

State of Connecticut Benefit, Financial, Dependent and Medicare Plan
Compliance Auditing Services RFP

STATE OF CONNECTICUT PROCUREMENT NOTICE



Request for Proposals (RFP) for
Benefit Audit Services

Issued By:

Office of the State Comptroller

August 24, 2023

Amendment to Request for Proposals (RFP) for
Benefit Audit Services Issued on:

November 14, 2023

This Request for Proposal is available on the State Comptroller's website at <https://www.osc.ct.gov/vendor/rfp.html> and on the State Contracting Portal by filtering by organization for Office of the State Comptroller at: <https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Comptroller's Official Contact.*

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

*The State has retained The Segal Company ("Segal") to assist in the evaluation of the proposals. Representatives of the Segal Company are the sole points of contact for this RFP.

To participate in this procurement and submit a proposal to this RFP, follow the process below:

Go to <http://www.proposaltech.com/home/app.php/register>. Enter Bidder's email address into the field provided. No registration code is necessary. Click "Begin Registration." If Bidder has already had an account with Proposal Tech, it will be listed on the registration page, if Bidder does not, it will be asked to provide company information. Once Bidder's account has been confirmed, check the appropriate box for the RFP Bidder is registering for and click the "Register" button. An invitation will be emailed to Bidder within fifteen minutes. If Bidder has any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

Questions concerning this RFP must be submitted by:

Friday, **September 15, 2023, at 2:00 p.m.** Eastern Time.

Questions concerning this REVISED RFP must be submitted by:

Friday, **November 20, 2023, at 2:00 p.m.** Eastern Time.

Answers to the questions submitted concerning this RFP will be posted by:

Friday, **September 22, 2023, at 2:00 p.m.** Eastern Time.

Answers to the questions on this REVISED RFP will be posted by:

Friday, **November 22, 2023, at 2:00 p.m.** Eastern Time.

PROPOSAL SUBMISSIONS MUST BE RECEIVED BY:

Thursday, October 12, 2023

at 2:00 p.m. Eastern Time

PROPOSAL SUBMISSIONS to REVISED SCOPES of SERVICE #1 and #4
MUST BE RECEIVED BY:

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Wednesday, December 6, 2023 at 2:00 p.m. Eastern Time

The Office reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut.

The Office of the State Comptroller is an Equal Opportunity/Affirmative Action Employer.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Table of Contents

- 1 GENERAL INFORMATION..... 6
- 2 PURPOSE OF RFP AND SCOPE OF SERVICES 11
- 3 PROPOSAL SUBMISSION OVERVIEW 14
- 4 SUBMISSION PROCEDURE AND REQUIREMENTS..... 17
- 5 OTHER PROVISIONS..... 19
- 6 CONFIRMATIONS - Required for all Scopes of Service 21
 - 6.1 General..... 21
 - 6.2 Audits and Compliance (All Bidders must complete)..... 22
 - 6.2.1 Audits 22
 - 6.3 Privacy and Security 23
- 7 GENERAL QUESTIONNAIRE (all Bidders regardless of services proposed)..... 23
 - 7.1 ORGANIZATION OVERVIEW..... 23
 - 7.2 EXPERIENCE 27
 - 7.3 REFERENCES 28
- 8 APPENDIX 29
 - 8.1 Scope of Service 1: Post-adjudication Medical Claims Review System for State and Partnership Plan 29
 - 8.1.1 Post-adjudication medical claims review Questionnaire 31
 - 8.2 Scope of Service 2: Dental Claims Audit of State and Partnership Plan services..... 33
 - 8.2.1 Dental claims audit Questionnaire..... 34
 - 8.3 Scope of Service 3: Pharmacy Claims Financial Reconciliation of State and Partnership Plan Services..... 36
 - 8.3.1 Pharmacy Benefit Audit Questionnaire 38
 - 8.4 Scope of Service 4: Post-adjudication Pharmacy Claims Audit of State & Partnership Plans..... 40
 - 8.4.1 Post-adjudication Pharmacy claims review Questionnaire..... 41
 - 8.5 Scope of Service 5 (Certified Public Accounting (CPA) Firm or Qualified Auditing Firm only): Acquisition Cost Verification for Specialty and Mail Order Pharmacy(s) for State and Partnership Plan services 43
 - 8.5.1 Acquisition Cost Verification Questionnaire 43
 - 8.6 Scope of Service 6: Dependent Eligibility Verification Audit and Monitoring for State Plan only 45
 - 8.6.1 Dependent Eligibility Verification Questionnaire..... 45
 - 8.7 Scope of Service 7: Loss of Dependent Status Review 48
 - 8.7.1 Loss of Dependent Status Questionnaire..... 49

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

- 8.8 Scope of Service 8: Medicare Advantage Prescription Drug (“MAPD”) Audit 50
 - 8.8.1 Medicare Advantage Prescription Drug Questionnaire 51
- 8.9 Scope of Service 9: Audit and Monitoring of Medicare Advantage Prescription Drug (“MAPD”) programs for Compliance with Centers for Medicare & Medicaid Services (“CMS”) Regulations 52
 - 8.9.1 CMS Regulation Compliance Audit and Monitoring Questionnaire. 53
- 9 ATTACHMENTS 54
- 10 BID EXCEPTIONS/DEVIATIONS..... 54
- 11 PRICING WORKSHEET..... 54

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

1 GENERAL INFORMATION

1.1 A. Introduction

1. RFP Identification. This Request for Proposals (“RFP”) is numbered HPBD RFP 0000000916 and pertains to Benefit Audit Services of the Medical, Dental, Pharmacy, and Medicare Advantage programs under the State and Partnership Plans.

This Amendment issued on November 14, 2023 to the Office of the Connecticut State Comptroller's Auditing Services RFP reflects revisions made to Scopes of Service #1 and #4 of the original RFP issued on August 24, 2023 (only for auditing of the medical claims benefits and prescription claims benefits included in the original RFP). Bids for these REVISED scopes of service are open to any bidders including those that have already submitted a proposal for one or more of the original scopes of services or any new potential bidders.

Bidders that have already submitted a proposal should confirm responses in sections 6 and 7 (Confirmation and Organization Overview) of the RFP or edit as necessary. In the appendix, only 8.1 and 8.4 will be open for responses to scope of service 1 (medical claims benefit auditing) and scope of service 4 (pharmacy claims benefit auditing). Any prior responses for the other seven scopes of services are closed at this time. As noted in the timeline, a best and final round will be conducted for ALL scopes of service following the conclusion of the evaluation of initial responses for the revised scopes 1 and 4.

2. RFP Summary. The Office of the State Comptroller (“State” or “Comptroller”) is empowered by Connecticut General Statutes (“C.G.S.”) §5-259 to procure and administer group hospitalization, medical, pharmacy, and dental benefits for State employees (“Actives”) and retirees (“Retirees”) and their eligible dependents and is empowered, pursuant to C.G.S. §3-112 to enter into such contractual agreements as may be necessary to discharge such duties. Detailed plan design, eligibility information, and plan documents for the State Plan are available at <https://carecompass.ct.gov/>

For medical services the State contracts with Anthem Blue Cross Blue Shield (“Anthem”) on a self-funded basis. The State utilizes CaremarkPCS, LLC (“CaremarkPCS”) as its Pharmacy Benefit Manager (“PBM”) to provide a commercial pharmacy benefit program to Actives, Retirees, and their eligible dependents on a self-funded basis. The State utilizes Cigna Health and Life Insurance Company (“Cigna”) to administer dental plans for all Actives, Retirees, and their eligible dependents on a fully insured basis. As of July 1, 2023, the State has hired Quantum Health, Inc. (“Quantum”) to replace Anthem in providing medical utilization management services including but not limited to prior authorization, pre-certification, and claims appeals. The successful Bidder to this RFP will be expected to audit these services provided by Quantum in Years 2 and 3 of the contracts.

Retired state employees who are eligible to receive Medicare (“Medicare Retirees”) are covered by a fully insured Medicare Advantage Prescription Drug (“MAPD”) program administered by Aetna, Inc. (“Aetna”).

The Comptroller is also empowered by C.G.S. §5-259(i) to procure similar healthcare benefits on an optional basis to the employees and retired employees of groups (mainly local municipalities and public-school districts) who have elected to become members of the Partnership Plan offered by the State. The State utilizes the same carriers listed above to Actives, Retirees, and their eligible dependents under the Partnership Plan. A complete

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

listing of Partnership member entities along with detailed plan design and eligibility information for the Partnership Plan is available at Partnership Plan documents: <https://www.osc.ct.gov/ctpartner/members.html>.

3. RFP Purpose. The purpose of this RFP is to invite entities experienced in providing benefit auditing services to submit proposals to the Comptroller to review the administration of the medical, dental, pharmacy, and MAPD benefits offered through the State and Partnership Plans and to assess their efficacy. This RFP includes multiple related benefit audit projects that have been separated into nine (9) individual Scopes of Service (Scope 1 through Scope 9) that break down the review of the administration of said benefits into discrete projects.

4. Scopes of Service. The services that the Comptroller wishes to procure through this RFP are listed below and are described in Section II.B. of this RFP.

- REVISED Scope 1 Post-adjudication Medical Claims Audit (of State and Partnership Plans)
- Scope 2 Dental Claims Audit (of State and Partnership Plans)
- Scope 3 Pharmacy Claims Audit (of State and Partnership Plans)
- REVISED Scope 4 Post-adjudication Pharmacy Claims Audit (of State and Partnership Plans)
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- Scope 5 Acquisition Cost Verification for specialty and mail order pharmacy(s) (of State and Partnership Plans) (Bidder must be a CPA Firm or Qualified Audit Firm only)
- Scope 6 Dependent Eligibility Verification Audit (of State Plan only)
- Scope 7 Loss of Dependent Status Review (of State Plan only)
- Scope 8 Claims Audit of Medicare Advantage Prescription Drug ("MAPD") programs (of State and Partnership Plans)
- Scope 9 Audit and Monitoring of Medicare Advantage Prescription Drug ("MAPD") programs for Compliance with Centers for Medicare & Medicaid Services ("CMS") Regulations (of State and Partnership Plans)

1.2 B. INSTRUCTIONS

1. Official Contact. The Comptroller has retained The Segal Company ("Segal") to assist in the evaluation of the proposals. Segal representatives are the sole points of contact for this RFP and the individual below is the Official Contact for purposes of this RFP. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Comptroller. Bidders, prospective Bidders, and other interested parties are advised that any communication with any Comptroller employee(s), including appointed officials, or personnel under contract to the Comptroller about this RFP is strictly prohibited. Bidders or prospective Bidders who violate this instruction may risk disqualification from further consideration. All contact for this RFP should be conducted using the messaging feature in Proposal Tech.

Name: Ms. Emily Peters, The Segal Company
Address: 30 Waterside Drive, Suite 300, Farmington, CT 06032
E-Mail: epeters@segalco.com

Instructions for messaging in ProposalTech: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Emily Peters) to send an email.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

2. Registering with State Contracting Portal. Bidders must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Bidders must submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Comptroller.

