

# SSDI/MEDICARE REIMBURSEMENT RFP PROPOSAL QUESTIONS

1. Section III, Page 5, Paragraph 3.a: Does “all enrollees” mean the approximately 49,000 who are covered under the MA-PD plan?

*Yes.*

2. Section III, Page 5, Paragraph 4: How often will the state provide the vendor with “eligibility files”?

*Monthly.*

3. Section IV, Page 6, Paragraph 5: Can the state define what it means by “on-site” computer system?

*Please provide a description of the computer system the vendor will use to complete the work*

4. Section IV, Page 6, Paragraph 6: In terms of pricing for this RFP, should the vendor respond to instruction found in Section IV. 6 or section VII Price Proposal (page 13)

*Bidders should provide price quotes that are targeted to the services on which they are bidding. For example, bids for Medicare B/D reimbursement assistance might be expressed on a PMPM basis or an annual fee. Bids for SSDI application assistance may be expressed as a per case basis, annual fee, etc. Bidders should indicate how their fee will be offset by receipt of the maximum Social Security fee in successful cases.*

5. Section IV, Page 7, Paragraph 9: Additional Procurement Requirements states all forms must be submitted to or be on file with BizNet system by the deadline for submission of proposals. Paper or electronic copies need not be provided with the submission to the comptroller’s office. Can you confirm what forms need to only be in BizNet and which forms should be included in the paper or electronic copies submitted to the comptroller’s office?

*All required forms listed on pages 7 through 9 should be submitted using BizNet. A vendor may (but is not required to) submit paper copies of forms filed with BizNet with its paper or electronic copies.*

6. Section IV, Page 9, Paragraph 12: Submission Requirements states the respondent must submit one original, one unbound, plus 10 copies of their response in a sealed envelope, as well as each bidder shall submit two copies of its complete response on a

CD or DVD as well as two copies of its RFP response redacted. Should there be different packages sent including the 12 paper copies and 4 electronic copies or can they be submitted together?

*All materials related to a vendor's bid can be submitted in a single package.*

7. Section VI, Page 12, Paragraph B: Will the State continue to reach out to members to obtain Medicare status data, including Medicare Part B and D premium rates for participants, or will that be the sole responsibility of the vendor going forward?

*For those enrolled in the MA-PD Plan, the selected vendor will have sole responsibility for obtaining Medicare status and premium information based on annual changes in Part B and D premiums. On an ongoing basis, as retirees and dependents in the under age 65 plan approach Medicare eligibility age, OSC and the current MA-PD carrier will advise members to enroll in Medicare Parts A and B, auto-enroll them in the Medicare Advantage plan, and obtain initial Medicare premium data. In those instances where the new member has failed to provide premium details we would turn the responsibility for obtaining such information to the selected vendor.*

8. Section VI, Page 12, Paragraph B: What is the number of new disability retirees each year?

*Approximately 150 per year.*

9. Section VI, Page 12, Paragraph B: Our understanding is that 49,000 retirees and their dependents over the age of 65 are covered under the MA-PD plan. Of the remaining 201,000 members, how many are active and how many are retirees?

*As of July 31, 2018, there are 119,000 active lives and 36,000 non-Medicare retiree lives*

10. Section VI, Page 12, Paragraph B: Is there a requirement of the vendor to have an office in the state of Connecticut to provide these services?

*No.*

11. Section VI, Page 12, Paragraph B: Does the State have a maximum budget for each of the services defined in the RFP?

*No.*

12. As an incumbent carrier, would our existing BizNet forms be sufficient to cover the "Required Forms" within this RFP or would we need to complete new versions?

*Check instructions shown at <http://das.ct.gov/images/1090/Upload%20Instructions.pdf> for submission of required forms. Please be aware that each of the OPM forms may have*

*different submission requirements. Some require submission of new forms with new proposals; others require resubmission based on passage of time since the last filing.*

13. Please confirm if the State would like for us to redline the “Terms and Conditions” and “Standard Contract Terms and Conditions?” Or are they intended to be accepted as-is with no deviations?

*Vendors are free to redline Terms and Conditions; however, please review pages 16-17. Failure to accept certain contract terms (such as applicable law, indemnity, non-discrimination etc.) may be grounds for rejection of your proposal.*

14. What will the State consider as our binding signature? There was no specific signature page, so will a signed cover letter meet the requirement?

