

# STATE OF CONNECTICUT, OFFICE OF THE STATE COMPTROLLER RFI – BEHAVIORAL HEALTH PROGRAM

## REQUEST FOR INFORMATION BEHAVIORAL HEALTH PROGRAM RESPONSE TO VENDOR QUESTIONS

1. What is the reason for transitioning from carve in Behavioral Health to a carve-out program?

*A--The State of CT wants to be certain that it is getting the best value for the funds expended on Behavioral Health services and is interested in determining whether oversight by a single vendor might improve the delivery of care.*

2. Please provide BH Utilization data including IP Days/1000 and OP Visits/1000 for the past 2 years.

*A--*

### State of Connecticut Behavioral Health and Psychiatric Care Utilization

Incurred Year	Inpatient - Utilization per 1000			OutPatient- Utilization per 1000				
	Admits	Inpatient Days	ALOS	Intensive OP Claims	Partial Hospitalization	Rehabilitation Claims	Stimulation Claims	Therapy Claims
Jan - Dec 2014	7.3	60.6	8.3	18.6	7.7	5.5	0.6	28.2
Jan - Dec 2015	7.4	67.8	9.1	19.5	10.1	4.1	0.5	29.0
Jan - Sep 2016	7.5	43.2	8.4	13.3	6.9	1.9	0.3	18.9

3. Who is the current EAP provider?

*A--The State of CT contracts with 10 different organizations for provision of EAP services. See attached list.*

4. What is the current EAP model?

*A--The State contracts with 10 different vendors, each of which is assigned to work with specific State agencies. The EAP vendors are required to offer services in accordance with Connecticut's Drug Free Workplace Policy. See, [http://das.ct.gov/HR/Regs/Current/Connecticut\\_Policy\\_for\\_a\\_Drug-Free\\_Workplace.pdf](http://das.ct.gov/HR/Regs/Current/Connecticut_Policy_for_a_Drug-Free_Workplace.pdf).*

*Services include diagnostic evaluation, crisis intervention, and assessment services as needed to make appropriate referrals (up to three sessions, defined as between 50-60 minutes of face-to-face consultation), consultation with supervisory staff on supervisory referrals, agency training on EAP policies and procedures and training on techniques of identification and intervention with staff members who exhibit signs of deteriorating job performance. Contractor also provides training on physical, behavioral, speech and performance indicators from probable alcohol misuse and use of controlled substances.*

5. Please provide EAP utilization reports for the past two years which includes number of unique users and total number of face to face visits.

*A--The contract for EAP is managed by the Department of Administrative Services, which does not make the data requested available.*

6. How many training and critical incidents were used?

*A--The contract for EAP is managed by the Department of Administrative Services, which does not make the data requested available.*

7. Does the State have any file feed requirements?

*A-Please see attached file/feed requirements.*

8. Is the State willing to accept/provide standard file feeds?

*A—See above response for file feed requirements.*

9. Page 3 – RFI Introduction, Section I – Please confirm how many EAP arrangements are currently in place, and confirm the expectations with regard to integration /referrals to EAP when appropriate.

*A--There are currently 10 EAP vendors in place. The expectation is that EAP would assist members who are seeking BH services connect with an appropriate provider, preferably a network provider. It is not presently envisioned that the BH vendor would be making referrals to EAP to any significant degree. However, there is an expectation that all vendors work collaboratively. For instance, for patients with a chronic condition, or who have multiple episodes of treatment, there could be sharing of intake and relapse information between the EAP and BH providers. You should be prepared to address this capability.*

10. Page 3 – Please confirm EAP is not in scope for this RFI.

*A—Confirmed, EAP is not in scope for this RFI*

11. Page 14 question 3, and Exhibit C, also pages 16-17, question 9, 10 re: Crisis Intervention – please further define expectations and confirm your existing support for on-site crisis intervention via your EAP vendor partner(s). Also please confirm whether you are seeking a bank of hours, or fee for service within this scope of work specific to on-site crisis intervention support.

*A—The EAP would likely be providing on-site crisis intervention support for work-related events (such as grief counseling, etc. in event of workplace violence.) The BH network vendor will need to be prepared to accommodate a transition to long-term counseling following a critical incident, and collaboration between the network and the EAPs will be required once EAP services are exhausted. Please describe your ability to transition services from the EAP setting to long-term counseling and ongoing efforts to monitor patient well-being.*

12. Page 19 – question 14/15, does the Plan have any significant populations who are non-English speaking? If so, please identify language(s) spoken.

