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

ANSWERS TO QUESTIONS REGARDING THE RFI
1. Are there any member exclusions to the total population care management program that is being requested?
The only exclusions would be employees/retirees who have chosen not to participate in the Health Enhancement Program (HEP). At present that number is approximately 500.
2. Do you expect total population for Utilization Management /Case Management or does that stay with the carriers?
The minimum requirement for this initiative is for functions described in the RFI only. However, for those firms capable of providing total population UM/Case Management in addition to the services outlined in the RFI, please delineate both the services you propose to provide and the cost for those additional services.
3. Assuming there would be a robust communication plan for the new program and backing into the timeline for the RFP can you confirm your expected implementation date?
Firms should assume that the State wishes to implement each component as quickly as possible. The State has already engaged in significant communications for the Health Enhancement Program and the Chronic Condition Education and Counseling program. The State is not satisfied with the scope and the effectiveness of the current chronic condition education and counseling program and is seeking to replace it immediately. The State is also interested in replacing the current technology, primarily a web site

(www.cthep.com) with interactive tools to engage members. Therefore, the State is seeking firms that are already providing these services, not those who may have the skills to develop these services but lack the current ability to deliver them. Firms should provide timelines for each component of services to be offered.
4. Is there an expectation that the HEP program criteria will remain as it is today?
Yes.
5. Are there any other expectations of the data aggregator for care management than what was included in the RFI?
For the purpose of responding to this RFI, assume no. However, if your firm or organization believes that the SOC has left out an important program or service, please point that out in your response to the RFI.
6. Is there an expectation that external users could pull reports from the data aggregator or would the external team be looking for reports to be sent to them?
See the next answer.
7. Is there an expectation that external users could perform free form data base queries?
As the RFI states, both the State and designated consultants to the State must be able to perform ad hoc data base queries. In addition, if the data aggregator's system provides a menu of standard "canned" programs a list of programs that can be ordered remotely should be provided in the response to this RFI.
8. Is there an expectation that members who do not participate in the HEP program have their data included in the aggregator?
Yes.
9. As an all-member solution, would the data aggregator be expected to develop the member portal described in the RFI?
Preference will be given to a firm that is capable of doing both. However, if a data aggregator and a firm that has developed a member portal

have the capability of delivering both, their joint proposal will be considered.
10. Are any production processes for program delivery expected to be executed on the aggregated data (e.g. member identification, etc.)?
Yes, monitoring HEP compliance, for example, requires that the claims and other data be identifiable on the individual member level. In addition, the member portal should make claims and other data and information available to the individual member via remote access from computers, smart phones, tablets, etc.
11. Will the reporting and program evaluation be based off the aggregated data? Will the data aggregator be expected to complete this analysis?
Firms who are data aggregators should explain what "canned" reports they normally produce or clients can easily report via remote access to the data. While data analysis is not necessary for the data aggregator function, firms having analytical capabilities should explain those capabilities and price them separately.
12. If the SOC vendors charge for sending data to the new data aggregator will the expectation be that the SOC negotiates or manage those costs with that vendor?
Monthly transmission of claims data is already included in the ASO fees paid to the medical, pharmacy, and dental vendors for the SOC. No additional fees will be charged.
13. Aside from Day 1 data aggregation requirements, does the SOC anticipate "other" data types to be submitted to the data aggregator in subsequent years?
As the RFI states, SOC is seeking firms who have developed portals that have the capability of growing to include clinical and self-reported data. Respondents should include capabilities of incorporating those data with the claims data.
14. What is the primary reason for exploring vendors to provide these services?
SOC is not satisfied with the current level and scope of services being