*Yes.*

15. Will the Retirement Services Division consider contracting with a smaller firm to process Social Security Disability applications?

*Any size firm is eligible to respond to the RFP*

16. Will the Retirement Services Division consider contacting with multiple firms for the Social Security Disability application portion?

*The RFP committee will select the firm or firms with that best meet the scoring criteria of this RFP.*

17. Who is your pre-Medicare (MA-PD medical carrier)?

*UnitedHealthcare Insurance Company is the carrier for the Medicare MA-PD. Anthem Blue Cross and Blue Shield and Oxford/UnitedHealthcare are the carriers for the non-Medicare medical carriers.*

18. Are there any SERS retirees that were exempt from paying Social Security/FICA taxes while employed with the state?

*There are a small number of SERS retirees (Tier I, Plan A) who were exempt from paying Social Security/FICA taxes while actively employed with the state.*

19. For the 1,400 individuals currently receiving disability retirement benefits:  
a. Is there a cut off age for the SSDI filing requirements? If yes, what is it?

*Age 66.*

- b. If no:

- i. If an individual is receiving their reduced age 62 Social Security Retirement benefits, will they still be required to file for SSDI?
- ii. If the individual is at or near full retirement age, will they still be required to file?
- c. Please provide the number of individuals currently receiving state disability retirement benefits that are under age 66 (full retirement age)?

*There are currently 3,964 total SERS disability retirees – 2,358 of which are under the age of 66.*

20. Will SERS disability retirees be required to use the selected vendor for Representation or will they be allowed to file on their own?

*There is no requirement that SERS disability retirees use the selected vendor.*

21. On page 3, the background information states that new disability retirees will be required to apply for SSDI benefits within two years from the date of disability retirement. Please explain the 2 year post filing requirement for new retirees. Most disability retirement plans require filing for SSDI as part of approval for state disability benefits.

*The requirement for filing within 2 years of the date of disability retirement was part of the collective bargaining agreement.*

22. If retirees or dependents are approved for SSDI benefits but decline enrollment into Medicare Part A, how are their benefits impacted? Does the individual lose coverage? Are they eligible to re-enroll if they later are enrolled in both Medicare A and B?

*It is our understanding that SSDI recipients are automatically enrolled in Medicare Part A after two years on Social Security disability benefits. Thus, the question as to the impact of their “declining” enrollment in Medicare Part A is somewhat unclear. Retirees or dependents of retirees that decline enrollment in Medicare Part B, if eligible to do so, will lose coverage under the retiree health plan. A very limited number of retirees who are eligible for Medicare Part B but not Part A at no cost are enrolled in the MA-PD plan. If someone is dropped from the plan for that reason they would be eligible to re-enroll at the next open enrollment.*

23. Within section VI Questionnaire, Section C: Identification of Medicare-eligible members enrolled in the State’s under age 65 retiree health plan. Please confirm that you are looking for a vendor to identify members that may be eligible for SSDI benefits but have not yet applied and represent them in a claim for SSDI benefits with the Social Security Administration. If not, please provide additional explanation of what services are being requested.

*We want the selected vendor to help identify individuals who are enrolled in our under-65 retiree health plan that are eligible for (but not enrolled in) Medicare. There is no intent to have this vendor seek out or represent dependents, spouses or non-disability retirees in applying for SSDI benefits for this purpose. However, the selected vendor would be expected to identify spouses, dependents or members enrolled in the under age 65 plan with either ESRD status or SSDI benefits that would make them eligible for Medicare A and B enrollment.*

24. Please provide the number of under age 65 early retirees that are currently enrolled in the SERS medical plan

*The State Retiree Plan is divided into two parts. Non-Medicare eligible retirees and dependents and Medicare-eligible retirees and dependents that are enrolled in the MA-PD plan. There are approximately 36,000 retirees and their dependents enrolled in the under age 65/Non-Medicare retiree health plan.*

25. Provide the number of under age 65 early retirees enrolled in the SERS medical plan that are enrolled into Medicare

*The State Retiree Plan is divided into two parts: Non-Medicare eligible retirees and dependents and Medicare-eligible retirees and dependents that are enrolled in the MA-PD plan. Enrollment in the MA-PD plan is approximately 49,000.*

26. Please provide the number of under age 65 spouses of retirees (early and disability) that are currently enrolled in the SERS medical plan