- a) Secretary of State recognition
- b) Non-profit status, if applicable
- c) Notification to Bidders, Parts I-V
- d) Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

3. RFP Information. The RFP, amendments to the RFP, and other information associated with this procurement are available from the Official Contact or online at the following locations:

Comptroller's RFP website at <https://www.osc.ct.gov/vendor/rfp.html>

State Contracting Portal at <https://portal.ct.gov/DAS/CTSource/BidBoard>

ProposalTech website at <http://proposaltech.com/home/app.php/register>

It is strongly recommended that any Bidder or prospective Bidder interested in this procurement check the Bid Board for any solicitation changes. Interested Bidders may receive additional emails from CTSource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

4. Procurement Schedule. It is anticipated that as a result of this RFP, the State will award up to one contract for each Scope of Service. At its discretion, the State may also decide to not award a contract for one or all Scopes of Service. The State is seeking a three-year contract for each Scope of Service, as applicable, commencing February 1, 2024. Proposals should include fees that are guaranteed for a period of no less than three years beginning February 1, 2024, through January 31, 2027. There will also be the potential for two one-year extensions. Proposals should provide pricing guarantees for three years, with the potential for two one-year extensions. It is the State's intention to comply with the following timeline:

Date	Activity
August 29, 2023	Release Date RFP
September 15, 2023	Bidder Questions Deadline by 2:00 PM ET via ProposalTech
September 22, 2023	Bidder Questions Answered at 2:00 PM ET via ProposalTech
October 12, 2023 "Closing Date"	Proposals Posted by 2:00 PM ET to ProposalTech
Week of October 30, 2023	Finalist Interview(s), if necessary
November 14, 2023	Release REVISED Scope of Service for: #1 Post-adjudication Medical Claims Audit; and #4 Post adjudication Pharmacy Claims Audit
November 20, 2023	Bidder Questions on REVISED Scopes of Service #1 and #4 Deadline by 2:00 PM ET via ProposalTech

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

November 22, 2023	Bidder Questions on REVISED Scopes of Service #1 and #4 Answered by 2:00 PM ET via ProposalTech
December 6, 2023	"Closing Date" Proposals on REVISED Scopes of Service #1 and #4 Posted by 2:00 PM ET to ProposalTech
Week of December 11, 2023	Finalist Interview(s), if necessary, on REVISED Scopes of Service #1 and #4 proposals
Week of December 18, 2023	Best and Final Offer(s), if necessary, on ALL Scopes of Service ##1-9
Week of January 8, 2024	Contract(s) Awarded
February 1, 2024	Effective Date for Contract(s)

- Dates listed after the Closing Date are non-binding target dates only.
- Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal, the Comptroller's website, and ProposalTech.
- The State reserves the right to modify these dates at any time with appropriate notice to prospective Bidders.
- This RFP does not commit the State to award a contract. The State reserves the right to reject all proposals, and at its discretion, may withdraw or amend this RFP at any time.
- The State may revise and amend the RFP prior to the Closing Date. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the Closing Date may be extended.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each Bidder is requested and advised to be as complete as possible in its response. The State reserves the right to contact any Bidder to clarify any response or to make a presentation to the RFP Review Committee.

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Comptroller. The State may request ancillary or additional services within the capacity of the Bidder as may be useful or necessary in the interests of the State and the project(s) for the Scope(s) of Service. The Comptroller anticipates the following:

- Number of Awards: Up to Nine (9) - One (1) Award per Scope of Service
- Contract Terms: Three (3) years with an option of two (2) one-year extensions

The State reserves the right to add or remove items from the base bid proposal during the contract and modify or adjust scope of work and payment as needed.

6. Cancellation. This RFP may be canceled in whole or in part and any proposal may be rejected in whole or in part at the discretion of the State. In addition, the State has the right to negotiate separately with any Bidder in any manner which will best serve the interests of the State.

7. Bidder Questions and Answers. Any questions regarding content or requests for data on the revised Scopes of Service # 1 and #4 should be submitted directly via ProposalTech to Segal using the "Ask Questions" feature on the main RFP page of ProposalTech by the deadline of **2:00 P.M. ET on --November 20, 2023.** The early

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

submission of questions is encouraged. Questions submitted via ProposalTech from any Bidder that is considering a response to this RFP will be answered. Questions via email or telephone will not be accepted. The State reserves the right to provide a combined answer to similar questions. All questions received before the deadline will be answered. However, questions will not be answered when the source is unknown (i.e., nuisance or anonymous questions) or deemed unrelated to the RFP.

Questions and corresponding answers to the revised Scopes of Service # 1 and #4 of this RFP will be posted by **2 p.m. ET on November 22, 2023**, on ProposalTech and on the OSC and DAS websites.

All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

8. Proposal Submission Instructions. Bidders must post their final proposals to "ProposalTech" at www.proposaltech.com no later than **2:00 PM ET on December 6, 2023** (the "REVISED Closing Date"). Access to ProposalTech will be locked after that time and Bidders will not be able to post or change their responses. Late proposals will not be accepted or considered. All sections of the RFP must be answered completely. The State reserves the right to ask Bidders follow-up questions through ProposalTech as may be necessary to fully evaluate a Bidder's capabilities.

9. Changes to Proposal. No additions or changes to the proposal will be allowed after the Closing Date. While changes are not permitted, the State may request and authorize Bidders to submit written clarification of their proposals, in a manner or format prescribed by Comptroller, and at the Bidder's expense. Once submitted, proposals are irrevocable for 180 days following the Closing Date.

10. Supplemental Information. Supplemental information will not be considered after the Closing Date, unless specifically requested by the State. Comptroller may ask a Bidder to give demonstrations, interviews, oral presentations, or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected, and at a place determined by Comptroller. At its sole discretion, the State may limit the number of Bidders invited to make such a demonstration, interview, or oral presentation, and may limit the number of participants per Bidder.

11. Presentation of Supporting Evidence. If requested by the State, a Bidder must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP and the Bidder's proposal(s). Comptroller may make onsite visits to an operational facility of a Bidder to evaluate further the Bidder's capability to perform the duties required by this RFP. At its discretion, Comptroller may also check or contact references provided by the Bidder.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

12. **Proposal Closing Date and Time.** The only authorized method of submission for this RFP is through ProposalTech. Proposals must be entered and uploaded in ProposalTech on or before the Closing Date and Time: **Wednesday, December 6, 2023, 2:00 p.m. Eastern Time.** Access to ProposalTech will be locked after that time. Bidders will not be able to post or change their responses.

13. **Multiple Proposals.** Bidders may choose to submit a proposal for any or all of the nine (9) Scopes of Service described in Section II.B. Bidders are encouraged to submit a proposal for as many Scopes of Services for which they are qualified. Bidders should also indicate any specific benefits that may accrue to the State if a single Bidder is selected for multiple Scopes of Service.

2 PURPOSE OF RFP AND SCOPE OF SERVICES

2.1 A. State's Expectations

The State reserves the right to award any a contract to complete a Scope of Service in whole or in part, if proposals demonstrate that doing so would be in the State's best interest. The State also reserves the right to issue multiple awards, no award, cancel an award, or alter the procurement at any time. The State may waive minor technical defects, irregularities, or omissions if, in its judgment, the best interests of the State will be served. In addition, the State reserves the right to extend the proposed RFP period, if needed. All proposals will be kept sealed until the Closing Date has passed. By responding to this procurement, Bidders agree to accept the Comptroller's determinations as final.

Proposals containing the lowest cost will not necessarily be selected for award as the State recognizes that factors other than cost are important to the ultimate selection of the Bidder(s). The State expects a successful Bidder to appreciate that claims processing and related administrative audits are most successful when they identify both claims processing problems and identify other organizational issues and a Bidder who shares in the understanding that claims processing systems, management, and operations all play a role in an administrator's ability to successfully administer the many different benefits offered by the State through the State and Partnership Plans.

Proposals submitted in response to this RFP must comply with the requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based upon the results of the evaluation, the State will award contract(s) based on a combination of technical evaluation factors and cost. Any contract awarded hereunder shall be subject to the approval of the Office of the Attorney General in accordance with applicable state laws and regulations.

The RFP process and any contract arising therefrom shall be governed in all respects by the laws of the State of Connecticut. Under no circumstances may a contract made with the State contain limited liability and/or binding arbitration provisions. The State may not waive its sovereign immunity or indemnify a Bidder.

2.2 B. Scope of Service Descriptions

Scope 1 Post-adjudication Medical Claims Audit of State and Partnership Plans. The purpose of these audits is to evaluate administration of medical benefits. The objectives are to (1) evaluate operational procedures and

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

controls established for effective plan administration;(2) examine claim system logic for auto-adjudication based on plan design and determine whether claims -were adjudicated properly;(3) assess the dollar value of any claims identified as inaccurately paid; (4) assist in negotiating with carrier on recovery of overpayments, if applicable; (5) independently calculate the carrier's/administrator's compliance to performance guarantees; (6) evaluate claims processed and paid during the latest 12-month contract period; and (7) produce an official report of findings for the State.

Scope 2 Dental Claims Audit of State and Partnership Plans. The purpose of these audits is to evaluate administration of group dental benefits. The objectives are to (1) evaluate operational procedures and controls established for effective plan administration; (2) examine claim system logic for auto-adjudication based on plan design and determine whether claims -were adjudicated properly; (3) assess the dollar value of claims identified as inaccurately paid; (4) assist in negotiating with carrier on recovery of overpayments, if applicable;(5) independently calculate the carrier's/administrator's compliance to performance guarantees; (6) evaluate claims processed and paid during the latest 12-month contract period; (7) produce an official report of findings for the State.

Scope 3 Pharmacy Financial Reconciliation Audit of State and Partnership Plans. The purpose of these audits is to evaluate administration of group pharmacy benefits. The objectives are to (1) confirm that the PBM has accurately implemented the State and Partnership plans pharmacy benefit program; (2) measure and confirm that pricing guarantees have been met as required by the PBM agreement; (3) measure the State and Partnership Plans achieved financial performance compared to the applicable guarantees; (4) evaluate claims processed and paid during the latest 12-month contract period; (5) conduct a Manufacturer Rebate Audit; (6) conduct plan design and client review; and (7) produce an official report of findings for the State.

Scope 4 Post-adjudication Pharmacy Claims Audit of State & Partnership Plans. The purpose of this Scope is to identify a technology platform service or provider to conduct ongoing, real-time electronic Post-adjudication review of 100% of pharmacy claims paid. The identified technology platform service or provider must be able to work with and support the State's PBM in administration of the State and Partnership Plans. The platform must be able to (1) identify and eliminate systemic errors; (2) manage drug tier formulary requirements including drug exclusions, network utilization requirements such as mandatory / incentivized refills for maintenance medications, refill too soon, plan copays by dispensing channel and drug tier definition; (3) assess plan accumulators such as member deductibles and out-of-pocket (OOP) maximums, refill too soon, recover overpayments; (4) ensure that only required and appropriate amounts due and owing on claims are paid as a result of proper adjudication; (5) collect, store, and maintain a secure archive of pharmacy claims data and payment information; and (6) provide such data and other reports in compliance with all State and federal laws and regulations.

Scope 5 Acquisition Cost Verification for specialty and mail order pharmacy(s) of State and Partnership Plans. (Bidder must be a CPA Firm or Qualified Auditing Firm only) The purpose of these audits is to reconcile the discount target of drugs outlined in the PBM agreement and compare them to the Acquisition Cost Based Pricing consistent with the marketplace pricing for Mail Order Pharmacy and Specialty Drug Pharmacy by recalculating the member paid amount for each claim in the electronic claims file. The objectives are to (1) measure in aggregate through GAAP weighted average cost method during Contract Year; (2) compare AWP Discount rate set forth in the PBM agreement or the MAC rate, as applicable; (3) review Mail Order Pharmacy dispensed claims adjudicating at the rates targeted to the retail pharmacy network pricing for maintenance drug supplies of greater than 59 days; (4)review rebates collected by PBM to ensure the State receives 100% of the total Rebates collected based upon the Point-of-Sale date; (5) provide comprehensive reporting on the audit results to support the true-up to the Acquisition Cost Based Pricing, as applicable.