provided by current vendors in support of the Health Enhancement Program. In addition, the SOC wishes to incorporate new tools to assist plan participants in better managing their health.
15. What is your evaluation process?
The Comptroller's office, in consultation with the State's Labor/Management Health Care Cost Containment Committee, will review all responses and determine which firms qualify to receive the additional RFP questions and participate in RFP interviews.
16. When do you expect to release the RFP?
As soon as the RFI responses have been evaluated.
17. What implementation date do you have in mind?
As soon as the winning firm/organization can begin to implement programs.
18. Of the 128,000 participants indicated in the RFI, what is the breakdown of active employees and retirees?
Over 125,000 are active, the remainder is retirees. All new retirees are eligible to participate in the program so this number is expected to grow about 1,200 per year.
19. Could you please confirm that the RFI is due Friday, September 28th?
Confirmed.
20. Will all questions and answers regarding the RFI be made available to all respondents? If so, how will respondents be notified or provided access to the Q &A's?
Yes, by the email that delivered these answers. Answers will also be posted on the OSC website.
21. Will responses from vendors providing some but not all services requested be accepted, or will the project be awarded only to vendors that can provide each and every service outlined in the RFI?

Since the SOC needs these programs to be implemented immediately it will give preference to proposals that integrate all of the programs.

22. Will a collaborative response providing a coordinated solution from multiple vendors be acceptable?

Yes. Firms/organizations submitting collaborative responses should explain how the process would be seamless and how data transmission, security, and data system compatibility will be addressed.

23. Presuming the vendor is otherwise qualified, will proposals from CT based vendors that would create new jobs in CT be given preference?

The SOC is seeking vendors who have local knowledge and are capable of coordinating communications of care gaps among local providers.

24. Can you provide who your current Chronic Condition vendor(s) is?

UnitedHealthcare/Oxford and Anthem. CVS/Caremark tracks adherence to drug utilization for chronic condition participants.

25. Can you provide a list of your current health plan, pharmacy benefit and EAP vendors?

UnitedHealthcare/Oxford, Anthem, CVS/Caremark, UnitedHealthcare Dental, Cigna Dental. EAP is not part of this current RFI.

26. In the Scope you indicate 128,000 participate in HEP. Of that group, how many individuals are in a telephonic Disease Management program? Additionally, how many individual are under age 18?

- For the purpose of responding to this RFI, vendors should assume that approximately 23,000 individuals of all ages have been diagnosed with one of the five identified chronic conditions and need some level of care monitoring and/or coordination. These programs identified only about 10% of this population for telephonic outreach and were not very successful in such outreach efforts.
    - Anthem's review determined there were:
        - 3,675 members "self-managing" their condition;
        - 9,999 members identified as eligible for a "low intensity" disease management program;
        - 30 members identified as eligible for a

"moderate intensity" disease management program; and ▪ 121 members identified as eligible for a "high intensity" disease management program. ▪ 385 members were identified as eligible for telephonic outreach, of those, 104 member were successfully contacted. o UnitedHealthcare/Oxford's review determined there were: ▪ 3,970 members identified as eligible for telephonic outreach, of those, 210 were successfully contacted. o Caremark determined there were: ▪ 24,172 members identified as having filled a prescription for either hyperlipidemia and/or hypertension ▪ 16,840 of those members were identified as adherent to their prescription drug regime.
27. In the Scope you indicate you request "proposed pricing for the services" is there a particular format you prefer this pricing to be in?
Aggregate price for the identified population or PEPM or PMPM would all be acceptable.
28. Can you please confirm the due date of the RFI responses? The RFI document states Monday, September 28th. There is not a Monday September 28th.
September 28th is the correct date.
29. Will the State of CT be using a consultant during this evaluation process? If so who is the consultant?
No.
30. Who are the commercial health plans that support the State of Ct employees and retirees?
See 25 above.
31. Can you describe the current Patient Centered Medical Home models that are in place with the health plans? For example: are they onsite

