

# HEP Chronic Care RFP 2012

## Questions Submitted

### General Questions:

1: Can you please advise how many vendors you sent the request to and if receipt of the request means our firm is one of a smaller amount of finalists in this process?

*A: All companies responding to the RFI received notice of the RFP. The RFP has been published to the Office of the State Comptroller and the Department of Administrative Services websites. Any company or group may respond to the RFP, including vendors who may not have responded to the preceding RFI.*

2: Is it possible to send the RFP to us in a Word document?

*A: In order to protect the integrity of the RFP process, the Request for Proposal may only be issued in a non-editable format; a Word document cannot be posted.*

3: Is the State amenable to multiple contractors, such as one for data warehousing and another for the member by member care coordination/management function?

*A: To facilitate a preferred immediate implementation, the State reserves the right to award one contract to one firm or to a group of vendors with demonstrated ability to collaborate on prior or current projects.*

4: Would both contractors need to provide a joint proposal or would the state consider enfolding two separate proposals such that, together, they best meet the State's needs?

*A: Firms/organizations submitting collaborative responses should explain how the process would be seamless and how data transmission, security, and data system compatibility will be addressed. If a vendor's intent is to only provide services as part of a joint proposal, the proposal should be submitted jointly. If a vendor's intent is to provide a service with the interest of working with a partner, that information should be noted in its individual proposal. While it is the State's intent to select one proposal to meet all needs, a multi-vendor relationship may be selected if, after review, it is determined a multi-vendor relationship best suits the needs of the State.*

5: Can the proposed services be appended to an existing contract with the Comptroller's office or must it be a new contract?

*A: In the interest of implementation as soon as possible, the State may amend an existing contract if that contract's scope of services is inclusive of the services proposed in response to this RFP.*

6: Certain provisions of the State's standard contract may inhibit a contractor's ability to provide all of the services stipulated by the RFP. Would it be appropriate to propose modifications to the standard contract that the bidder requires in order to execute a contract with the Comptroller's office? If not, what is the recommended course of action?

*A: If the standard contract inhibits a vendor's ability to provide proposed service offerings, then the bidder should identify those provisions and propose corresponding contract language in its proposal.*

7: Please provide clarification of 128,000 employees or is that total participants including dependents.

*A: For the purpose of data warehousing, assume that claims and other data applicable to the full population will be included. For actives, this would include 128,000 enrolled in HEP, plus active members not enrolled in HEP as well as the non-HEP retiree population consisting of*

43,000 retirees, 20,000 spouses, and 7,500 children. Of these, 12,500 are pre-Medicare eligible and 30,500 are post-Medicare eligible.

For the remaining portions of this RFP, the State is only asking for pricing and solutions for the 128,000 HEP enrolled members. For this population, assume the following distribution:

53,000 active employees;  
25,000 spouses;  
1,500 retirees; and  
48,500 children.

8: In reference to Page 6 #11, please provide a copy of the collective bargaining agreements.

A: Please refer to the 2011 SEBAC agreement which can be viewed at:

<http://www.osc.ct.gov/empret/healthin/2011hcplan/SEBACAgree2011.pdf>

9: Is it the State's intent to enter into a contract with the vendor that is awarded the business or does the State prefer to amend the current contracts if the vendor has one in place today with the State?

A: In the interest of implementing the program as soon as possible, the State may pursue the strategy of amending an existing contract, providing the scope of this RFP can be incorporated seamlessly.

### **Section 1: Company Overview**

10: A 24 hour nurse line is mentioned in one of the examples. Is this a program requirement? If yes, please describe expectations.

A: Yes, this is a requirement. The State would like to review suggested program designs incorporating 24 hour per day/7 day per week access.

### **Section 2: Medical Management**

### **Section 3: Care Management**

### **Section 4: Call Center Operations & Staff**

11: In Question 63, what does ACD stand for?

A: Automatic Call Distributor

### **Section 5: Physician Support**

12: Please clarify question #70 under Physician Support, what is meant by providing in-market support to physicians.

A: "In-market support to physicians" refers to the sharing of health insurance/medical industry-based knowledge, specifically improving care coordination, identifying and closing gaps in care, enhancing health record availability, etc. Please describe your efforts in this area and indicate what has proven to be effective.