Scope 6 Dependent Eligibility Verification Audit of State Plan only. The purpose of the dependent eligibility verification audit is to confirm that benefits are provided to only eligible participants as specified and defined

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

by the State Plan. The objectives are to (1) identify method(s) for the State to notify participants of the upcoming audit and outline the required documentation evidencing continued eligibility for dependent coverage; (2) audit the State's members' dependent population for compliance with the State's eligibility rules; (3) provide service center for members to call with any questions or concerns; (4) provide a secure website for members to upload their documentation; (5) provide communications on behalf of the State to the members/participants requesting documentation of eligibility of dependents for coverage under the State; (6) coordinate with the State on follow-up communications to the participant population as well as removal of ineligible individuals from coverage; (7) provide comprehensive reporting on the audit results and recommendations; (8) retain and share the documentation received from the membership with the State's designee; and (9) provide performance guarantees for service center services (answer incoming calls during service center hours / average speed to answer / call back time, as well as turnaround time to process incoming documentation).

Scope 7 Loss of Dependent Status Review of State and Partnership Plans. The purpose of the loss of dependent status review is to confirm death or divorce of spouse(s) or dependent(s) of State and Partnership Plan members. The objective is to electronically search for possible / probable death certificates and/or divorce decrees of dependents to Plan members. It is estimated that there are approximately 103,000 dependents in the State Active & Retirees universe and approximately 31,000 dependents in the Partnership Actives & Retirees on the file each month. The State would send Bidder a monthly data file of all spouses and dependents of members of both Plans and after the review, the Bidder would return any findings with a date of death or divorce provided. In addition to monthly files of dependent status reviews, Bidder would provide the State with (1) an online dashboard allowing an automated file to upload monthly at a designated date and time; and (2) load report to the online dashboard at a designated monthly date and time to identify all members with a loss of dependent status including the dependent name, social security number, date of birth, date of death, date of divorce, and member the dependent is associated to and the member's unique ID number.

Scope 8 Claims Audit of Medicare Advantage Prescription Drug (“MAPD”) programs for State and Partnership Plans. The purpose of the proposed annual audits of the Medicare Advantage Prescription Drug (MAPD) plan is to ensure consistency with the State's and Partnership's Plans and current CMS guidelines. Bidder is expected to assess accuracy and timeliness of benefit reimbursements by utilizing a combination of electronic and sampling methodologies, as well as CMS audit protocols, data validation, cost from PBM and testing to ensure accuracy of CMS reporting. The objectives are to (1) review adjudication and operational procedures to ensure adherence to the State and Partnership Plans; (2) independently calculate a sample of claims to ensure accurate processing with review of plan copays by dispensing channel, drug tier definition and coverage phase, including copay proration, preventive drug products, Part B immunizations, and custom \$0 copy lists; (3) identify drug tier formulary requirements including formulary exceptions and drug exclusions, as applicable; (4) review administrative / utilization management rules, such as maximum allowable days' supply by dispensing channel, extended days' for maintenance medications, refill-too-soon thresholds, out-of-network pharmacy claims, and limited days' supplies for opioid medications; (5) review appropriate application of benefit limitations, deductibles, copayments, coinsurance, and out-of-pocket maximums; (6) ensure enforcement of coordination of benefits and subrogation provisions, where applicable; (7) confirm benefits were paid under the proper classification, diagnostic, and procedure codes; (8) verify payment was made to appropriate party; and (9) summarize benefit validation including any key findings, programming discrepancies and recommendations.

Scope 9 Audit and Monitoring of Medicare Advantage Prescription Drug (“MAPD”) programs for Compliance with Centers for Medicare & Medicaid Services (“CMS”) Regulations for State and Partnership Plans. The purpose of the proposed audit and monitoring is to ensure that the State's and Partnership's Medicare

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Advantage Prescription Drug (MAPD) plans are in and remain in compliance with current and future Center for Medicare & Medicaid Services (“CMS”) CMS guidelines, including but not limited to utilizing CMS audit protocols, data validation, cost from PBM, auditing claims and ensuring accuracy of CMS reporting. This scope of service, includes (1) an initial audit to confirm current plan is within regulation; (2) provision of CMS updates to the State, with frequency based upon new regulations; (3) generation of a report of findings to summarize benefit validation and include key findings, programming discrepancies and recommendations; and (4) preparation and provision of written procedures to improve the State's processes including details required of the State for collection of data, analysis of data, and responding to CMS in order to respond to an audit by CMS efficiently and effectively.

Proposal Offering

Bidders must indicate which Scopes of Services they are bidding on (in ProposalTech) by selecting 1 and/or 4. The other selections are no longer active and won't activate any of the other scopes below:

Multi, Checkboxes.

- 1: Scope 1 Post-adjudication Medical Claims Audit,
- 2: Scope 2 Dental Claims Audit,
- 3: Scope 3 Pharmacy Financial Reconciliation Audit,
- 4: Scope 4 Post-adjudication Pharmacy Claims Audit,
- 5: Scope 5 Acquisition Cost Verification,
- 6: Scope 6 Dependent Eligibility Verification Audit,
- 7: Scope 7 Loss of Dependent Status Review,
- 8: Scope 8 Claims Audit of Medicare Advantage Prescription Drug (“MAPD”) program,
- 9: Scope 9 Audit and Monitoring of Medicare Advantage Prescription Drug (“MAPD”) programs for Compliance with Centers for Medicare & Medicaid Services (“CMS”) Regulations

3 PROPOSAL SUBMISSION OVERVIEW

3.1 A. SUBMISSION INFORMATION

1. **Style Requirements.** All proposals must be submitted electronically via ProposalTech at <http://www.proposaltech.com/home/app.php/register>. The software will prompt Bidders through the process and pose questions appropriate to each Scope of Service selected.

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

2. **Declaration of Confidential Information.** Bidders are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (“FOIA”), and all rules, regulations, and interpretations. If a Bidder deems that certain information required by this RFP is confidential, the Bidder must label such information as CONFIDENTIAL in ProposalTech prior to submission.

The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the “Disclosure” tab located underneath the

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

question and check the box for “Exemption from Disclosure.” Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. **DO NOT** make every response confidential. If you have any questions regarding this process, please contact Proposal Tech Support at 877-211-8316 x84.

3. Conflict of Interest - Disclosure Statement. Bidders must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Bidder and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a Bidder tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Comptroller will determine whether any disclosed conflict of interest poses a substantial advantage to the Bidder over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a Bidder must affirm such in the disclosure statement.

3.2 B. EVALUATION OF PROPOSALS

1. Evaluation Process. It is the intent of the Comptroller to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful Bidders, and awarding contracts, the Comptroller will conform with its written procedures for POS and PSA procurements pursuant to C.G.S. § 4-217 and the State's Code of Ethics pursuant to C.G.S. §§ 1-84 and 1-85. Final funding allocation decisions will be determined during contract negotiation.

2. Evaluation Review Committee. The Comptroller will designate an RFP Review Committee and Committee Chairperson (“Chairperson”) to evaluate proposals submitted in response to this RFP. The RFP Review Committee will be composed of individuals, Comptroller staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the RFP Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The RFP Review Committee shall evaluate all proposals that meet the minimum submission requirements by score and rank ordered and make recommendations for awards. The Comptroller will make the final selection.

3. Minimum Submission Requirements. To be eligible for evaluation, proposals must (1) be received on or before the Closing Date and Time; (2) meet the eligibility and qualification requirements to respond to the procurement; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions, deviate significantly from the requirements of this RFP, or fail to satisfy these minimum submission requirements will not be reviewed further.

4. Deviations and Negotiation. The Chairperson shall have the sole right to determine whether any deviation from the requirements of this RFP is substantial in nature, and the Chairperson may reject non-conforming proposals. In addition, the Chairperson may waive minor irregularities in proposals, allow a Bidder to correct minor irregularities, and negotiate with eligible Bidders in any manner deemed necessary or desirable to serve the best interests of the State. Attachment I

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

5. Evaluation Considerations. Proposals meeting the minimum submission requirements will be evaluated according to the established criteria. Evaluation will be made on the basis of the evaluation criteria discussed below and may include any oral presentation that may be required by the Chairperson, through a recommendation by the technical review committee, at the Chair's discretion. The criteria are the objective standards that the RFP Review Committee will use to evaluate the technical merits of the proposals. The Chairperson reserves the right to recommend a Bidder for contract award based upon the Bidder's proposal without oral presentations or further discussion. However, the Chairperson may engage in further discussion if it is determined that it might be beneficial. In such case, the Chairperson will notify those eligible Bidders with whom further discussion is desired. In addition, the Chairperson may permit qualified Bidders to revise their proposals by submitting "best and final" offers, if necessary.

6. Evaluation Criteria Proposals by Bidders who meet the minimum qualifications will be evaluated by the RFP Review Committee on the basis of the following factors. (Note: These are not listed in order of importance.)

- Organizational Profile
- Scope of Services
- Staffing Plan
- Data and Technology
- Subcontractors, if permitted
- Work Plan
- Financial Profile
- Cultural Competence
- Budget and Budget Narrative

Note: As part of its evaluation of the staffing plan, the Review Committee will review the Bidder's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies §46A-68j-30(10).

7. Bidder Selection. Upon completing its evaluation of proposals, the RFP Review Committee will submit the rankings of all proposals to the Comptroller. The final selection of a successful Bidder is at the discretion of the Comptroller. Any Bidder selected will be so notified and awarded an opportunity to negotiate a contract with the Comptroller. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful Bidders will be notified by e-mail or U.S. mail, at the Comptroller's discretion, about the outcome of the evaluation and Bidder selection process. The Comptroller reserves the right to decline to award contracts for activities in which the Comptroller considers there are not adequate respondents.

8. Debriefing. Within ten (10) days of receiving notification from the Comptroller that a contract has been awarded, unsuccessful Bidders may contact the Official Contact and request information about the evaluation and Bidder selection process. The email sent date on the notification will be considered "day one" of the ten (10) days. If unsuccessful Bidders still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Comptroller's designee to discuss the evaluation process and their proposals. If held, a debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Comptroller's designee may schedule and hold the debriefing meeting within fifteen (15)

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

days of the request. The Comptroller will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

Attached Document(s): [Attachment I - Bid Exceptions and Deviations Form.docx](#)

4 SUBMISSION PROCEDURE AND REQUIREMENTS

4.1 A. Solicitation Package

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms and questions contained in the solicitation package must be completed in full and submitted via ProposalTech to constitute the offer. This RFP and the Bidder's response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties.

B. Restriction on Contact with State Personnel

Except as otherwise described in this RFP, no Bidder may communicate with employees of the Office of the State Comptroller, members of the Health Care Cost Containment Committee, and/or RFP Committee Members about this RFP from the date of its release (**August 29, 2023**) or release of the Amendment to the RFP (November 14, 2023) until the right to negotiate a contract is awarded as a result of this RFP. Any necessary communications regarding the RFP must be directed to the Official Contact using the messaging feature in ProposalTech. The State reserves the right to reject the proposal of any Bidder in violation of this provision.

C. Professional Liability Insurance

Bidders shall agree to maintain in full force and effect during the term of the contract usual and customary amounts of liability insurance coverage in connection with the performance or failure to perform services under the contract.