at PCP offices, are there hospitalists?
The current PCMH practices actively participating with the SOC are larger practices with their own care coordinators. However, due to the lack of EHR universally, they may not have direct access to all of the claims and clinical data for their patients. The SOC is interested in assisting these practices in gaining greater access to data on their patients.
The SOC uses the contracted networks of UnitedHealthCare/Oxford and Anthem and is working with them to expand the number of practices included in their advanced primary care payment programs. These practices are evaluated on a number of metrics to be eligible for additional payments including metrics process, quality and for outcomes such as reduced ER visits and fewer hospital readmissions.
Currently, approximately 45,000 employees, retirees, and their family members utilize some services of PCMH and advanced primary care practices.
32. Are the State of CT employees and retirees currently being managed in another disease management program? If so what program(s)?
This past year, SOC used programs provided by UnitedHealthcare through HealthWays and by Anthem through its Condition Care program. See the response to question 26 for more detail.
33. Does the State of CT currently have a wellness program in place? If so what are the components? Do the State of CT employees currently take an HRA? If so whose HRA is it and what is the completion rate?
SOC implemented the Health Enhancement Program starting October 1, 2011. No formal HRA is currently part of the program. Enrollment in the HEP was voluntary, and in the initial open enrollment over 98 % enrolled. More information can be found at www.osc.ct.gov .
34. Does the State of CT currently have an incentive program for participation in any health management program? If so what is the strategy and incentives?
The HEP program is described at the link above.
35. Who does the State of CT use as their pharmacy benefit manager(s)?

CVS Caremark.
36. Can you describe what the “other initiative for payment reform” for provider primary care services are?
Pay for Performance and PCMH payments to advanced primary care practices are part of the current payment reform efforts. In addition, bundled payments and ACO arrangements with hospitals and other providers are being evaluated.
Currently the SOC is working on a statewide plan of payment reform that involves multiple state agencies and stakeholders including all major payers in the state.
37. The RFI indicated that there are 128,000 active and retired employees and their families. Can you provide a number of spouses that will be covered by these programs?
Approximately 25,000 spouses.
38. Is it the intent to offer the care management program to the pediatric population? Can you describe what you mean by in-market support to physicians? Can you share with us what vendors you think we will be integrating with?
For the purpose of this RFI, do not calculate pricing to include pediatric care management. However, if your firm or organization has experience in providing pediatric care management, please separately describe your capabilities.
It is the hope of SOC that the program will evolve to a point where the chronic condition management program will work with local PCPs and other providers to assist them in providing greater care coordination.
For current vendors see the response to question number 25.
39. Does the State of CT pharmacy vendor provide any types of pharmacy alerts? If so can you describe?
The State’s PBM sends regular alerts to the SOC and informs individuals and providers about potential drug interactions of patients, safety bulletins, etc.

40.	Can the State of CT please clarify exactly what order of programs they are interested in rolling out to their population for implementation, pricing and planning purposes?
For the purpose of this RFI you should assume that the SOC would like all programs rolled out as soon as possible.	
41.	In the Medical Management section, question 6, can The State of CT please clarify if the vendor will be receiving lab data? In the Data Exchange section, question 6, can the State of CT please elaborate on what types of reports you are think will be ad hoc?
Initially, the SOC does not anticipate that the vendor will receive lab data. However the vendor should indicate its capabilities with regard to utilizing such data and its capability of receiving and integrating such data on a member level with reported claims data.	
Regarding ad hoc queries, the purpose of the question is to determine whether your data warehouse permits the SOC and/or its consultants to query the database to provide information that may not be anticipated in advance or may not be provided by canned reports normally generated by the system maintaining the data warehouse.	
42.	In the Information Technology section, can the State of CT please clarify the second sentence – "Do you provide a Health Plan participant portal to individual claims and clinical records?"
See answer to question 45.	
43.	Could you provide more detail around the Patient Centered Medical Homes? How are they structured, how long have they been in effect, what is the basis for the networks, etc.?
See the answer to question 31.	
44.	Do you have a program in place for these services that you are looking to replace? If so, please describe and why is the program out to bid?
See response to number 14 and review the scope of current programs by going to the Comptroller's website link provided in the RFI.	