*See response to question number 24.*

27. Provide the number of under age 65 spouses enrolled in the SERS medical plan that are enrolled into Medicare

*As of July 31, 2018, we are aware of approximately 19,900 non-Medicare eligible dependents on the under-65 retiree health plan. The challenge is to identify those who may be eligible for Medicare.*

28. On page 13, Section VII Price Proposal: please confirm that the dates for post disability retirees is 7/1/2017 opposed to 7/1/2018

*The date of 7/1/2017 specified for existing disability retirees was contained in the 2017 collective bargaining agreement. For those obtaining SERS disability retirement benefits after 7/1/2017, the requirement is to apply for SSDI benefits within 2 years.*

29. Will a bidder's list be made available for review?

*No.*

30. What is the expected annual dollar amount budgeted for each part of this RFP?

*Not stated.*

31. At what intervals are status reports expected to be submitted?

*It is unclear what services this question refers to.*

*With regard to the processing of Medicare premium reimbursements that take effect each new calendar year based on changes in Medicare premiums charged to its members, OSC would expect to receive status updates at least bi-weekly until such time as the vendor had completed the initial premium reimbursement file to be used for retroactive reimbursements and ongoing monthly reimbursements. Once the reimbursement process is established, OSC would expect monthly updates to the premium reimbursement files as needed to reflect ne membership.*

*With regard to the SSDI portion of the proposal, OSC would expect to receive status reports as follow:*

*Based upon the current number of approved disability retirees RSD would expect to receive status reports on a monthly basis initially with the caveat of having the ability to request the reports on a more or less frequency basis if necessary.*

32. Section II, Page 3: The RFP identifies “approximately 1,400 individuals receiving state retirement disability benefits who will be required to apply for SSDI.” Have the ~1,400 individuals been prescreened for potential SSDI eligibility under the eligibility or disability criteria?

*No. See response to question 11 (c) with respect to the number of disabled retirees under the age of 66.*

33. Section II, Page 3: Can SERS indicate how many of the ~1,400 potential SSDI applicants worked for applicable State agencies under a 218 Waiver?

*The overwhelming majority of state employees are covered for full Social Security. There are very few state employees are not covered for full Social Security*

34. Section III, Page 3, Paragraph 1 & 2: Regarding 1. a): What data elements are included as part of the “state disability retirement benefit files”? For example, do the files contain general demographic information, nature of disability, the date last worked, the disability onset date and current SERS benefit information or any other information pertinent to eligibility for SSA benefits?

*The disability file contains general demographic information, nature of the disability from the State, current SERS benefit information. It should be noted, however, that the state disability retirement files only contain information about the specific*

*illness/condition that renders the individual disabled from state service. The files do not contain information relating to other ailments that might otherwise qualify the individual to receive SSDI benefits. In other words, if someone is approved for a service connected disability (leg) and then has another disability (other health issues), those other health issues would not be contained in the “state disability retirement benefit files”.*

35. Section III, Page 3, Paragraph 1 & 2: What is the frequency with which data is refreshed on the “benefit files?”

*The benefit files are updated on a case-by-case basis as necessary based on changes in conditions or the receipt of new information.*

36. Section III, Page 3, Paragraph 1 & 2: How frequently does SERS update contact information for retirees?

*SERS performs an annual survey of all disability retirees up to age 70.*

37. Section III, Page 3-4, Paragraph 1 & 2: Regarding 1. b) & 2. b): Are telephonic and/or video conferencing techniques sufficient to meet the requirements for the contact to confirm potential eligibility for SSDI?

*The respondent should explain their techniques for confirming potential eligibility for SSDI and explain or provide evidence to indicate such techniques are sufficient to meet the requirements of the RFP.*

38. Section III, Page 3-4, Paragraph 1 & 2: Is there a requirement or preference that SSDI advocates or attorneys be located in-state?

*Only to the extent that having such staff in state improves “the availability of key personnel to complete the tasks required for the scope of work” as listed in the scoring criteria of the RFP.*

39. Section III, Page 4, Paragraph 1 & 2: Regarding 1.c), 1.d) & 2.c) and 2.d) Are in-person meetings required, or is teleconferencing with follow-up by United States Mail or email permissible to determine suitability for the advocacy process? Does the retiree have the option to apply to SSDI on their own? Does the retiree have the option to appeal on their own?