D. Eligible Organizations

By submitting a proposal in response to this RFP, Bidders implicitly agree to comply with the following terms and conditions:

a. **No Conflicts of Interest.** Bidder shall certify in writing that no relationship exists between the Bidder and the State that interferes with fair competition or is a conflict of interest, and no relationship exists between the Bidder and another person or organization that constitutes a conflict of interest with respect to this RFP or any State contract. The Bidder shall provide assurances that it presently has no interest and shall not acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder.

b. **State Code of Ethics.** Any Bidder who is awarded all or any part of this RFP must comply with the State of Connecticut Code of Ethics which is available at Section II.B.2.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

c. **Equal Opportunity and Affirmative Action.** Bidder recognizes that the State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the federal Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of any statutorily protected classes in admission to, access to, or operation of its programs, services, or activities.

d. **No Collusion.** Bidder represents and warrants that the Bidder did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The Bidder further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the Bidder's proposal. The Bidder also represents and warrants that the submitted proposal is made without collusion or fraud.

e. **No Benefit by State Officials or Employees.** Bidder certifies that no public (elected or appointed) official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Comptroller may terminate a resulting contract if it is determined that gratuities, gifts, or incentives of any kind were either offered or received by any of the aforementioned officials or employees from the Bidder, its agents, or employees. Furthermore, the Bidder attests that none of its principals, agents, or key personnel who participate substantially in preparing the proposal for this RFP knows of any action taken by the Bidder to circumvent such prohibition on gifts to public officials or state employees.

f. **No Connection with Competitors.** Bidder assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the Bidder to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The Bidder further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has Bidder knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

g. **Communication Blackout Period.** Except as otherwise provided in this RFP, Bidders may not communicate about this RFP with any employee or agent of the Comptroller or with any member of the State's Health Care Cost Containment Committee until the successful Bidder(s) are selected and a final contract is executed. Bidders also may not communicate about this RFP with any State vendor partners including but not limited to: Aetna, Anthem, CaremarkPCS, Cigna, CVS Health, and Quantum regarding their proposals until final selections have been made and contract(s) fully executed. Any such contact made during the blackout period will be considered collusion under Section IIV.D.d. and may be grounds for disqualification of the Bidder's proposal.

h. **Certified Public Accounting (CPA) Firm or Qualified Auditing Firm Required (for Scope of Service 5 only).** In order to be eligible to submit a proposal on Scope of Service 5, a Bidder must possess experience reconciling PBMs' acquisition cost based (ACB) price for specialty and mail order pharmacy(s) as well as applicable claim retention allowance per dispensed claim, by channel for specialty and mail order drug pharmacy dispensed claims.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

E. Subcontracting

All Bidders must confirm that the subcontractors they are planning to hire have not been suspended, debarred, excluded, or disqualified to do work with State resources.

5 OTHER PROVISIONS

5.1 A. **RFP is Not an Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment by the State or confer any rights on any Bidder unless and until a contract is fully executed by the necessary parties. The contract will represent the entire agreement between the Bidder and the State and will supersede all prior negotiations, representations, or agreements, alleged, or made, between the parties. The State shall assume no liability for costs incurred by the Bidder or for payment of services under the terms of the contract until the successful Bidder is notified that the contract has been accepted and approved by Comptroller and, if required, by the Office of the Attorney General.

B. **Ownership of Proposals and Freedom of Information.** Proposals submitted in response to this RFP become the sole property of the State and may be subject to disclosure pursuant to CT's Freedom of Information ("FOI") Act. C.G.S. § 1-200 et seq. In order to prevent disclosure of trade secrets or confidential proprietary or financial information, Bidders must determine, in good faith, whether such materials contain matter which meet the statutory exemption from disclosure and clearly mark each section of such materials as "CONFIDENTIAL" within Proposal Tech. Failure to clearly mark materials as "CONFIDENTIAL" may result in the release of the entire RFP proposal on file with the State at the time such FOI request is made.

C. **Availability of Work Papers.** All work papers and data used in the process of generating a proposal for this RFP must be retained and made available for inspection by the Connecticut State Auditors of Public Accounts for a period of three (3) years or until audited.

D. **Expenses and Taxes.** The State is not responsible for any direct or indirect expenses that a Bidder may incur in preparing and submitting a proposal, participating in the evaluation process, or in consequence of this solicitation process for any reason. Comptroller is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Bidders are liable for any other applicable taxes. All proposed costs must be fixed through the entire term of the contract.

E. **Clerical Errors.** The State reserves the right to correct inaccurate awards resulting from clerical errors. This may include, in extreme circumstances, revoking the award of a contract already made to a Bidder and subsequently awarding the contract to a different Bidder. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial Bidder is deemed to be void ab initio and of no effect, as if no contract ever existed between the State and the Bidder.

F. **Key Personnel and Replacement.** When the State is the sole funder of a purchased service, the State reserves the right to approve any additions, deletions, or changes in key personnel, apart from key personnel who have terminated employment. The State also reserves the right to approve replacements for key personnel who have terminated employment. The State further reserves the right to require the removal and

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

replacement of any of the Bidder's key personnel who do not perform adequately, regardless of whether they were previously approved by the State.

G. Parties to the Contract. The contract to be entered into as a result of this RFP shall be between the successful Bidder and the State and may be subject to OPM approval prior to contract award.

H. Contract Documents. The contract shall include the following documents: this RFP, the Bidder's Proposal (to the extent not inconsistent with the RFP or the contract), and the contract. In the event of an inconsistency, the contract shall have priority over the other documents and specific conditions of the contract shall have priority over general conditions.

I. Contract Term. The contract term shall commence as of a date to be specified in the contract and, unless sooner terminated in accordance with the contract, shall end when all work authorized under the contract has been successfully completed by the project end date, unless the contract is extended in accordance with Section I.B.5.

J. Certification and Verification of Accuracy. The Bidder shall certify that, to the best of its knowledge, the price information submitted is accurate, complete, and correct as of the Closing Date, and if negotiations are conducted as of the date of "best and final offer." The Chairperson must designate the individual responsible for coordinating proposal responses to this RFP.

K. Media Releases. The Bidder agrees to obtain prior written consent and approval of Comptroller for media releases that relate in any manner to this RFP or any resulting contract.

L. Acceptance of Terms and Conditions. By submitting a proposal in response to this RFP:

- the Bidder accepts all of the terms and conditions as set forth in this RFP.
- the Bidder, if selected for award, agrees to comply with all federal, State, and local laws and regulations applicable to its activities and obligations under any resulting contract.
- the Bidder represents that it is not in arrears in the payment of any obligation due and owing the United States government or the State or any department or unit thereof, including, without limitation, the payment of taxes and employee benefits, and, if selected for award, that it shall not become so in arrears during the term of the contract.
- the Bidder, acknowledges that it is in compliance with federal employment and nondiscrimination laws and has not been debarred, convicted, charged or had civil judgment rendered against them for fraud or related offense by any federal, State, or local governmental agency or been terminated for cause or default by any federal, State, or local governmental agency.
- the Bidder affirms that if awarded any part of any Scope of Service of the RFP, they will accept the State's standard contract language and conditions as the basis for a resulting contract. A copy of the Standard Contract and Conditions is as available at Aug 2023 OSC IT Template Contract (PSA).docx.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

6 CONFIRMATIONS - Required for all Scopes of Service

Below are the specific confirmations for submitting a proposal. By checking “Confirmed”, Bidder represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. **Failure to agree to any of these confirmations may result in disqualification of proposal.** If a Bidder takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document available at Attachment I) of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Bidder to deliver services to the State.

6.1 General

6.1.1 Bidder must confirm that it is licensed to do business in the State of Connecticut.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

6.1.2 Bidder must confirm that it has provided the services for which it is submitting a proposal for a minimum of three (3) years;

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

6.1.3 Bidder must confirm it will notify the State and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

Single, Radio group.

- 1: Confirmed,
- 2: Not confirmed: [500 words]

6.1.4 Bidder must confirm it will provide all labor, equipment, facilities, supplies, and services as needed/specified within this RFP.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

6.1.5 Bidder must confirm it agrees that all data, records, files, and other information relating to the plan RFP proposal belong to the State and are subject to release to the State (if the Contract is terminated).

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

6.1.6 Bidder must confirm it has uploaded a copy of its emergency operations/disaster recovery/business continuity/pandemic plan as part of their response to this RFP.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed, please explain: [500 words]

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

6.1.7 Bidder must confirm it has uploaded detailed information on insurance, bonding, and guarantees offered in the event of issues caused by loss of operations due to an emergency or disaster.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.1.8 Bidder must confirm it does not engage in offshore relationships for these services, if any, DEFINE offshore relationships and what component of the services they provide.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.1.9 Bidder must confirm that it agrees that all required documents have been submitted and uploaded to CTSource in accordance with the instructions.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.1.10 Bidder must confirm that it agrees to reviewing and reconciling vendor (carrier / PBM) bills to ensure the billed amount matches the claims feed plus appropriate contractual fees.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.2 Audits and Compliance (All Bidders must complete)

6.2.1 Audits

6.2.1.1 Bidder must confirm that it agrees to audits conducted by the State or their chosen auditor and/or legislative audit.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.2.1.2 Bidder must confirm it agrees to annually provide a SSAE-16 Report (Statement on Standards for Attestation Engagements - 16) if the State determines there is a need (allowable time will be given to provide this information, if the Bidder doesn't currently have a completed or a SAS 70 and any other applicable audits and certifications).

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.2.1.3 Bidder must confirm it will guarantee to the State or its agents the right to reasonable inspection of facilities, equipment, and system support operations to ensure the continued ability of the bidder to support the RFP proposal.;

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.3 Privacy and Security

6.3.1 Bidder must confirm it complies with HIPAA, PPACA and other federal and/or, security and electronic data transfer laws and provide, upon request, supporting documentation outlining Bidder's policies and procedures as they relate to maintaining data privacy while auditing, reviewing or monitoring any of the scopes of service described in the RFP.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.3.2 Bidder must confirm it has not experienced any breaches, complaints, or grievances with regards to Protected Health Information (PHI) (e.g., security or privacy) for its complete book of business. If Bidder has, list the event(s) and resolution(s) in detail.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.3.3 Bidder must confirm it will disclose any event where its employees have willfully committed acts that compromise member information, regardless of whether it is PHI or not.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

6.3.4 Bidder must confirm it has uploaded its HIPAA policies, procedures and training related to quality and provider data.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

7 GENERAL QUESTIONNAIRE (all Bidders regardless of services proposed)

7.1 ORGANIZATION OVERVIEW

7.1.1 Provide contact information for the individual authorized to answer questions regarding Bidder's response to the RFP.

Contact Name	20 words.
Contact Title	20 words.
Mailing Address	500 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Office Phone Number	20 words.
Cell Phone Number	20 words.
Email address	20 words.
Bidder's URL (web address)	20 words.

7.1.2 Please complete the following table:

	Response
Year Bidder Organization Established	To the day.
Total Number of Bidder Organization's Employees (As of September 1, 2023)	Integer.
Identify Bidder's percentage of total revenue that is based upon audit services.	Percent.
Describe Bidder's organizational structure, ownership and governance including any parent/subsidiary relationship(s).	1000 words.
Identify the primary location of the Bidder's staff and IT resources that will be performing the work pursuant to the scope of service(s) selected.	1000 words.
Identify a single contact who will serve as project manager and whom the State would contact to resolve audit issues, respond to inquiries, etc. Provide their name and contact information.	1000 words.
What is the average industry experience of the audit team and individuals who will be assigned to the audit(s)? Identify names and positions for key personnel. Upload their resumes.	1000 words.

7.1.3 If applicable, provide the most recent ratings and date of rating for Bidder by the major rating organizations.

Rating Agency	Rating	Date of Rating
Standard & Poor's	10 words.	To the day. N/A OK.
Fitch	10 words.	To the day. N/A OK.
A.M. Best	10 words.	To the day. N/A OK.
Moody's	10 words.	To the day. N/A OK.