*A--The Plan does not have significant populations who are non-English speaking.*

13. Page 26 (and Exhibit C) Network Access – please confirm the request for GEO access report should exclude dependents only (or Dependents and Spouses).

*A- Exclude spouses and dependents as an attempt to capture access by household address.*

14. What is the timeframe for implementation if we are selected as a vendor to move to the RFP stage?

*A--The purpose of the RFI is to gather sufficient information to determine whether making such a change would be beneficial for the State. At this time the decision has not been made whether or not to move ahead with such program. For that reason, no effective date can be provided.*

15. Due to the extent of the questionnaire and related documents, is there any flexibility with the 12/14 due date?

*A—Not at this time.*

16. What is the effective date?

*A--The purpose of the RFI is to gather sufficient information to determine whether making such a change would be beneficial. At this time the decision has not been made whether to move ahead with such program. For that reason, no effective date can be provided.*

17. Page 30 of the RFI, Utilization /Care Management - Please provide membership and utilization per thousand by level of care (In-Patient, Out-Patient, Residential, Partial, and Intensive Out-Patient). Please provide this information for the last two years, 2014 and 2015 and year to date 3rd quarter 2016, if possible. Also, please include the length of stay for each level of care for the past two years and year to date through 3rd quarter 2016.

*A—*

#### State of Connecticut Behavioral Health and Psychiatric Care Utilization

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*The membership for the State has not changed significantly in the past two years. Please refer to the background section of the RFI for details. The above is utilization data for the active and non-Medicare participants.*

18. Page 17 of the RFI, Claims Processing and Customer Service – Please provide your annual claims volume (claims processed) for the past two years, 2014 and 2015. Additionally, please provide the number of claims processed for year to date through 3rd quarter 2016.

*A—*

### State of Connecticut Behavioral Health and Total Health Claims Processed

	Inpatient - Behavioral Health		Outpatient - Behavioral Health					All Claims (including non-behavioral health)
Incurred Year	Behavioral Health	Psychiatric	Intensive OP Claims	Partial Hospitalization	Rehabilitation Claims	Stimulation Claims	Therapy Claims	Total
Jan - Dec 2014	380	1,131	3,232	1,344	960	110	4,895	2,898,209
Jan - Dec 2015	557	1,416	3,404	1,758	713	87	5,064	2,856,731
Jan - Sep 2016	381	1,050	2,314	1,197	332	58	3,293	2,005,777

19. Please provide your annual customer service call volumes for the past two years, 2014 and 2015 and through 3rd quarter 2016.

*A—We do not have this information broken down by BH as opposed to other services.*

20. Please provide your dependency factor for the past two years.

*A—For the actives and non-Medicare retirees, it was 2.63 subscribers per member for the year ending 10/2015, increasing to 2.66 for the most recent year ending 10/2016.*

21. Page 25 of the RFI, Quality Assurance/Audits – Please confirm if you require customized quality surveys for the State of Connecticut.

*A—Yes, with a comparison to other public sector or book-of-business results.*

22. Page 25 of the RFI, Quality Assurance/Audits Please confirm if you require annual audits. If so, please specify the type of audits you require and the frequency they will be required.

*A—An annual assessment of patient satisfaction and clinical quality and performance measures should be included in your program. The State is asking you to provide details on how you audit the quality of your network services. A sample of prior results would be helpful. Existing Accreditations (URAC, CARF, JACHO) would be helpful to know as part of the response to this RFI.*

23. Page 35 of the RFI, Section IV Fee Information - Please confirm you would like all implementation fees to be broken out separately and not included in the BH Services rate to be listed in Section IV on the Fee Information Pricing Sheet.

*A—No, implementation fees can be bundled under the BH Services rate. In this case, please note what implementation services are included. However, If there are one-time assessments or additional fees, please describe those services and fees separately.*

24. Page 8 of the RFI, Time Table – Can the state award this business based on response to this RFI? If so, please confirm the anticipated program's start date. What date do you expect to notify the vendor of the award? Or, will this opportunity need to go to RFP prior to award?

*A--The State will be required to issue an RFP for a behavioral health carve-out. The purpose of the RFI is to gather sufficient information to determine whether making such a change would be beneficial.*

25. Page 15 of the RFI, item number 7, and standard communication materials – Please confirm the vendor will be responsible for communications such as ID cards and program description information. If additional communications are required, please specify and indicate the frequency these communications are required to be provided.