*The respondent should propose and justify its strategy for engaging members and determining their suitability for the advocacy process. There is no requirement for disability retirees to use the advocacy service offered by the state; they may apply on their own or appeal on their own if they choose to do so.*

40. Section III, Page 4, Paragraph 1 & 2: Prior to meeting with an applicant, will the contracted vendor have access to the SERS disability files of the applicant, including clinical information?

*The answer to this question may vary from case to case as SERS will need to obtain a fully executed release from each retiree before sharing information with a third-party. For those retirees that complete such a release, SERS will consider providing the contracted vendor with access for the underlying files.*

41. Section III, Page 4, Paragraph 1 & 2: What assistance from SERS will be given to the contracted vendor in contacting potential applicants besides the referenced “state disability retirement benefit files”? Will SERS provide an introduction to potential clients (through letter or otherwise)?

*RSD will consider incorporating an introductory letter to applicants as part of its procedures.*

42. Section III, Page 4, Paragraph 1 & 2: Regarding 1.g) & 2. h): What is the mechanism or process for resolution when there is a disagreement between the contracted vendor’s determination and OCA as to whether an SSDI appeal is warranted or unwarranted?

*The vendor should propose a process and criteria for determining whether an SSDI appeal is warranted. The state has no expertise in this field, and, therefore, is seeking to develop a process for making such determination in conjunction with the chosen vendor.*

43. Section III, Page 4, Paragraph 1 & 2: From the SSDI scope of work and workflow presented on page 4, there appears to be no requirement for the vendor to file or assist in applications for initial benefits, but there is for reconsideration. It may be implied that the contracted vendor is expected to file an initial application, but there is no language to that effect on page 4. Is the contracted vendor expected to assist in filing an initial application?

*Yes*

44. Section III, Page 4, Paragraph 1 & 2: To what level of appeal is representation required or expected beyond the Administrative Law Judge Hearing?

*The vendor should propose the level of appeal through which it would provide representation without additional fees, subject to Social Security guidelines on maximum fees. The state has no expertise in this field, and, therefore, is seeking to develop a process for making an appeal determination in conjunction with the chosen vendor.*

45. Section III, Page 4, Paragraph 1 & 2: Will SERS compensate the contracted vendor for any appeals beyond Appellate Council?

*The RFP contemplates that compensation may be warranted for appeals beyond the Appellate Council; however, it should be noted that the SERS members denied SSDI benefits may not be required to engage in such appeals.*

46. Section III, Page 4, Paragraph 1 & 2: What is the contracted vendor's obligation to the dependents of SERS-eligible SSDI applicants and retirement benefits (for example: a spouse or child of someone receiving benefits, the divorced spouse of someone receiving or eligible for Social Security, the spouse or child of a worker who died, a divorced spouse of a worker who died, a dependent parent of a worker who died)?

*No services are contemplated for this population.*

47. Section III, Page 4, Paragraph 1 & 2: Are SERS members who are also members of a union provided SSA/SSDI representation through their unions?

*No.*

48. Section III, Page 4, Paragraph 1 & 2: What is SERS timeline expectation on the contracted vendor processing the ~1,400 retirees with an eligibility and disability application?

*The vendor should propose a timeline in their response. See the response to question 19 (c) as to the number of disabled state retirees below the age of 66.*

49. Section III, Page 4, Paragraph 1 & 2: Does SERS have any data or information on how many of the identified ~1,400 individuals and post-2017 individuals have applied for SSDI benefits but were unsuccessful for any reason?

*No.*

50. Section III, Page 4, Paragraph 1 & 2: Does SERS have access or the ability to access Connecticut state employee health insurance claims data for state disability retirement beneficiaries and their dependents that include current diagnostic (ICD-10) and procedure codes?

*The State has access to historical claims data for those who were enrolled in the active employee medical plan and the under-age 65 retiree health plan.*

51. Section III, Page 4, Paragraph 1 & 2: Does SERS receive data from any other state or federal agencies to assist in administering its programs (For example, Social Security Administration (SSA) or Centers for Medicare and Medicaid Services (CMS) data)? If so, what specific data files and/or data elements are shared?

*SERS receives information from the SSA through a TPQY process on a weekly basis.*

52. Section III, Page 4, Paragraph 1 & 2: Does SERS capture or have access to Social Security work quarter information for retirees receiving state disability retirement health benefits?