7.1.4 If applicable, has there been a downgrade in Bidder's ratings since January 1, 2023?

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

7.1.5 Are there any anticipated changes in ownership or business developments for Bidder, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

7.1.6 Has Bidder faced or is Bidder facing any administrative, regulatory, judicial actions or investigations regarding past or current activities? If yes, please explain the nature and current status or outcome of the action(s) to the extent possible.

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

7.1.7 If selected as a finalist, the State will require Bidder to provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how Bidder will use and transfer data but also as it relates to employee sites or portal access.

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

7.1.8 Please complete the following table:

	Response	Comments
Has Bidder ever failed to complete any work awarded? If so, where and why?	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	1000 words.
Has Bidder ever defaulted on a contract? If so, where and why?	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	1000 words.
Has Bidder ever had a contract terminated for cause within the past five years? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	1000 words.
Has Bidder been named in a lawsuit related to errors and omissions within the past five years? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	1000 words.
During the past seven years, has Bidder ever filed for protection under the federal bankruptcy laws? If yes, provide details.	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	1000 words.
Has Bidder ever been fined for a HIPAA violation?	<i>Single, Pull-down list.</i> 1: Yes, please explain	1000 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

	in comments, 2: No	
Are there any other factors or information that could affect Bidder’s ability to provide the auditing services being sought about which the State should be aware?	<i>Single, Pull-down list.</i> 1: Yes, please explain in comments, 2: No	<i>1000 words.</i>

7.1.9 Does Bidder maintain cyber security insurance that protects the State and its employees / retirees or Partnership Employer Groups and its employees / retirees?

Single, Radio group.
1: Yes, explain: [500 words],
2: No

7.1.10 Does Bidder maintain cyber security insurance that protects the State and its employees / retirees or Partnership Employer Groups and its employees / retirees?

Single, Radio group.
1: Yes, explain: [500 words],
2: No

7.1.11 Provide names of all subcontractors along with type of services they will provide as part of the services required under each Scope of Service in the RFP, the number of years Bidder has utilized the subcontractor, and the contractual relationship between subcontractor and Bidder.

Please use the table provided below.

	Name and Address	Type of Service(s)	Years Utilizing Subcontractor	Contractual Relationship
1.	<i>50 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
2.	<i>50 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
3.	<i>50 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
4.	<i>50 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required
5.	<i>50 words.</i> Nothing required	<i>100 words.</i> Nothing required	<i>Decimal.</i> Nothing required	<i>100 words.</i> Nothing required

7.1.12 Bidder must confirm that all Bidder's subcontractors are authorized/licensed to do business in Connecticut.

Single, Pull-down list.
1: Confirmed,
2: Not Confirmed

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

7.1.13 Bidder must provide liability insurance limit with regard to errors, omission, negligence, and malpractice. Include in Bidder's response the annual dollar limit per occurrence.

500 words.

7.1.14 Confirm Bidder will provide the last two (2) years of Bidder's unaudited financial statements.

Single, Pull-down list.

1: Confirmed and unaudited financial statements attached,

2: Not Confirmed

7.2 EXPERIENCE

7.2.1 How many years has Bidder been in business?

Integer.

7.2.2 How many years has Bidder been conducting independent audits?

Integer.

7.2.3 How many audits similar in scope to the services required by this RFP has Bidder conducted during calendar years 2022 and 2023, if any?

Category	Completed during Calendar Year 2022	Completed or underway in CY 2023
Post-adjudication Medical Claim audits	Integer.	Integer.
Dental Claims audits	Integer.	Integer.
Pharmacy Financial Reconciliation and Rebate audits	Integer.	Integer.
Post-adjudication Pharmacy Claim audits	Integer.	Integer.
Acquisition Cost Verification	Integer.	Integer.
Dependent Eligibility Verification Audit	Integer.	Integer.
Loss of Dependent Status (Death searches for dependents and/or Divorce Searches)	Integer.	Integer.
Medicare Advantage Prescription Drug (MAPD) audits	Integer.	Integer.
Review and Monitor Medicare Advantage for CMS regulations	Integer.	Integer.

7.2.4 Describe any actions taken or pending against Bidder or any affiliated entities by clients that contested the results of Bidder's findings.

100 words.

7.2.5 Has Bidder ever been prevented by a contracted vendor from performing a client's audit? If yes, describe the circumstances.

Single, Radio group.

1: Yes, please explain: [500 words] ,

2: No

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

7.2.6 Briefly describe any aspects of Bidder's audit process that are unique to Bidder and that distinguish the Bidder from its competitors.

500 words.

7.2.7 Identify any restrictions Bidder believes the contracted vendor (carrier / PBM) may present, if any, in completion of the scope of services defined in this RFP and how Bidder plans to mitigate these restrictions to complete the services timely.

500 words.

7.3 REFERENCES

7.3.1 Please provide references of three (3) current clients of similar size and industry for which Bidder provides or has provided similar services, if applicable.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Start Date	Products/Services Offered	Number of Lives Covered
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.
Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.

7.3.2 Please provide references of three (3) former clients of similar size and industry for which Bidder has provided similar services and the reason for termination, if applicable.

	Company Name	Contact Name	Contact Title	Telephone	Email Address	Contract Termination Date	Products/Services Offered	Number of Lives Covered	Reason for Termination
Reference 1	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
Reference 2	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Reference 3	50 words.	50 words.	50 words.	50 words.	50 words.	To the day.	50 words.	Integer.	50 words.
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7.3.3 What are the most significant results achieved from the audits for each of the references provided?
500 words.

8 APPENDIX

8.1 Scope of Service 1: Post-adjudication Medical Claims Review System for State and Partnership Plan

The State is seeking a technology platform service to assist in conducting ongoing, Post-adjudication review of 100% of medical claims paid that will work with and support the State's contracted vendors, including third party claims administrators, Network Providers, and navigation/advocacy Providers in the administration of the State's plans. The platform must be able to identify and eliminate systemic errors, recover overpayments, and ensure that only the required and appropriate amounts due and owing on claims are paid as a result of proper adjudication. The data management must be able to collect, store, and maintain a secure archive of medical claims data and other health services payment information and provide such data and other report in compliance with State and federal regulations. Monthly analysis of trends found during post-adjudication must be provided to the State along with recommendations for process improvement.

Medical Plan Details Calendar Year 2022

Details regarding the Medical plans to be audited: [State and Partnership](#)

Plan	Sum of Plan Paid	Avg. Member Enrollment	Avg. Employee Enrollment
State BlueCare POE	\$ 548,264,842.09	68,801	29,210
State BlueCare POE Plus (Gated)	\$ 67,577,418.30	10,896	4,242
State BlueCare POS	\$441,263,425.32	52,931	23,219
State Partnership BlueCare POS	\$536,882,132.11	65,568	28,525
State BlueCare PRIME	\$ 6,886,656.43	3,572	1,805
State BlueCare PRIME Tiered	\$ 10,982,112.55	4,668	2,405
State Out of Area PPO	\$ 75,055,445.10	9,087	4,632
State Preferred PPO	\$ 36,604,899.06	3,207	1,913
Grand Total	\$ 1,723,516,930.96	214,609	93,846

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

The Post-Adjudication Medical claim audit scope to include, but not limited to the following:

- A. Perform electronic review of 100% of medical claims presented for payment. Analysis shall include, but not be limited to, verifying accurate plan design, exclusions, and limitations such as prior authorization, dollar limits, and others.
- B. Identify potential duplicate payments, including claims for the same services with different procedure codes.
- C. Where applicable, appropriate Discounts, and correct reimbursement procedures were followed by the State Medical contracted vendor.
- D. Detect, prevent, and correct fraud, waste, and abuse, and to facilitate accurate claim payment. Reviews for overutilization of services or other practices that directly or indirectly result in unnecessary costs to the State. These reviews serve to confirm that (1) the most appropriate and cost-effective services were provided, and (2) the records and/or documentation substantiate the setting or level of services that was provided to the patient. Examples include, but are not limited to:
 - a. Improper payment for services;
 - b. Payment for services that fail to meet professionally recognized standards/levels of care;
 - c. Excessive billed charges or selection of the wrong code(s) for services or supplies;
 - d. Billing for items or services that should not have been or were not provided based on documentation provided;
 - e. Insufficient documentation in the medical record to support the charges billed;
 - f. Experimental and investigational items billed;
 - g. Lack of medical necessity to support services or days billed;
 - h. Uncovered services per the Member's benefit Plan, State policies, or Medicare policies;
 - i. Lack of objective clinical information in the medical record to support condition for which services are billed; and
 - j. Items not separately payable or included in another charge, such as routine nursing, capital equipment charges, reusable items, etc.
- E. Perform post-adjudication reviews in order to detect, prevent, and correct fraud, waste, and abuse and to facilitate accurate Claim payment. Post-adjudication reviews shall look for overutilization of services or other practices that directly or indirectly result in unnecessary costs to the STATE, including Members. Examples include, but are not limited to:
 - a. Improper payment for services;
 - b. Payment for services that fail to meet professionally recognized standards/levels of care;
 - c. Excessive billed charges or selection of the wrong code(s) for services or supplies;
 - d. Billing for items or services that should not have been or were not provided based on documentation supplied;
 - e. Unit errors, duplicate charges, and redundant charges;
 - f. Lack of sufficient documentation in the medical record to support the charges billed;
 - g. Experimental and investigational items billed;

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

- h. Lack of medical necessity to support services or days billed;
 - i. Services billed that are not covered per the Member's benefit plan;
 - j. Lack of objective clinical information in the medical record to support condition for which services are billed;
 - k. Items not separately payable or included in another charge, such as routine nursing, capital equipment charges, reusable items, etc.;
- G. Provide assistance to the State with regards to any pricing disputes identified as a result of the Medical Claims Review; and
- H. Quarterly as well as YTD Report of Findings is expected to include:
- a. Identification of error patterns or trends by category, identify causes, assess effects, the provided recommendations to the contracted vendor for corrections, date of the recommendation and resolution date Report must include the total number of errors by category with status including but not limited to: resolved errors, unresolved errors including ETA on final resolution date;
 - b.
 - c. Provision of a Summary Table of payment dollar errors with a clear description of the error category detected through the post-adjudication review;
 - d. An action plan for overpayment recovery.

8.1.1 Post-adjudication medical claims review Questionnaire

Responses to the following questions should clearly explain how Bidder's real time system interacts with the contracted vendor's system, how frequently there is collaboration between Bidder's organization and the contracted vendors, and the frequency and level of reporting to the State.

8.1.1.1 Attach an overview of Bidder's proposed post-adjudication medical claims review process (limit two pages).

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.1.1.2 Confirm the proposed services will address the review components identified in the RFP Scope of Service. Identify any tasks not included and provide a brief explanation to include any variations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.1.1.3 Identify the number of Anthem BCBS clients the Bidder has on the WGS system platform for the State since January 1, 2019.

Integer.

8.1.1.4 How will the Bidder's system determine that the contracted vendors have an adequate set up in their system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary physician services, etc.?

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

500 words.

8.1.1.5 How will the Bidder assess any claims that are not automated?

500 words.

8.1.1.6 If the Bidder's system uncovers claims administration weaknesses, how are these issues reconciled with the contracted vendors and the State? How frequently are these addressed with the contracted vendors and the State?

500 words.

8.1.1.7 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.1.1.8 Explain the implementation process and attach a timeline that aligns with the delivery of July 1, 2024, with notification effective February 1, 2024.

Single, Radio group.

