program (HEP). A subsequent Request for Proposal (RFP) will be issued to qualified respondents of this Request for Information (RFI). The Comptroller intends to solicit bids from qualified firms to (a) provide health data warehousing, aggregation and analysis services, as well as remote database access for the Comptroller and/or designated consultants; (b) utilize data analysis to implement chronic condition management and care coordination especially through collaboration with the health plan's existing Patient Centered Medical Homes and other Primary Care Physicians ; (c) establish a web- and app-based member portal for all members participating in the HEP to increase patient engagement and employee utilization of chronic condition management tools ; and (d) create a system for monitoring program compliance on an individual basis.

The Health Enhancement Program (HEP) is an incentive program that rewards members enrolled in State of Connecticut medical, pharmacy and dental plans for taking an active role in management of their health. In order to receive reduced premiums, deductible waivers and other program benefits HEP members must commit to obtaining age-specific physical examinations, screenings and other preventive care including participation in chronic condition management programs. Once HEP is elected, the member and all enrolled dependents must comply with the program's annual requirements to be eligible for HEP program benefits in subsequent Plan Years. Approximately 128,000 active and retired employees and their families are currently participating in HEP. More information regarding HEP can be found at: <http://www.osc.ct.gov/empret/healthin/2011hcplan/HEPprogress/hepindex.htm> .

The HEP is also intended to encourage greater utilization of primary care services to improve health and reduce long-term costs of the State Employee & Retiree Health Plan. This Program is being carried out in conjunction with other initiatives for payment reform to providers to enable them to provide greater care coordination for all members, including those with chronic conditions. Successful responders to this RFI

should explain how their firms are able to enhance these initiatives and encourage greater care coordination throughout the health care neighborhood.

The selected vendor must aggregate claims data from two medical administrative service providers, one pharmacy benefits manager and three dental plans to monitor compliance with program requirements, identify at-risk members and provide analytical services. The Comptroller seeks a vendor to provide care management and coordination for HEP members (and dependents) with identified chronic conditions, which include Diabetes, Asthma/Chronic Obstructive Pulmonary Disease (COPD), heart failure or heart disease/Coronary Artery Disease, Hyperlipidemia (high cholesterol), and Hypertension (high blood pressure).

Information relating to your firm's service offerings should be as specific as possible and include at least the following information: (1) the name and mailing address of the applicant; (2) a detailed description of the proposed services; (3) the name, address and telephone number of the applicant from whom additional copies of the application can be obtained; (4) detailed information on the financial ability of the applicant; (5) detailed information on past performance; (6) the applicant's business history and experience; (7) proposed pricing for the services; and (8) at least three references. A questionnaire is attached and all questions must be answered by the date listed below.

Responders should provide a three-year timeline for implementing all elements of the proposed services. The timeline should explain what services will be offered in each year and how the program is envisioned to evolve over that time period. Estimated budgets should be proposed for each twelve month period. More detail will be requested from those firms selected for the final RFP process.

Questions:

Questions regarding this RFI should be submitted by email to the following address: osc.HBCRFP@po.state.ct.us **no later than 4:30 p.m. on Friday, September 14, 2012.** Answers to questions will be transmitted by **Wednesday, September 19, 2012.** No phone calls will be accepted. No other forms of communications attempting to influence the Office of the State Comptroller or the Health Care Cost Containment Committee concerning this RFI other than those listed in this RFI will be permitted. Firms violating this communication blackout will be disqualified.

Responses:

To be considered, vendors must submit one (1) original and ten (10) hard copies of their response to this RFI **no later than 2:30 p.m. on Monday, September 28, 2012,** at the below address. Hard copies must also be accompanied by electronic copy on CD/DVD format.

Office of the State Comptroller
Healthcare Policy & Benefit Services Division
55 Elm Street
Hartford, CT 06106
Attention: Tracy Dunn
Supervisor, Health Analysis Unit

Companies may designate representatives to submit proposals. By submitting applications in response to this public notice, applicants agree to accept the Comptroller's determinations as final. No contract will result directly from this RFI. Responses will be reviewed by the Comptroller and, depending on the results of that review, additional information may be requested. Late responses may or may not be considered and it will be up to the Comptroller's discretion to accept or reject late responses.

Costs of developing the proposal to be submitted in connection with this RFI are entirely the responsibility of the vendor. The State of Connecticut is not liable for any costs incurred by vendors responding to his RFI and the responding vendor shall not be reimbursed in any manner by the State of Connecticut.

Freedom of Information:

Due regard will be given for the protection of proprietary information contained in all proposals received. However, vendors responding to this RFI should be aware that all materials submitted in connection with this RFI are subject to the terms of the State of Connecticut Freedom of Information Act (FOIA) and all rules, regulations and interpretations resulting there from. It will not be sufficient for vendors to merely state in general terms that the proposal is proprietary in nature and therefore not subject to release to third parties. Those particular sentences, paragraphs, pages or sections which a vendor believes to be exempt from disclosure under FOIA must be specifically identified as such.