13: What is the expectation for the provider data? Is the vision that providers would go to obtain data or will data need to be sent to the providers? Is there an expectation that the data provided is at the member level for instance providing gaps in care?

A: The State would like to review all suggested models of provider data communications. It is the intent of this proposal that providers will be supplied data directly, will have the opportunity to directly access data, and would be notified of gaps in care. This component of the scope can be introduced after 3/1/13.

14: Regarding question 69, "In the process of engaging the member's physician, explain the administrative impact of your oral and written communication to the provider's office." Can you please define what is meant by administrative impact?

*A: The State is seeking to learn what your service model contemplates as the relative roles for all parties (our members' physicians, office staff, and you). For example, indicate whether your organization provides provider communication strictly by mail or by way of a physician portal.*

15: Does the State currently have a provider relations unit? How many providers participate? How many State Staff serve in this capacity? What are the expectations of this unit?

*A: No. The intent of this RFP is to find a vendor that would be able to provide these services.*

### **Section 6: Implementation & Integration**

16: Given the short implementation timeline does the state have a priority of importance of what should be implemented first, data aggregator or DM/Wellness programs, if only one could make 3/1?

*A: Data aggregation, identification of members eligible for Disease Management/Chronic Care stratification and education/counseling, and access to online tracking of HEP compliance efforts via internet or application should be operational by 3/1/13. In-market physician coordination can be incorporated into a later phase of the contract.*

### **Section 7: Data Exchange**

17: Could you please provide a list of all of the eligibility data sources?

*A: See response to question #112 under section 10 in the RFP questionnaire.*

18: Please provide a copy of the current data feed layouts the State uses for file feeds.

*A: The State provides each vendor with an eligibility file using the HIPAA 834 X12 5010 format. Claims data should be provided in the format of the All Payer Claims Database, including a reference field for employee ID.*

19: In regards to data transmission, there are file formats and protocols already in place in several areas, does that State expect these file feeds will be replaced or will the State continue to use the standard data feed protocols?

*A: The State expects to continue to use the standard data feeds currently in place for eligibility files. See the question noted above for the anticipated claims data file feed protocol.*

20: Regarding question 96, "Has an independent consulting firm reviewed your database system? If so, provide details." Please provide a definition of "reviewed." Is the State asking if the database has been audited?

*A: The State would like to know whether the vendor's database system has been audited for HIPAA compliance and if the vendor's database system has been reviewed for any quality certification. If so, please provide details of the results of such reviews.*

### **Section 8: Quality Management**

### **Section 9: Privacy & Security**

21: Are the State of CT encryption codes required only for the data specifically applicable to the State, or is it the expectation that the codes are applicable to the vendor's entire system?

*A: The vendor must encrypt any and all data pertaining to the contract which it comes to possess or control, wherever and however stored. Data shall be encrypted in accordance with the Connecticut Enterprise Architecture-Technology Architecture (CTEA-TA) protocols, as they*

may change from time to time. Vendor is expected to have systems and processes in place to protect State of Connecticut data from corruption, destruction or unauthorized access.

### **Section 10: Information Technology**

22: Question #112: We are unable to access the URL [www.tumbleweed.com/products/securetransport](http://www.tumbleweed.com/products/securetransport), which redirects to a 404 error. Can the State provide a new URL for Tumbleweed secure transport download?

A: *Tumbleweed is now Axway. The following is the updated URL:  
<http://www.axway.com/products-solutions/mft/gateways/securetransport>*

### **Section 11: Outcomes**

### **Section 12: Health Enhancement Program Support**

23: The following questions were in the RFI Questionnaire, but not in the RFP Questionnaire. Please confirm we do not need to include these questions in the RFP.

- Describe any Web-based or online services provided to members and physicians. Is an online member assessment provided?
- Do you provide members with access to an online health assessment? Describe functionality.
- Explain your experience designing incentive systems to drive participation, including your suggested system.

A: *Bullet 1: Please see question #151 under section 12 in the RFP questionnaire.*

*Bullet 2: Please see question #123 under section 12 in the RFP questionnaire.*

*Bullet 3: Please see question #155 under section 12 in the RFP questionnaire.*

24: Are dependents under the age of 18 required to participate in HEP?