1: Attached, explain: [500 words] ,

2: Not attached, explain: [500 words]

8.1.1.9 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.1.1.10 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions, support staff and geographic location(s) of the implementation team.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.1.1.11 Describe Bidder's current post-adjudication processing turnaround time and methodology for reporting on claims backlog and its effect, if any, on the claims adjudication process.

500 words.

8.1.1.12 What steps will Bidder take to review, evaluate and report on the accuracy and efficiency of the post-adjudication claim submission process to the State? What is Bidder's process to work directly with the contracted vendors to rectify (including electronic data interface between hospitals, providers and contracted vendors)?

500 words.

8.1.1.13 How will Bidder assess denied/pending claims (e.g., request for additional information, peer review, external audit/investigation)?

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

500 words.

8.1.1.14 Attach a list of proposed performance guarantees including a description of the guarantee, method of measurement, and the percentage of fees that Bidder is willing to put at risk for this proposed engagement.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.1.1.15 Attach a sample final audit findings report.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.2 Scope of Service 2: Dental Claims Audit of State and Partnership Plan services

The purpose of these audits is to evaluate administration of group dental benefits. The objective is to (1) evaluate operational procedures and controls established for effective plan administration, and (2) examine claim system logic for auto-adjudication based on plan design and determine whether claims -were adjudicated properly, and (3) assess the dollar value of claims identified as inaccurately paid, and (4) assist in negotiating with carrier on recovery of overpayments, if applicable and (5) independently calculating the carrier/administrator’s compliance to performance guarantees, and (6) evaluation of claims processed and paid during the latest 12-month contract period, and (7) official report of findings.

Dental Plan Details Calendar Year 2022

Carrier / Contracted vendor	Name of Benefit Coverage Health plan	Incurred Claims in 2022	Average Subscribers	Average Members in 2022
Cigna Dental State	DPPO Basic	\$54,397,300	59,024	104,066
Cigna Dental State	DPPO Enhanced	\$28,022,970	33,592	72,159
Cigna Dental Partnership	DPPO, various plan designs	\$19,015,347	18,148	41,494
Total		\$101,435,617	110,764	217,719

DENTAL CLAIMS AUDIT

Dental claims scope of work: State and Partnership Plans

A combination of electronic and sampling methodologies is expected to assess the accuracy and timeliness of benefit reimbursements.

The Dental services audit scope to include, but not limited to the following:

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

- A. Eligibility timeliness of updates, interface with the claims processing system, and confirmation of retroactive overpayment recovery efforts;
- B. Detection and investigation procedures for coordination with other coverages (i.e., group coverage,) and subsequent follow-up procedures in place with any subcontracted vendor, as applicable;
- C. Identification of improper, potentially fraudulent or duplicate submissions, and resulting provider investigation and/or retraining;
- D. Timeliness of updates to participating provider contracts, etc;
- E. Appropriate benefit limitations, deductibles, copayments, coinsurance, and out-of-pocket maximums were applied;
- F. Coordination of benefits and subrogation provisions were enforced, where applicable;
- G. Benefits were paid under the proper classification, diagnostic, and procedure codes;
- H. Payment was made to the proper party;
- I. Claims system logic for examiner edits and auto-adjudication capabilities;
- J. Duplicate claims have been properly denied;
- K. Claims were paid only on behalf of eligible individuals based on records contained in the claims system;
- L. Arithmetic calculations were correct; and
- M. The Written Report of Findings is expected to also include:
 - a. Evaluation of the contracted vendor's policies and administration for managing claims costs to ensure that procedures support maximized savings.
 - b. Identification of error patterns or trends, identification of causes, assess effects, and provide recommendations for corrections.
 - c. Provision of a table of payment errors with a clear description of the sampled error and/or other errors detected through review of the patient's history; the report should clearly identify those errors that were subject to internal audit but bypassed detection.
 - d. An action plan for overpayment recovery within the report recommendations.

8.2.1 Dental claims audit Questionnaire

Responses to the following questions should clearly explain if the validation steps will include a sample or 100% review of all claims. Identify the sample size and any contracted vendor variations where appropriate.

8.2.1.1 Attach an overview of Bidder's operational review process (limit one page).

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.2.1.2 Confirm the proposed services will address the review components identified in the RFP Audit Scope. Identify any tasks not included and provide a brief explanation to include any variations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.2.1.3 How will Bidder's review of coordination of benefits (COB) look separately at primary and secondary insurance coverage responsibility?

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

500 words.

8.2.1.4 How will Bidder determine that the contracted vendors have an adequate system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary services, etc.?

500 words.

8.2.1.5 How will Bidder decide that appropriate administrative procedures are followed by the contracted vendor to ensure compliance with contractual obligations?

500 words.

8.2.1.6 Briefly identify any modifications in Bidder's proposed review elements to those defined in the Audit Scope defined in this RFP.

500 words.

8.2.1.7 Identify the number of Cigna Dental audits Bidder's firm has conducted since January 1, 2019, if any.

Integer.

8.2.1.8 If Bidder's audit uncovers claims administration weaknesses, how are these addressed with the contracted vendor prior to inclusion in its final report?

500 words.

8.2.1.9 Explain how Bidder will emphasize and/or report on areas, which if changed or corrected, could result in cost savings to the State and Partnership Plans.

500 words.

8.2.1.10 State the stratified selection methodology and minimum sample size to be surveyed for measurement of overall administrative performance to achieve the required 95% confidence, and whether confidence is projected for incidence and/or financial accuracy.

500 words.

8.2.1.11 How will Bidder evaluate the automated system used to process/pay claims? How will Bidder assess any claims that are not automated?

500 words.

8.2.1.12 How will Bidder assess system edits, linkages among systems and the frequency and level of manual intervention by administrators/staff?

500 words.

8.2.1.13 How will Bidder assess denied/pending claims (e.g., request for additional information, peer review, external audit/investigation)?

500 words.

8.2.1.14 Describe Bidder's methodology for reporting on claims backlog and its effect, if any, on the claims adjudication process.

500 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.2.1.15 How will Bidder determine if an adequate system of reviews is used when problem claims are encountered from either subscribers or providers?

500 words.

8.2.1.16 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed

8.2.1.17 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.2.1.18 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

Single, Radio group.

- 1: Attached,
- 2: Not attached, explain: [500 words]

8.3 Scope of Service 3: Pharmacy Claims Financial Reconciliation of State and Partnership Plan Services

The purpose of these audits is to review the pharmacy benefit program administered by the State and Partnership Plan services PBMs. The objective is to (1) measure and confirm the pricing guarantees have been met as required by the PBM agreement including the Average Wholesale Price (AWP) Discounts, Dispensing Fees, Minimum Rebate guarantees, and Invoice Review and Administrative Fees; (2) conduct a Manufacturer Rebate Audit; and (3) provide an official report of findings.

Pharmacy Benefit Details

Prescription Drug Program Contract	\$ of annual claims for 2022
State	\$269,276,589
Partnership	\$98,914,924
Total	\$368,191,513

The State is currently participating in the CVS Standard Control Formulary Opt-In with the Advanced Control Specialty Formulary for active members and those who retired later than 10/1/17 and the Standard Control

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Formulary Opt-out with the Advanced Control Specialty Formulary for those who retired 10/1/17 or earlier with 2 Tier, 3 Tier Non-Qualifying, and 3 Tier Qualifying plan designs for both formularies.

PHARMACY CLAIMS PRICING (DISCOUNT) ACCURACY AUDIT AND MANUFACTURER REBATE AUDIT

Pharmacy Benefit audit claims scope of work: State and Partnership plans

An electronic audit of all (100%) prescription transactions is expected to include the following review components.

The Pharmacy service audit scope to include, but not limited to the following:

Financial Claims Audit

- A. **Invoice Reconciliation:** Review the PBM's invoices and the electronic claims file to ensure that the bills paid by the State are accurate and all fees comply with the rates as stipulated in the pricing agreement.
- B. **Contract Interpretation:** Reviewing the language found in the PBM agreements, and review the State contract to interpret:
 - a. Network definitions (e.g., mail / retail / maintenance)
 - b. Brand / generic drug definitions
 - c. Drug classes excluded from pricing guarantees (e.g., compounds, member submitted claims)
 - d. Specialty / non-specialty drug definitions
 - e. Guarantee offsetting rules and logic
- C. **Financial Pricing Performance:** Review the pricing Agreement between the PBM and the State and independently calculate the performance of each applicable pricing guarantee stipulated in the Agreement. The pricing guarantees review should include, as applicable:
 - a. Average Wholesale Price (AWP) Discounts and Per Rx Dispensing Fees: to validate the AWP cost basis for each drug claim. Calculates the performance of the AWP Discount guarantees and the achieved Dispensing Fees as interpreted from the PBM Agreement and claims data to determine if the guarantees were met. Compare the PBM's financial reconciliation report to validate the PBM's methodology for calculating the performance of each guarantee.
 - b. Minimum Rebates Guaranteed: Review of the minimum rebate guarantees in aggregate, as applicable.
 - c. Other Guarantees: Generic Dispensing Rate (GDR) Guarantees, Inflation Guarantees, etc., as applicable. Appropriate benefit limitations, deductibles, copayments, coinsurance, and out-of-pocket maximums were applied.

Manufacturer Rebate Contract Review

- A. Identify specific manufacturers agreements two (2) consecutive quarters that will be reviewed.
- B. An onsite/virtual audit will be conducted that will include examination of selected manufacturer agreements to determine the rebate payments to PBM.
- C. The rebates paid to the PBM will be compared to the rebates received by the plan to determine the accuracy in which the PBM invoiced rebates per each manufacturer agreement reviewed.
- D. Aggregate differences between the rebates earned and the rebates paid to be presented in a final audit report.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.3.1 Pharmacy Benefit Audit Questionnaire

Responses to the following questions should clearly explain if the validation review contains 100% of all transactions.

8.3.1.1 Provide an overview and timeline of Bidder's proposed prescription drug review process (limit one page). Include all components that will be audited.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.3.1.2 Identify the number of CVS/Caremark audits Bidder has conducted since January 1, 2019, if any.

Integer.

8.3.1.3 What percentage of claims pricing accuracy audits that the Bidder performed were CVS/Caremark since January 1, 2019?

Integer.

8.3.1.4 Does Bidder's staff maintain any pharmacy licensure or credentials that enhance their qualifications to conduct a prescription drug claim audit?

Single, Radio group.

1: Yes, explain: [200 words],

2: No, explain: [200 words]

8.3.1.5 Confirm that the claims pricing accuracy audit includes testing of 100% of all claims processed for each of the following. Provide an explanation if the proposal does not test 100% or does not perform the stated task.

independent verification of average wholesale price (AWP)	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
comparison of actual aggregate claim discounts, dispensing fees, and rebates to contractual guarantees	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
comparison of actual claim adjudication to plan design and benefit rules	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
member cost share	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
duplicate claims	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

coverage rules	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
identification of contractual term improvement opportunities	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]

8.3.1.6 Confirm that the prescription rebate audit includes the following. Provide an explanation if the proposal does not test 100% or does not perform the stated task.

independent verification of average wholesale price (AWP)	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
identification of all rebatable claims and identification of categories properly excluded from rebates, according to the PBM contract	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
verification of earned rebates by quarter by National Drug Code (NDC)	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
comparison of earned rebates file to manufacturer rebate submission file	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
onsite review of applicable manufacturer contracts to verify all rebate amounts due are properly paid to the State	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
comparison of PBM receipts from manufacturers to earned rebate file	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]
identification of contractual term improvement opportunities	<i>Compound, Pull-down list.</i> 1: Confirmed, 2: Not confirmed, explain: [200 words]

8.3.1.7 Identify any obstacles Bidder anticipates may be presented by CVS/Caremark in allowing Bidder to provide the services defined in the RFP Scope of Service.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

500 words.