45.	Please describe your requirements for portal/web based apps.
The current website for the Health Enhancement Program is located at www.cthep.com. Currently functionality is enrollment in the program's requirements and self-reporting scheduled appointments to fulfill requirements. The SOC wishes to make the site much more robust and interactive to give members more control over the management of their health. This would include more detailed information about each member's the status regarding program compliance on a year-to-date basis, tips on better management of their chronic conditions, if any, access to their own claims and other data, the ability to self-report data, etc. Apps should be compatible with both iPhone and Android phones and tablets.	
46.	Can you publish an estimated dollar figure for the award, even if only a range?
Not at this time.	
47.	What are the State's plans for program maintenance after the initial 3 year period? Does the Comptroller's office envision moving the program or program elements into a State agency, or will you continue to contract out?
How the program would be managed after the initial three-year period will be determined, in part, by how the program evolves. The SOC anticipates that this program will contribute to greater care coordination with providers over time. It is anticipated that a greater share of the care coordination should eventually come directly from providers and a timeline for such a transition would be helpful.	
48.	Would the State entertain proposals that address a portion of the services included in the RFI? Specifically, might the State enter into one contract for the data warehousing, aggregation and analysis services and another for the implementation of chronic condition management and care coordination?
As mentioned in an earlier response the SOC seeks a well coordinated and integrated set of services. Due to the need to replace the current inadequate programs as soon as possible, the SOC is seeking one vendor who can take responsibility for providing all of the services even if it means they will need to partner with several firms or organizations to provide the complete bundle of services.	
49.	How does the proposed data warehousing services relate to the

current data warehouse that houses historical medical, pharmacy and dental claims and enrollment experience for State employees and retirees?
For the purpose of responding to this RFI, assume a complete replacement of the current warehouse of historical medical, pharmacy, and dental claims and enrollment experience.
50. Is the selected vendor expected to interface real time in a member's care management using data transferred from the State's TPAs, or is the data exchange expected to be historical. If historical, how much of a lag is expected in the data exchange.
No, not at the start of the program. The expected lag is expected to be approximately 45 days. If you have the capability of receiving real time data such as ER visits, hospital admissions and discharges, please so indicate in your response to the RFI. While not a requirement of this RFI, please indicate whether your data warehouse has or is anticipated to have the capability of interfacing with EHR for the reporting of clinical data.
51. How much historical data is available from the TPAs for initial condition identification and risk profiling?
For the purpose of responding to this RFI, assume up to 5 years of claims data.
52. How does the state envision engaging its employees to acknowledge their entry to the program with a specific condition and to acknowledge the member's expectations for compliance? Is this a paper process or can it be an on-line process?
This past year, employees received mailings, e-mail communications, information from their unions, mailings from the medical ASOs informing them of program requirements. A website, www.cthep.com was established initially for program enrollment and then for self-reporting compliance that may not have shown up in claims data or scheduling of future appointments to meet the requirements. In addition, the medical ASOs notified members with chronic conditions via mail and to a limited extent by phone. The PBM reported on prescription drug adherence for those with chronic conditions.
The SOC is seeking a more effective, coordinated program of engagement in the programs.

53.	For HIPAA and security purposes, are state employees expected to have direct access to the patient's records?
As the RFI questionnaire indicates, you should have a data warehouse that will permit secure remote access to the database for ad hoc queries that the SOC and/or its consultants design. This is in addition to any canned reports that your system can generate. The SOC does, of course, comply with HIPAA and other privacy requirements and requires its vendors to do the same. For the member portal the SOC will work with the selected vendor to ensure that all HIPAA and other privacy laws are followed.	
54.	Is the Connecticut Partnership Plan part of the programs described in the RFI or is they just for State employees and retirees?
Beginning in July of 2012, the SOC could add municipalities to the State of Connecticut Employee & Retire Health Plan. The claims data will be provided to the data warehouse exactly as are current claims for state employees and retirees. UnitedHealthcare, Caremark, and United Healthcare Dental are the vendors for that program.	
For the purpose of this RFI and pricing the response assume that the program grows by approximately 5,000 lives over the current plan year and 10,000 lives over each of the following years.	