QUESTIONNAIRE

Company Overview

1. Please list all company locations, including headquarters and call center locations.
2. What is the name and title, telephone number, e-mail address and postal address of the contact person for this RFP?
3. Is your organization independently or publicly owned? When and in what state is your company incorporated?
4. How long has your company been in business?
5. Provide a brief history of your organization and your status with respect to any merger/acquisition activity that your organization has been involved in over the past two years.
6. Are other services provided by your company besides chronic condition? If so, please describe.
7. Does any health plan or pharmaceutical company have equity ownership in your organization? If so, please explain why and how these organizations obtained equity in your company.
8. Are you operating at a profit? If not, when do you anticipate realizing a profit?
9. What differentiates your company and/or your services from your competitors?
10. Please list any relevant accolades, awards or other distinctions your organization has received in the past three years.
11. Do you currently have full-time physicians or a Medical Director on staff? Describe their role.
12. Do you have Medical advisory committees? Please describe the committee(s) structure and their role.
13. Provide an overview of your organizational structure, including key executives and the account management team who will be responsible for this relationship.
14. Please list your five largest current customers. Be sure to indicate the number of lives actively being managed under each contract. ("Actively" is defined as telephonically reaching out to members at least twice a year.)

Medical Management

1. Does your company offer a total population management approach? If not, please explain your delivery model.
2. Describe the range of products and services provided by your organization today and any products that are currently in development.
3. Describe the clinical guidelines or protocols that were used to develop each program.
4. Describe the process to update guidelines or protocols.
5. How does your program address co-morbidities?
6. Describe how your program differs when you do and do not have lab data.
7. Have your programs or program components been evaluated and approved by reputable third-party organizations?

Care Management

1. Describe how you identify members for the program.
2. What data is required from the health plan to support member identification?
3. Are all identified members included in the program? If so, are all the members' health care costs included for measurement purposes?

4. Does the vendor exclude any members from participating (i.e. transplants, AIDS, non-compliance)?
5. Describe your method for stratifying members into risk groups based on their severity level or other criteria.
6. How often are members stratified?
7. Is predictive modeling used to identify future high risk? If so, how is it used in the delivery of chronic condition programs?
8. Briefly describe your predictive modeling technology and level of predictability.
9. How are interventions delivered to members (i.e. telephonically, mail, e-mail)? What is the typical frequency of these interventions?
10. What percentage of the identified members do you attempt to contact by phone?
11. Describe your typical process for member education, counseling and interaction.
12. Describe how you ensure that all services you provide are accessible to all members, including those with limited reading skills or with disabilities or no access to computers.
13. Do you have multi-lingual capabilities?
14. How are your program interventions determined? How customized or individualized are your care plans?
15. Do you screen for depression? If so, what is the process when a member screens positive?
16. Do you monitor potential prescribing errors, drug interactions and adherence with drug regimens?
17. Describe any Web-based or online services provided to members and physicians. Is an online member assessment provided?
18. Provide sample communication and educational materials provided to members and physicians.

Call Center Operations & Staff

1. What are your call center hours of operation in terms of hours per day and days per week? Identify the process for members/physicians to contact clinicians after hours.
2. What is the percentage of calls that are outbound to members or physicians? How do you ensure that calls to the member are made at a convenient time for the member?
3. Is the member's clinical information available during each call with that member or the member's physician? Explain.
4. Explain how member clinical information is captured and stored.
5. Describe your call center technology (i.e. predictive dialer, health management system).
6. Describe the background, qualifications and experience of the clinical staff (i.e. nurses, dietitians, etc.).
7. Describe the education level of your care management staff that interacts directly with members and physicians (i.e. registered nurses, LPNs, non-clinical). How many nurses does your company employ?
8. Is non-clinical staff used to deliver the chronic condition program? If so, please explain their role.
9. Are the care managers employed by you or contracted?
10. Describe the training and credentialing process.
11. Will a team of clinicians be dedicated specifically to our account?

Physician Support

1. Does your program require physician consent? If so, how do you acquire physician consent?
2. Explain how your program engages network physicians in the program.
3. How does the program support the physician-patient relationship?
4. Describe your process for engaging national and local physicians.

5. Describe the frequency and type of interaction your program has with the member's physician.
6. Do you provide in-market support to physicians? What is their role?
7. How do you communicate with physicians and other providers regarding member specific needs and interventions?
8. How do you incorporate physician feedback into the chronic condition program?

Implementation & Integration

1. Describe your program implementation timeline. Provide an implementation work plan.
2. Describe the account management team that will be provided to the health plan.
3. What resources would be required from the health plan for a successful implementation?
4. Has your company missed any implementation deadlines? If so, please explain.
5. Describe your largest implementation process. How many disease lives were added and in what period of time?
6. Describe your willingness and capability to integrate with other vendors. Please specify your ability to accept data from other organizations. Describe any data integration problems you have had in the past.
7. How will your program interface with the health plan's existing pharmacy benefit management programs?
8. How will you integrate with existing case management, utilization management, etc.? Describe your experience.
9. Will the vendor provide customized branding for the Connecticut State Employee & Retiree Health plan?