*No. We do not receive information from the SSA on earnings or work information. We do access labor information from the CT Department of Labor.*

53. Section III, Page 4, Paragraph 1 & 2: Are retirees required to provide SERS with documentation of SSDI applications, denials, and/or approval status?

*Not currently*

54. Section III, Page 4, Paragraph 1 & 2: Are there any projected numbers for expected monthly, quarterly, or yearly SSDI-eligible post-2017 disabled retirees?

*See response to question number 8.*

55. Section III, Page 5, Paragraph 3: What data elements are contained in the eligibility files provided by the Comptroller? What is the source of any Medicare information contained in these eligibility files?

*The State of Connecticut provides electronic data feeds in the standard HIPAA 834 format. This file feed layout includes all enrolled retirees' and dependents' personal and benefit enrollment information, including but not limited to, name, date of birth, social security number, address, Medicare enrollment indicator, State issued Employee ID, enrolled benefit plan, and effective date of enrollment.*

56. Section III, Page 5, Paragraph 3: Does SERS currently receive any Medicare information on covered retirees directly from CMS?

*No. The state has the ability to manually query CMS on Medicare status of individual members, but does not receive Medicare status or premium information on its Medicare-eligible retiree population as a whole.*

57. Section III, Page 5, Paragraph 3: Does SERS work with any other state agencies to coordinate benefits/payments for its retirees?

*Aside from working with the respective state agencies that employ the particular disability applicants, the CT Department of Labor is the only state agency SERS works with on a routine basis in connection with state disability benefits.*

58. Section III, Page 5, Paragraph 3: Does the Comptroller's Office have a means by which it prefers premium files are shared between the contracted vendor and the billing/premium payment system?

*It is preferred that files in a csv format will be submitted via sftp to our Core-CT HRMS system.*

59. Section III, Page 5, Paragraph 4: Under-65 retirees can only access Medicare if they have certain disabilities or health conditions. Therefore, this project and the SSDI Advocacy Assistance Project both include assessing disability and ensuring retirees

are enrolled in Medicare. How does this project differ from Section 1.h in the Scope of Service for SSDI Advocacy Assistance?

*It is assumed that if different vendors are selected for different portions of the work covered by this RFP the vendor selected to provide the Medicare reimbursement file would be the entity providing this service rather than an entity selected to provide SSDI advocacy services.*

60. Section III, Page 5, Paragraph 4: Is information available to determine the onset date of SERS disability beneficiaries under 65?

*The onset date of disability is not determined by the Medical Examining Board ("MEB"). The Date of Retirement/date of separation is used by the MEB to determine if an applicant is permanently disabled from continuing to render the service in which he/she has been employed and in cases of service connected disability as a result of any injury received while employed to be entitled to SERS Disability Retirement.*

61. Section III, Page 5, Paragraph 4: Are there retirees in the under-65 health plan currently receiving SSDI but not enrolled in Medicare?

*It is likely; we do not currently have a mechanism to track retirees in the under 65 plan that are receiving SSDI benefits and may be eligible for Medicare. The intent of this RFP is to identify these individuals and monitor them moving forward.*

62. Section III, Page 5, Paragraph 4: Are retirees required to provide SERS with documentation of Medicare applications, denials, and/or approval status?

*At the time of enrollment in retiree health benefits retirees are required to enroll in the under age 65 plan or the MA-PD plan, depending upon eligibility for Medicare benefits for themselves and all enrolled dependents. New retirees over the age of 65 are required to provide proof of Medicare enrollment for themselves and any Medicare-eligible dependents. While we do not currently require copies of Medicare applications, we do require copies of any denials and/or approvals for anyone that has not obtained Medicare, either upon retirement, when first eligible following SSDI eligibility, or has delayed in enrolling following their 65<sup>th</sup> birthday.*

63. Section III, Page 5, Paragraph 4: Is there an intention to expand this project to the over-65 Medicare eligible but not enrolled population?

*The intent is to have a full review of all non-Medicare enrolled retiree health plan members.*

64. Section V, Page 10: The RFP states that the proposal is due on September 1, 2018 at 2:30pm EST, which is the Saturday before Labor Day. Can the State confirm that this is the correct due date?