A: *Yes.*

25: Are non-compliant employees that are non-compliant in 2012 eligible for HEP incentives in 2013? If not, what is the time period to get back into compliance and to receive the incentive in the future?

A: *Once an individual has been deemed non-compliant, they must provide proof that they (and all enrolled dependents) have completed any previously missed screenings or exams in order to become eligible for the financial incentives of the program. It is expected that such members will be placed in HEP active status by the first day of the month after sufficient proof of compliance has been received.*

26: Can the State provide a demo username and password to log into the member portal to see what is currently available at the member level?

A: *The State's portal is inactive. It was used solely to inform members of their compliance status and provide a means to report compliance efforts including dates for completed or scheduled exams or screenings, identification of the provider involved or the fact that an exemption from a particular requirement had been requested. The intention of the future member portal is to provide a more interactive and fluid HEP compliance experience.*

27: For HEP participants to meet participation requirements in coaching is there a minimum number and/or frequency of coaching calls which must be completed?

A: *It is the intent of this RFP to review a vendor's existing Disease Management guidelines and recommendations and to select the program that offers the most effective outreach strategy.*

28: Is it the State's intention to have all eligible HEP participants who have one of the identified chronic conditions participate in coaching? Or only those who are stratified as high risk? If high risk, how does this affect incentive eligibility for moderate and low risk members?

*A: The purpose of this RFP is to determine the most effective risk stratification methodology, as well as to identify recommendations for improving short and long term health and improve overall costs. Any disease management proposal should be comprehensive and include some level of disease management for all HEP participants identified with a chronic disease, though the State contemplates a stratified approach based on risk.*

29: Regarding HEP participation compliance, is it fair to assume that candidates must decline with a coach to opt-out of the program (vs. never answering outreach attempts such as letters and direct calls)?

*A: A participant who does not respond to outreach attempts should be treated as intentionally declining participation in the program.*

30: What is the approximate annual value of the incentive for a member that is fully compliant with all their HEP requirements?

*A: A fully compliant member will pay approximately \$100 less per month for their health coverage for a total savings of \$1,200 per year in premium share expenses. Fully compliant members also forego a \$350 in-network deductible per enrolled person, max of \$1,400 for a full family. Additionally, those successfully completing a disease management education and counseling program have the potential to be paid a one-time per family, per year \$100 bonus.*

31: What type of communications (letters, postcards, posters, emails, calls, etc.) and, in what frequency for each, were utilized in 2012? Please provide examples and details of 2012 communication items.

*A: The Office of the State Comptroller issued a variety of HEP-related communications in 2012 which included letters (approximately 5); postcard (1); e-mails (minimum of 5); and outreach via telephone to approximately 600 members who were non-compliant with the HEP. State agencies and the insurance carriers also communicated with members throughout the year. For sample communications please visit [www.osc.ct.gov](http://www.osc.ct.gov) > Employee Resources.*

### **Section 13: Budget**

32: Should the pricing be based on the entire population and not just the 128,000 enrolled in the HEP program?

*A: For the purpose of responding to this RFP please price HEP-related services for HEP participants, and data warehousing costs for the full State of CT population. See the response to Question 7 for a breakout of all participants.*

33: Can you give more specifics on what you are looking for within the budget?

*A: Please provide the cost as both PEPM and in aggregate by service category provided. Include at least the following categories: data warehouse, online portal/application, chronic condition education/counseling, care coordination with providers, analytic reporting, analytic consulting services, etc.*

34: How much detail does the State want the budget to include?

*A: As much detail as is currently available. The State would like to see a breakout of all anticipated expenses categorized by the functions noted above and their relation to the proposed PEPM for each of the three years.*

35: Do you have a suggested format you would like to see the budget laid out over the 3 year period?

*A: For each of the three contract years, in addition to the budget please provide the estimated ROI to offset each year's expenses. Please also include the extent to which you are willing to guarantee ROI.*

36: Are you looking for PEPM ranges for the different solutions offered?

*A: The State prefers either fixed PEPM or narrow ranges for each proposed service. See above for the anticipated functional breakout expected.*