*A—The vendor would be responsible for ID cards and program description information. Other contemplated communications would include open enrollment information, provider transition information, periodic educational newsletter pieces or other communications as needed.*

26. Page 15 of the RFI, item number 7, and standard communication materials - Please confirm what customization features you are requesting to be priced for the State of Connecticut. For instance, does the State of Connecticut require the name and logo to be listed on the ID cards and program description or something else? If something else, please specify.

*A—We would require use of the name/logo on the ID cards. Preauthorization and case management contact information (dedicated phone numbers) may also be required.*

27. Page 19 of the RFI, item number 15 - Do you require the standard communications to be provided in languages other than English? If so, please indicate the languages.

*A-We would not require standard communications to be provided in a language other than English.*

28. Page 24 of the RFI, NCQA Accreditation – Do you require NCQA accreditation?

*A-No, but please mention any accreditations held by your network providers and facilities.*

29. Page 34 of the RFI, item number 36, and medical necessity - Please provide the number of annual appeals for the past two years, 2014 and 2015. Also please provide the number of appeals year to date as of 3rd quarter 2016.

*A— Member Appeals involving Behavioral Health benefits (**Anthem**) 2014 appeals – 114; 2015 appeals – 65; YTD 2016 appeals -29 (**Oxford**) 2014 appeals—48; 2015 appeals—49; YTD 2016 appeals—33.*

30. If applicable, please indicate the number of annual meetings, conferences, etc. necessary for the vendor to attend. Please indicate the locations of each meeting, conference, etc.

*A—It is contemplated that a vendor would be available to attend all employee open enrollment fairs during the annual open enrollment process. In 2016 some 35 such fairs were held. It is also contemplated that the vendor selected to provide such services would be available to attend meetings of the Healthcare Cost Containment Committee (a labor-management group) and to meet with staff at least quarterly to review utilization and performance.*

31. Page 6 of the RFI - Based on our review of the RFI it appears that two plans may have practices that do not meet NQTLs, would you expect these to be implemented as noted in the RFI or with discussion might they be modified?

*A--Your response can address your position on these features of the plan and your ability or inability to administer the current program.*

32. Exhibit B Summary of Participants by Zip Code - Exhibit B has individuals listed as dependents, spouses and employees. Should we consider spouses as dependents and not include them in the Network Access data request?

*A--Yes, exclude spouses and dependents in order to capture access by household address.*

33. Page 8 of the RFI, Confidentiality – Some of the information that we will provide to this RFI is proprietary and confidential. Is there a process that we can mark it as such so that it can't be garnered via the FOIA process?

*A--Yes, please feel free to mark as confidential any materials that you deem to constitute trade secrets or confidential commercial information as such. Also, submit a DVD or CD of your response from which all confidential commercial information or trade secrets has been redacted.*

34. Page 10 of the RFI, Organization Question #2 – Is there any preference given to CT based businesses and/or service locations? Are there any services that must be provided from a CT based location?

*A--There is no preference given to CT-based businesses as such. However, insofar the majority of our members reside in Connecticut, the presence of locally based representatives is thought to be beneficial for assistance with inpatient placements.*

35. Can you indicate what effective date will be used to implement the behavioral health benefits being requested in this RFI?

*A--The purpose of the RFI is to gather sufficient information to determine whether making such a change would be beneficial. At this time the decision has not been made to move ahead with such program. For that reason, no effective date can be provided.*

36. Can the State use the results of this RFI to make a behavioral health benefit change or are you required to issue an RFP?

*A--The State will be required to issue an RFP for a behavioral health carve-out. The purpose of the RFI is to gather sufficient information to determine whether making such a change would be beneficial.*

37. Can the State provide the number of hours spent in previous years for the following services:
- telephone crisis intervention
  - on-site crisis intervention and
  - management/supervisor training

*A--We do not have this level of detail, as it appears to be related to EAP services as opposed to behavioral health services.*

38. Were onsite crisis intervention and management training conducted by your EAP or your behavioral health carrier?

A--EAP

- If EAP, would you like EAP included in this bid?

A--No

40. How many counseling sessions are offered in your current EAP plan design?

*A--Under our EAP an employee is provided up to 3 counseling sessions free of charge. After that, the employee would be referred out to a network provider of Behavioral Health services.*