Data Exchange

1. What data (e.g. claims) do you require from the health plan to support program components?
2. How are you able to receive these data?
3. Describe your data warehouse.
4. Describe your system for collecting and maintaining member and physician data.
5. Provide a listing of reports that are available to the health plan and the provider.
6. How flexible is your system in meeting ad hoc reporting needs? Is there an extra charge for these reports?
7. Can your system be remotely accessed by State Health Plan staff and/or consultants? Does that access include the actual database (in addition to report capability) for customized SQL or equivalent inquiries. Please explain how this can be done.

Quality Management

1. Describe how you evaluate the quality of the program.
2. Is your organization certified or accredited by NCQA, URAC and JCAHO?
3. How often are your programs reviewed and updated?
4. How do you monitor the quality of your clinical staff's work?

Privacy & Security

1. How do you ensure that your chronic condition program and all related programs are HIPAA compliant?
2. How do you ensure confidentiality and integrity of data, medical records and documents?
3. Do you require employees to read the Code of Conduct and sign an acknowledgment?
4. Does your company have a Privacy or Compliance officer? If so, please name.

Information Technology

5. How many people are employed in your IT department? What percentage of your IT staff is dedicated to chronic condition?
6. Give detailed information about the company's health management software. Describe the software used to identify, stratify and track patients.
7. Do you provide members with access to an online health assessment? Describe functionality.
8. What is your company's Web address?
9. Does your program include any Web-based components? Do you provide a Health Plan participant portal to individual claims and clinical records? If yes, please provide a dummy id or demonstration of how that portal works.
10. What policies and procedures are in place for disaster recovery in the event that one or more of the call centers are not operable?

Outcomes

1. Has a mechanism been established to adequately trend base period cost to account for health plan activity? The measurement methodology should isolate the impact of the chronic condition program from all other trends.
2. Have your outcomes been validated by a third party?
3. How do you measure the success of each of your programs? Explain.

Health Enhancement Program Support

1. Do you offer Web-based Lifestyle Behavior Change Programs that could be modified and/or customized to assist participants in compliance with the requirements of HEP?
2. Are these structured programs? Please describe the curriculum for the programs.
3. Are the programs dynamic and interactive? Define what that means for your offering.
4. Do the programs continue to tailor to the needs of the user through ongoing participation in the program?
5. Can the programs be personalized? Define what that means for your offering.
6. How does an individual access the programs?
7. Are your programs integrated into a HRA? If so, please describe how they are integrated.
8. How do you track program usage?
9. Can participants track their own progress?
10. How do you keep individuals engaged in the programs?
11. Do you offer telephonic counseling/coaching in-house? If not, what counseling/coaching organizations do you integrate with?
12. What are the qualifications of the coaches/counselors?
13. Do the coaches/counselors specialize in different areas, such as weight loss, smoking?
14. Detail your organization's standard approach to measuring program success. How are the potential participants contacted?
15. If a participant has multiple health risks, how do the coaches/counselors prioritize which area(s) to address first?
16. What are the methods of accessing a coach/counselor?
17. Do you provide an ongoing education/maintenance program to guide the participant to be self-sufficient?
18. Can your program coordinate with a chronic condition program to ensure that participants receive consistent coordinated advice?
19. Explain your experience designing incentive systems to drive participation, including your suggested system.

20. What types of reports can your system generate, and how often are these reports produced? Please provide samples of standard reports.
21. What platform do you currently leverage to deliver content/services?
22. How is claims information used to augment the identification of candidates for chronic condition or case management programs?
23. How is health assessment data used to identify participants for intervention?
24. How are your health coaching, chronic condition and case management programs linked?
25. How do hand-offs/referrals occur between programs (e.g. from chronic condition to case management to primary care practices)?
26. Describe the procedures used to identify members who are candidates for health coaching, chronic condition management, case management or other interventions.
27. How do you use predictive modeling technology to identify individuals who are either in the earlier stages of disease or at risk to develop the disease condition?
28. Do you utilize survey-based predictive modeling or is your predictive modeling claims-based?
29. Please describe your program's approach to "primary care coordination."
30. Please describe the data and information used to stratify program participants, data used in the identification process, and how frequently this information is used in the stratification process. Please consider initial stratification and ongoing stratification.
31. Are your intervention programs protocols-driven or member needs-driven? Please describe.
32. Please identify the approaches you will use in assisting the client's members in becoming better consumers of health care services, including information support, incentive structures and assistance.
33. How do you measure participant satisfaction within your program?
34. What is the average participant satisfaction with your program for the past 12 months?