*The original due date was in error. The amended due date is August 31, 2018. This will be reflected in an amendment to be posted the same date as the responses to vendor questions.*

65. Section VII, Page 13: Does the State prefer that a bidder's proposed fee schedule only apply to the initial three-year period of the contract? If the awarded contract is extended for an additional term, is it possible to re-negotiate the price proposal (pricing model and/or fee schedule) at that time?

*Bidders are encouraged to provide a fee schedule that encompasses both the initial 3-year contract period and any extension period.*

66. Attachment II, Page 21: Is there a typographical error in Section 2: Contract Period and Definitions, first paragraph where it states "...the duties...shall be completed by the Contractor no later than September 30, **2018**."? Is the correct intended date September 30, 2021?

*Yes.*

67. General question - Would there be a future opportunity to bid on this work if there are not enough interested/qualified vendors?

*We expect that there will be a sufficient number of interested/qualified vendors bidding on this work. There is no assurance that a future opportunity to bid on this work will be available until expiration of the initial contract period specified in the RFP.*

68. General question – Does the provider have to be familiar with the states collective bargaining unit prior to being awarded?

*No. Bidders should be aware that the terms of the 2017 SEBAC Agreement applicable to the SSDI portion of the RFP are available for review at [http://aftct.org/sites/aftct.org/files/sebac\\_2017\\_ta\\_signed.pdf](http://aftct.org/sites/aftct.org/files/sebac_2017_ta_signed.pdf).*

69. Statement of Objectives (page 2) - What are the minimum system/database requirements?

*As this is a new arrangement currently being developed, there are no specific system/database requirements. For the Medicare premium reimbursement portion of the RFP, all bids referencing the ability to accept eligibility files, monitor the fully enrolled retiree health population and provide electronic files to the State will be considered.*

70. Statement of Objectives (page 2) - What would be the method of data collection?

*This question is unclear. For the Medicare portion of the RFP, the intent is to obtain services in which premium and status data will be collected from CMS, if possible, or directly from retirees if it cannot be obtained from CMS. Electronic eligibility files will*

*be provided via sftp to the selected vendor in either a HIPAA 834 format or agreed upon file format and electronic files, preferred in a csv file format.*

71. Statement of Objectives (page 2) - How would the Medicare status and premium data be sent to the vendor?

*Electronic eligibility files indicating currently recorded Medicare status data will be provided in a HIPAA 834 format file.*

72. Statement of Objectives (page 2) - How does the state currently identify the eligible individuals and enrolled in the under-age 65 retiree health plan?

*There is an existing process in place to auto-enroll retirees and dependents in the under 65 plan in Medicare as they turn age 65. New retirees that are eligible for Medicare are required at the time of retirement to provide a copy of a Medicare A and B card for themselves and any Medicare-eligible dependent or spouse they are enrolling in health benefits. What is needed is a process to identify those individuals (including spouses or dependents) enrolled in the under-age 65 retiree plan who may be eligible for Medicare due to receipt of SSDI benefits or ESRD status.*

73. Background Information (page 3) - Will the vendor have access to the state retiree database or system that contains the information on the eligible population?

*Vendor will be provided with eligibility information as needed to complete required scope of services.*

74. Background Information (page 3) - Please clarify the number of eligible retired employees and dependents that would be included for these services.

*As of July 31, 2018, there were approximately 36,000 non-Medicare retirees and dependents that would need to be monitored for Medicare eligibility. Additionally, there are approximately 49,000 retirees and dependents currently enrolled in the MA-PD that would need to be monitored for Medicare premium details and incorporated in a data file to be used for premium reimbursement.*

75. Page 13, Pricing: Will a pricing sheet be provided for bidders to fill in?

*No.*

76. Page 13, Pricing: How will the price scores be determined? Will the state multiply rates x a standard number of cases?

*The State will calculate cost of each bidder's proposal using standardized assumptions to ensure an apples to apples price comparison.*

77. Page 13, Pricing: Will the state weigh pricing models differently (more weight towards per case only pricing models)?

*Not necessarily*

78. Pages 3, 5, & 18, Sections III, IV, & X: Section III, page 3 of the RFP states that “Respondents may submit proposals for some or all of the services requested below.” of which there are four (4) listed on pages 3-5. Section IV, page 5 states that “Each proposal must include the following.” and lists submission requirements. Section X, page 18 shows evaluation of two (2) Services “SSDI Advocacy” and “Medicare Premium Assistance.” Please clarify how many individual proposals are required If the Contractor’s intent is to propose providing all 4 Services listed on Pages 3-5, or if a bidder wishes to respond to only one Service how should the bid be formatted?