8.3.1.8 What is Bidder's process for addressing issues identified with CVS/Caremark and preventing similar future occurrences?

500 words.

8.3.1.9 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

- 1: Confirmed,
- 2: Not Confirmed

8.3.1.10 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

- 1: Confirmed,
- 2: Not confirmed

8.3.1.11 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

Single, Radio group.

- 1: Attached,
- 2: Not attached, explain: [500 words]

8.4 Scope of Service 4: Post-adjudication Pharmacy Claims Audit of State & Partnership Plans

The State is seeking a technology platform service to assist in conducting ongoing, real-time electronic review of 100% of pharmacy claims paid that will work with and support the State's PBM in administration of the State's plans. The platform must be able to identify and eliminate systemic errors, manage drug tier formulary requirements including drug exclusions, network utilization requirements such as mandatory / incentivized refills for maintenance medications, refill too soon, plan copays by dispensing channel and drug tier definition, plan accumulators such as member deductibles and out-of-pocket (OOP) maximums, refill too soon, recover overpayments, and ensure that only the required and appropriate amounts due and owing on claims are paid as a result of proper adjudication. Must be able to collect, store, and maintain a secure archive of pharmacy claims data and payment information and provide such data and other report in compliance with state and federal laws and regulations.

Pharmacy Benefit Details

Prescription Drug Program Contract	\$ of annual claims for 2022
State	\$269,276,589
Partnership	\$98,914,924
Total	\$368,191,513

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

The State is currently participating in the CVS Standard Control Formulary Opt-In with the Advanced Control Specialty Formulary for active members and those who retired later than 10/1/17 and the Standard Control Formulary Opt-out with the Advanced Control Specialty Formulary for those who retired 10/1/17 or earlier with 2 Tier, 3 Tier Non-Qualifying, and 3 Tier Qualifying plan designs for both formularies.

Post-adjudication Pharmacy claims review scope of work: State and Partnership plans

The post-adjudication pharmacy claim audit scope to include, but not limited to the following:

- a. Perform electronic review of 100% of pharmacy claims presented for payment. Analysis shall include, but not be limited to, plan copays by dispensing channel and drug tier definition, including “member pay the difference” copy penalties, as applicable.
- b. Drug Tier rules such as carve-out preventative lists, etc.
- c. Plan accumulators such as member deductibles and out-of-pocket (OOP maximums and accumulators limited to prescription drug claims, as applicable)
- d. Network utilization requirements such as mandatory/incentive refills for maintenance medications, refill too-soon, as applicable.
- e. Perform post-adjudication reviews in order to detect, prevent, and correct fraud, waste, and abuse, and to facilitate accurate pharmacy payment. Review for overutilization or lack of pre-authorization to support the dosage and/or refill-too-soon.
- f. Quarterly as well as YTD Report of Findings is expected to include:
 - i. Identify error patterns or trends by category, identify causes, assess effects, the provided recommendations to the PBM for corrections, date of the recommendation and resolution date Report must include the total number of errors by category with status including but not limited to resolved errors, unresolved errors including ETA on final resolution date;
 - ii. Provide a Summary Table of payment dollar errors with a clear description of the error category detected through the post-adjudication review;
 - iii. An action plan for overpayment recovery.

8.4.1 Post-adjudication Pharmacy claims review Questionnaire

8.4.1.1 Attach an overview of Bidder's proposed post-adjudication pharmacy claims review process (limit two pages).

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.4.1.2 Confirm the proposed services will address the review components identified in the RFP Scope of Service. Identify any tasks not included and provide a brief explanation to include any variations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.4.1.3 Identify the number of CVS/Caremark clients Bidder has on the system platform it is recommending for the State since January 1, 2019, if any.

Integer.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.4.1.4 How will Bidder determine that CVS/Caremark has an adequate set up in their system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, refill too soon, etc.?

500 words.

8.4.1.5 How will Bidder assess any claims that are not automated?

500 words.

8.4.1.6 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.4.1.7 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.4.1.8 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions, support staff and geographic location(s) of the implementation team.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.4.1.9 Explain the implementation process and attach a timeline.

Single, Radio group.

1: Attached, explain: [500 words] ,

2: Not attached

8.4.1.10 Describe Bidder's current post-adjudication processing turnaround time.

500 words.

8.4.1.11 What steps will Bidder take to review, evaluate, and report on the accuracy and efficiency of the post-adjudication claim submission process (including electronic data interface between specialty pharmacies, hospitals, etc.)?

500 words.

8.4.1.12 How will Bidder assess denied/pending claims (e.g., request for additional information, peer review, external audit/investigation)?

500 words.

8.4.1.13 Attach a list of Bidder's proposed performance guarantees including a description of the guarantee, method of measurement, and the percentage of fees that Bidder is willing to put at risk for this proposed engagement.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.4.1.14 Attach a sample final audit findings report.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.5 Scope of Service 5 (Certified Public Accounting (CPA) Firm or Qualified Auditing Firm only): Acquisition Cost Verification for Specialty and Mail Order Pharmacy(s) for State and Partnership Plan services

The purpose of this verification is to review and confirm Acquisition Cost by the Specialty Pharmacy and Mail order Pharmacy(s) including hospitals that support the State. The verification consists of reviewing the discount target of drugs outlined in the PBM agreement and compare to the Acquisition Cost Based Pricing by reviewing quarterly reports by NDC, review invoices and inventory to identify variances, review actual paid claims, as well as compare the results with the marketplace pricing for Mail Order Pharmacy and Specialty Drug Pharmacy.

Acquisition Cost based pricing reconciliation claims scope of work: State and Partnership Plans

The purpose of these audits is to ensure the acquisition cost of the dispensed specialty drugs and mail order drugs are consistent with the aggregate costs billed to the State, plus administrative fees as outlined in the PBM agreement and compare it to the Acquisition Cost Based Pricing consistent with the marketplace pricing for Mail Order Pharmacy and Specialty Drug Pharmacy by recalculating the member paid amount for each claim in the electronic claims file and reviewing the following:

- A. Measured in aggregate through GAAP weighted average cost method during Contract Year
- B. AWP Discount rate set forth in the PBM agreement, as applicable.
- C. Mail Order Pharmacy Dispensed claims adjudicating at the rates targeted to the mail order pharmacy network pricing for Maintenance drug supplies.
- D. Review Rebates collected by PBM to ensure the State receives 100% of the total Rebates collected based upon the Point-of-Sale date.
- E. Provide comprehensive reporting on the audit results to support the true-up to the Acquisition Cost Based Pricing, as applicable.

8.5.1 Acquisition Cost Verification Questionnaire

Responses to the following questions should clearly explained.

8.5.1.1 Bidder must confirm that it is a certified public accounting (CPA) firm or qualified auditing firm licensed to do business in the State of Connecticut.

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.5.1.2 Provide the number of clients for whom Bidder has provided services similar to those outlined in this RFP within the last three (3) years, if any.

0 – 9,999 covered lives	<i>Integer.</i>
10,000 – 14,999 covered lives	<i>Integer.</i>
>15,000 covered lives	<i>Integer.</i>

8.5.1.3 Describe Bidder's verification method. Include details regarding quantitative and/or qualitative data and pricing resources, including detailing the pricing tools and resources.

500 words.

8.5.1.4 Describe the level of details included in a final report including whether drug product level and/or drug class information is included.

500 words.

8.5.1.5 Attach a sample report of findings in an acquisition cost audit.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.5.1.6 Provide a project plan outlining the quarterly verification process Bidder is proposing with estimated dates.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.5.1.7 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.5.1.8 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.5.1.9 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.6 Scope of Service 6: Dependent Eligibility Verification Audit and Monitoring for State Plan only

The purpose of the dependent eligibility verification audit’s is to confirm that benefits are provided to only eligible participants as specified and defined by the Plan.

Dependent Eligibility Verification Audit Details: State plan only

Total # of eligibility guidelines (total # members)	# of members with 1 or more dependents enrolled in the plan	Total # of dependents enrolled in the plans	Total # of Spouses enrolled in the plans	# of Children enrolled in the plans	2022 average annual cost per Spouse	2022 average annual cost per Child
65,933	39,140	84,867	29,380	55,487	\$10,223.51	\$4,231.71

Dependent Eligibility Verification Audit and Monitoring Scope of Service

The audit should be constructed in a fashion that will allow the auditor to determine if dependents claimed meet the criteria below.

- A. Aid the State regarding methods to notify participants of the upcoming audit and outline the required documentation evidencing continued eligibility for dependent coverage.
- B. Audit the State’s members’ dependent population for compliance with the eligibility rules of the State.
- C. Provide a service center for members to call with any questions or concerns.
- D. Provide a secure website for members to upload their documentation.
- E. Provide communications on behalf of the State to the members/participants requesting documentation of eligibility of dependents for coverage under the State.
- F. Coordinate with the State on follow-up communications to the participant population as well as removal of ineligible individuals from coverage.
- G. Provide comprehensive reporting on the audit results and recommendations.
- H. Retain and share the documentation received from the membership with the State Office/Administrator.
- I. Perform ongoing dependent eligibility verifications on a monthly basis for newly enrolled dependents.
- J. Perform Spousal verification audits on an annual basis to confirm eligibility.
- K. Provide performance guarantees for service center services (answer incoming calls during service center hours / average speed to answer / call back time, as well as turnaround time to process incoming documentation).

8.6.1 Dependent Eligibility Verification Questionnaire

Responses to the following questions should clearly explain services provided.

8.6.1.1 Describe Bidder's philosophy and approach to a dependent eligibility verification audit.
500 words.

8.6.1.2 Describe how Bidder will provide online periodic reporting with full description of the tools available.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

8.6.1.3 Bidder must be capable of providing reporting based on the employing agency, as defined by the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

8.6.1.4 Bidder must provide a detailed description of its capability to track and report on call center services including categories being monitored.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

8.6.1.5 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.6.1.6 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.6.1.7 Provide a project plan reflecting one year of ongoing Dependent Eligibility Verification Audits.

Single, Radio group.

1: Confirmed, please specify amount: [Dollars] ,

2: Not Confirmed

8.6.1.8 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.6.1.9 Attach system generated sample reports.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.6.1.10 Attach a sample weekly status agenda and include standard statistics reviewed during the meeting.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.6.1.11 Attach a sample of communication packet(s) that are sent to members.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Attached, [500 words] ,

2: Not attached, explain: [500 words]

8.6.1.12 Can Bidder customize communications upon the State's request?

Single, Pull-down list.

1: Yes,

2: No

8.6.1.13 How many outbound member communications / contacts does Bidder propose after the initial communication?

Integer.

8.6.1.14 Identify the participant communication delivery options Bidder provides: hardcopy, e-mail, web, phone calls (by agent), phone calls by IVR, other.

100 words.

8.6.1.15 How does Bidder support communication with hearing and/or visually impaired members?

100 words.

8.6.1.16 Does Bidder provide Business Reply Envelopes? Do they include postage?

50 words.

8.6.1.17 How are members communicated to when they have submitted proper documentation to complete the verification? At what point is completion communicated to the member?

500 words.

8.6.1.18 Confirm that all member communications will be reviewed, customized, and approved by the State prior to release.

500 words.

8.6.1.19 Does Bidder support an appeals phase? If so, for how long?

500 words.

8.6.1.20 How do members submit documents to Bidder?

500 words.

8.6.1.21 Where is Bidder's call center located? Provide details if any proposed services are based offshore.

500 words.