*A bidder that wishes to be considered for all services in the RFP should issue a single response addressing all questions posed and proposing pricing for all elements of the proposal. A bidder that wants to bid on a portion on the RFP should confine its questionnaire responses and fee proposal to only the services to which it is responding.*

79. Pages 17 & 25, Section IX & Attachment II, Section 6.E: Section IX of the RFP provides the Contractor 30 days’ notice regarding personnel reassignment. The Contractor then has 15 days to review and resolve the issue. If a mutual resolution is not achieved then the State may terminate the contract upon 15 days written notice. However, Attachment II, Section 6.E, states that the Contractor shall have 10 days’ notice and 5 days to review and resolve the issue. The Comptroller will then have 5 days to determine, in its sole discretion, whether the resolution is sufficient, otherwise the employee must be reassigned. Please confirm the appropriate process for bidders to follow in responding to the procurement.

*In most cases for services of this nature, the Comptroller will issue a contract providing for 30 days’ notice for requesting reassignment of personnel with a 15 day review period. If the reassignment request is denied the contract may be cancelled. The purpose of this provision is to ensure that appropriate personnel are in place at all times. While bidders should be aware of this requirement; there is no specific response that is required in connection with the RFP.*

80. Page 21, Attachment II, Section 2: The sample contract provides for a Term of October 1, 2018 through September 30, 2021 with 2 option years. However, it then states that the duties of the Contractor shall be completed no later than September 30, 2018. Please confirm that the date services are to be completed should be restated as September 30, 2021.

*Confirmed.*

81. Page 26, Attachment II, Section 6.I: Please confirm that this is not a grant Agreement and therefore no audit is required per the Connecticut General Statutes, Section 7-396a.

*Section 7-396a does not apply; however, the state through its standard contractual language always maintains the right to audit and inspect vendor records, plants etc. related to the scope of service provided on behalf of the state.*

82. Pages 26-27, Attachment II, Section 6.J: Please confirm that the State will discuss the insurance language of the sample contract prior to finalizing the contract.

*Confirmed.*

83. Page 4, Section III, Paragraph 2.a: How many future disability retirees does the State of Connecticut anticipate referring to the contractor each month?

*The average number of approved disabilities in recent years has been approximately 150 per year.*

84. Page 5, Section III, Paragraph 3.a: How many existing retirees eligible for Medicare A and B coverage enrollment does the OSC expect to refer to the contractor at initial implementation; are all 49,000 MA-PD enrollees also enrolled under the CT Retiree Health Plan and eligible for program referral?

*Yes, the intention is for the selected vendor to obtain Medicare premium data on all enrollees in the MA-PD program and to provide a file that can be used with our retiree payroll system to process Medicare premium reimbursements.*

85. Page 5, Section III, Paragraph 4.a: How many new retirees eligible for Medicare enrollment and eligible for program participation does the OSC anticipate each month/year?

*On average, 150 newly enrolled and currently enrolled retirees and dependents become Medicare-eligible each month.*

86. Page 4, Section III, Paragraphs 1 & 2: Please confirm OSC intends that medical documentation will be provided by program participating retirees for medical case development and provision to SSA/DDS.

*OSC will not provide medical information and documents; any such information will need to come from the program participants to whom such personal health information belongs.*

87. Pages 13-14, Section VII: Given that the SSDI approval process can be lengthy, should bidders indicate in their pricing the post contract pricing for approvals that are outstanding at the end of the contract term?

*Yes*

88. Pages 3-4, Section III, Paragraphs 1 & 2: Contractor understands that OSC has currently identified 1,400 disabled retirees in need of SSDI advocacy; has the state identified a delivery method for the state disability retirement benefit files to identify those required to apply under SEBAC?

*Any transfer of files required by the vendor would be negotiated between OSC and the winning vendor.*

89. Page 4: Section III, Paragraph 2: Has the state identified a method and frequency for providing contractor with the future state disability retirement benefit files for identification of future retirees required to apply for SSDI under SEBAC?

*Any transfer of files required by the vendor would be negotiated between OSC and the winning vendor.*