8.6.1.22 What percentage of Bidder's call center representatives speak Spanish? What other languages are supported?

100 words.

8.6.1.23 What are Bidder's call center hours?

100 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.6.1.24 Can Bidder offer a dedicated call center for State of Connecticut members?

100 words.

8.6.1.25 Provide details on Bidder's type of document processing work area security that is in place including how documents are segregated by client project.

500 words.

8.6.1.26 Provide details on what technology and security measures are employed by Bidder to handle sensitive member data.

500 words.

8.6.1.27 Provide details on the location of Bidder's server and database storage.

100 words.

8.6.1.28 What is Bidder's standard data transmission procedure?

500 words.

8.6.1.29 Describe how Bidder's process minimizes and simplifies member requirements, while ensuring accurate enrollment?

500 words.

8.6.1.30 Attach a list of proposed performance guarantees including a description of the guarantee, method of measurement, and the percentage of fees that Bidder is willing to put at risk for this proposed engagement.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.7 Scope of Service 7: Loss of Dependent Status Review

The purpose of the loss of dependent status is to confirm death of spouse or dependent as well as divorces for dependents on plan.

Loss of dependent status review Details: State and Partnership plans

The state would provide a monthly data file of all dependents on plan to have it electronically search for death certificates and/or divorce decrees. The state would receive a return file of any findings with a date of death or divorce provided. It is estimated that approximately 103,000 dependents for State Active & Retirees universe and approximately 31,000 dependents for Partnership Actives & Retirees on the file each month.

Loss of dependent status scope of service

The audit would occur monthly.

- a. Provide the state with an online dashboard allowing an automated file to upload monthly at a designated date and time.
- b. Report would be loaded to the online dashboard monthly at a designated date and time to identify all dependents with a loss of dependent status including the dependent name, social security number,

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

date of birth, date of death, date of divorce, and member the dependent is associated to and the member's unique ID.

8.7.1 Loss of Dependent Status Questionnaire

8.7.1.1 Bidder must provide an online dashboard with reporting capability.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

8.7.1.2 Bidder must provide reporting based on the employing Agency as defined by the State.

Single, Radio group.

1: Confirmed,

2: Not Confirmed, please explain: [500 words]

8.7.1.3 What source(s) does Bidder utilize to obtain death certificates and/or divorce decrees?

500 words.

8.7.1.4 What is Bidder's standard data transmission procedure?

500 words.

8.7.1.5 Provide details on what technology and security measures are employed by Bidder to handle sensitive member data.

500 words.

8.7.1.6 Provide details on the location of Bidder's server and database storage.

100 words.

8.7.1.7 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.7.1.8 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.7.1.9 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.8 Scope of Service 8: Medicare Advantage Prescription Drug (“MAPD”) Audit

The State is seeking annual audits of the Medicare Advantage Prescription Drug (MAPD) plan to ensure consistency with the States plan and current CMS guidelines by utilizing CMS audit protocols, data validation, cost from PBM and testing to ensure accuracy of CMS reporting.

Medicare Advantage Prescription Drug (MAPD) Details

Membership	Retiree	Dependent	Total
State	42,309	17,145	59,454
Partnership			3,100

The State provides five (5) MAPD plans and the offering is based on the date of retirement. The Partnership plan offering matches the State MAPD plan offering for any new retirees.

Medicare Advantage Prescription Drug audit scope of service: State and Partnership plans

A combination of electronic and sampling methodologies is expected to assess accuracy and timeliness of benefit reimbursements.

Medicare Advantage Prescription Drug audit scope of Service, but not limited to the following:

- A. Must review adjudication and operational procedures to ensure adherence to the State and Partnership’s plan;
- B. Independently calculate a sample of claims to ensure accurate processing with review of the following;
 - a. Review of plan copays by dispensing channel, drug tier definition and coverage phase, including copay proration, preventive drug products, Part B immunizations, and custom \$0 copy lists;
 - b. Drug Tier Formulary requirements including formulary exceptions and drug exclusions, as applicable;
 - c. Administrative / Utilization Management Rules, such as maximum allowable days’ supply by dispensing channel, extended days’ for maintenance medications, refill-too-soon thresholds, out-of-network pharmacy claims, and limited days’ supplies for opioid medications.
 - d. Review of appropriate benefit limitations, deductibles, copayments, coinsurance, and out-of-pocket maximums were applied;
 - e. Coordination of benefits and subrogation provisions were enforced, where applicable;
 - f. Benefits were paid under the proper classification, diagnostic, and procedure codes;
 - g. Payment was made to the proper party;
- C. Report of findings to summarize benefit validation and include any key findings, programming discrepancies and recommendations.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.8.1 Medicare Advantage Prescription Drug Questionnaire

Responses to the following questions should clearly explain if the validation steps will include a sample or 100% review of all claims. Identify the sample size and any contracted vendor variations where appropriate.

8.8.1.1 Provide an overview and timeline of Bidder's proposed MAPD review process (limit one page). Include all components that will be audited.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.8.1.2 Identify the number of MAPD audits Bidder has conducted since January 1, 2019 (do not include pre-implementation audits), if any.

Integer.

8.8.1.3 Do Bidder's auditors maintain any pharmacy licensure or credentials?

Single, Radio group.

1: Yes, explain: [200 words],

2: No, explain: [200 words]

8.8.1.4 Attach an overview of your operational review process (limit one page).

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.8.1.5 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.8.1.6 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.8.1.7 Confirm the proposed services will address the review components identified in the RFP Audit Scope. Identify any tasks not included and provide a brief explanation to include any variations.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [500 words]

8.8.1.8 If Bidder's audit uncovers claims administration weaknesses, how are these discussed with the vendor prior to inclusion in your final report?

500 words.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

8.8.1.9 How will bidder review of coordination of benefits (COB) look separately at primary and secondary insurance coverage responsibility?

500 words.

8.8.1.10 How will Bidder determine that the vendors have an adequate system to identify potential areas of claim abuse such as fraudulent claims, duplicate claims, overcharging by providers, unnecessary physician services, etc.?

500 words.

8.8.1.11 How will Bidder decide that appropriate administrative procedures are followed by the vendor to ensure compliance with contractual obligations?

500 words.

8.8.1.12 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

8.8.1.13 Briefly identify any modifications in Bidder's proposed review elements to those defined in the Audit Scope defined in this RFP.

500 words.

8.9 Scope of Service 9: Audit and Monitoring of Medicare Advantage Prescription Drug (“MAPD”) programs for Compliance with Centers for Medicare & Medicaid Services (“CMS”) Regulations

The State is seeking to audit and monitor the Medicare Advantage Prescription Drug (MAPD) plan to ensure the State’s plan is in compliance with current and future Center for Medicare & Medicaid Services (“CMS”) CMS guidelines and including but not limited to utilizing CMS audit protocols, data validation, cost from PBM, auditing claims and ensuring accuracy of CMS reporting.

CMS regulation compliance audit and monitoring Details.

Membership	Retiree	Dependent	Total
State	42,309	17,145	59,454
Partnership			3,100

The State provides five (5) MAPD plans and the offering is based on the date of retirement. The Partnership plan offering matches the State MAPD plan offering for any new retirees.

CMS regulation compliance audit and monitoring scope of work: State and Partnership plans.

CMS regulation compliance scope of Service, but not limited to the following:

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

- a. Initial audit to confirm current plan is within regulation.
- b. Provide CMS updates to the State, frequency based upon new regulations.
- c. Report of findings to summarize benefit validation and include any key findings, programming discrepancies and recommendations.
- d. Prepare and provide the State with written procedures to improve processes including details required of the State for collection of data, analysis of data, and responding to CMS in order to respond to an audit efficiently and effectively by CMS.

8.9.1 CMS Regulation Compliance Audit and Monitoring Questionnaire.

Responses to the following questions should clearly explained.

8.9.1.1 Provide an overview of Bidder's proposed CMS regulation compliance audit and monitoring including details of the audited process.

1000 words.

8.9.1.2 Identify the number of CMS regulation compliance audits Bidder has conducted since January 1, 2019, if any (including any completed or ongoing in 2023).

Integer.

8.9.1.3 How does Bidder communicate new CMS regulations for ongoing monitoring?

500 words.

8.9.1.4 How does Bidder coordinate with contracted vendors to review, evaluate and report on the accuracy and efficiency of the claims submission process? What is the process to work directly with the contracted vendors to rectify (including electronic data interface between hospitals, providers and contracted vendors)?

500 words.

8.9.1.5 Confirm that, if awarded the RFP, Bidder will be prepared to start implementation work as of the contract award date, February 1, 2024.

Single, Radio group.

1: Confirmed,

2: Not Confirmed

8.9.1.6 Confirm Bidder will provide weekly updates and/or meetings detailing all implementation activities and status including a Final Report for each phase.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

8.9.1.7 Identify the implementation team Bidder proposes to work on this account and provide an organization chart defining the implementation team roles. Include names, titles, experience, and qualifications for the entire proposed implementation team including key positions and support staff.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Single, Radio group.

1: Attached,

2: Not attached, explain: [500 words]

9 ATTACHMENTS

9.1 A. ATTACHMENT A: State Plan documents: <https://carecompass.ct.gov/>

B. ATTACHMENT B: Partnership Plan documents: <https://www.osc.ct.gov/ctpartner/members.html>

C. ATTACHMENT C: <https://portal.ct.gov/-/media/Ethics/Guides/2021/Contractors-Guide-to-the-Code-of-Ethics-Rev-11-2021.pdf>

D. ATTACHMENT D: Affirmation of Receipt of State Ethics Laws.docx

E. ATTACHMENT E: Guide to using CTSource <https://portal.ct.gov/-/media/DAS/CTSource/Documents/CTsource-Supplier-Registration-Portal-User-Guide-Final.pdf>

F. ATTACHMENT F: Ethics Form 1 (page 23 of the CT Source User Guide): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

G. ATTACHMENT G: State's Contract Compliance Forms: <https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>

H. ATTACHMENT H: Aug 2023 OSC IT Template Contract (PSA).docx

I. ATTACHMENT I: Bid Exceptions and Deviations Document

J. ATTACHMENT J: Pricing Worksheet.xlsx

Attached Document(s): [Attachment C - Contractors-Guide-to-the-Code-of-Ethics-Rev-11-2021 \(1\).pdf](#), [Attachment D - Affirmation of Receipt of State Ethics Laws.docx](#), [Attachment F - OPM-Form1-CampaignContributionCertification-8-18-Final.pdf](#), [Attachment H - Aug 2023 OSC IT Template Contract \(PSA\).docx](#), [Attachment I - Bid Exceptions and Deviations Form.docx](#), [Attachment J - Pricing Worksheet.xlsx](#)

10 BID EXCEPTIONS/DEVIATIONS

10.1 Completion of this proposal confirms authorization of your ability to duplicate requested services and administrative arrangements. If you are unable to meet ALL requirements and/or are not able to fully comply with the specifications in this Request for Proposal (RFP), please list ALL explanations, limitations, exceptions, and deviations in the attached.

Single, Radio group.

1: Completed and attached,

2: No deviations

Attached Document(s): [Attachment I - Bid Exceptions and Deviations Form.docx](#)

11 PRICING WORKSHEET

11.1 Confirm completion of Attachment J: Pricing Worksheet.xlsx with pricing for each scope of service being proposed.

State of Connecticut Benefit, Financial, Dependent and Medicare Plan Compliance Auditing Services RFP

Attached Document(s): [Attachment J - Pricing Worksheet.xlsx](#)

Single, Radio group.

1: Completed and attached,

2: Not attached, explain: [200 words]