

# State of Connecticut (OSC) Clinical Disease State Management and/or Digital Therapeutics RFP

In order to participate in this procurement follow the process below:

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

## 1 PURPOSE/ INTRODUCTION

### 1.1 INTRODUCTION

The Office of the State Comptroller (OSC), State of Connecticut (the "State"), acting through the Health Care Cost Containment Committee ("HCCCC"), is conducting an active search of the marketplace for a service provider(s) that can partner with OSC to provide clinical disease state management and/or digital therapeutics services to its active and retired employees and their dependents effective October 1, 2022. There are approximately 65,000 active employees and non-Medicare retirees covered by the plan. An additional 53,000 Medicare retirees have coverage under a Medicare Advantage-Part D plan.

The State also offers medical and prescription drug benefits to municipalities under the Connecticut Partnership Plan. They will also be included in this offering. A listing these groups can be found here <https://www.osc.ct.gov/ctpartner/members.html>

Through the issuance of this Request for Proposal (RFP), OSC is soliciting proposals from qualified vendors that can provide the services listed above. If interested and able to meet the requirements described in this RFP, OSC appreciates and welcomes your offer.

OSC reserves the right to award any service in whole or in part, if proposals demonstrate that doing so would be in OSC's best interest. OSC also reserves the right to issue multiple awards, no award, cancel, or alter the procurement at any time. In addition, OSC reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as OSC recognizes that factors other than costs are important to the ultimate selection of the provider or providers. Proposals provided in response to this RFP must comply with the submittal 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, OSC will award the contract(s) to the most advantageous Vendor(s), based on cost and the technical evaluation factors in the RFP. 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.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheet, which combined, will constitute the offer. **This RFP and your**

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response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.

Entities responding to this RFP should also note that the State is requiring access to certain information and that this data must be provided to the State's health care consultant, Segal.

Submission of your proposal will acknowledge acceptance of these requirements. The financial requirements include initial and renewal pricing and projection controls.

OSC has retained Segal to assist in the evaluation of the proposals for responsiveness to the RFP and to review such proposals with them. Each proposal shall be evaluated in accordance the factors listed below:

- Value of the services, taking into consideration the requirements of the RFP, proposed services and any "value-added" terms, conditions and service levels
- Cost of the proposed or services
- Contractor's commitment to partnering with OSC and its other vendor partners.
- Experience integrating with and being a reference for Primary Care Providers engaged in value-based payment arrangements.
- Qualifications of the firm including financial capacity and staffing, and availability of staff to work with OSC during the implementation and education phases and continue to support OSC throughout the contract
- Contractor's experience with large employer plans, commitment to such plans, and experience offering such plans to public sector employers, which includes robust References
- Collection of race and ethnicity data and ability to report such data and strategies to address disparities as may be uncovered
- Contractor's compliance with state contracting requirements and standard contract terms and conditions
- Information Services and Reporting
- Demonstration of Contractor's commitment to affirmative action by full compliance with the regulations of the Commission on Human Rights and Opportunities
- At the option of the review committee, Contractor's oral, finalist interview

All Vendors must meet the General Proposal Conditions set forth in this RFP. Vendors are asked to respond only to the specific questions asked.

## 2 GENERAL INFORMATION

### 2.1 BACKGROUND

The State Comptroller is empowered by Connecticut General Statutes § 5-259 to arrange and procure a "group hospitalization and medical and surgical insurance plan" for employees and retirees of the State of Connecticut. The Healthcare Policy & Benefits Services Division ("HPBSD") of OSC administers the State healthcare coverage program for employees and retirees. The Comptroller also procures health coverage under the Connecticut Partnership Plan (<http://www.osc.ct.gov/ctpartner/index.html>) for non-state public employers under Public Act 15-93.

The HCCCC was established through collective bargaining in 1985 and is composed of six labor representatives and six management representatives. It is responsible for implementing cost control measures, monitoring and improving plan quality, and implementing health promotion and wellness activities for state employees, retirees, and their eligible dependents.

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In 2011, in response to a collective bargaining agreement, the State implemented the Health Enhancement Program (“HEP”) a value-based insurance design (“VBID”) program. State employees, certain retirees, and their dependents that enroll in the HEP are required to seek age-appropriate preventive services. Enrollees who are identified with one of five chronic medical conditions (diabetes types I and II, asthma and Chronic Obstructive Pulmonary Disease (“COPD”), coronary artery disease, hypertension, and hyperlipidemia) must also adhere to certain condition-specific education requirements. HEP reduces copays for certain services and prescriptions used to treat HEP related chronic conditions. Currently, there are 180,000+ participants in HEP under the State health plan; another 54,000+ members participate in HEP through the Partnership Plan.

Care Management Solutions, Inc. (“CMSI”), an affiliate of ConnectiCare, and a division of Wellspark has supported the HEP program since January 2013. CMSI uses a subcontractor, Conifer Value-Based Care, LLC, as a claims data aggregator, to identify at-risk individuals and to monitor member compliance with HEP preventive requirements. Conifer receives weekly claims feeds from the State’s PBM, dental and healthcare vendors to maintain HEP compliance data. Through an agreement with PatientPing, Inc., CMSI receives real-time notifications if a HEP member with a chronic condition is admitted to or discharged from a hospital or receives care at an emergency room.

The State contracts with Anthem and CVS Health to administer medical and pharmacy benefits for its active and non-Medicare retirees on a self-funded basis.

Medicare-eligible retirees are enrolled in a fully insured MA-PD plan with United Healthcare. Dental benefits are administered by CIGNA on a fully insured basis.

The retiree plans generally mirror the plan design in place at the time of each member’s retirement.

All plans are described on the OSC website at [Forms and Documents - Care Compass \(ct.gov\)](#)

## **Site of Service Program**

In 2017, the State also introduced the “Site of Service” program for labs and diagnostic imaging services. State employees, certain retirees, and their dependents have 100 percent coverage (\$0 copay) for lab tests, X-rays and other high-cost imaging services, like MRIs and CT scans, when they select a preferred “Site of Service” (SOS) provider. Site of Service (SOS) providers are labs, radiology and imaging centers that have proven to deliver high-quality, low-cost services. If a provider is in network but is not designated as a Preferred provider, member cost share is 20%; members using out-of-network providers have a 40% member cost share. Breast ultrasounds and mammograms of all types are excluded from this program, and waivers are considered when proven to be medically necessary.

## **Providers of Distinction**

In the Fall of 2020 the State rolled out a “Providers of Distinction” program administered by Signify Health. In addition, full concierge services to steer members to high quality, lower cost providers for certain medical procedures or screening and surgeries is provided by Health Advocate. This program applies to active and non-Medicare retiree members of the State’s plan and participants in the State of Connecticut Partnership Plans.

In partnership with Signify Health, the State has also entered into direct contracting agreements for episodes of care with providers.

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This innovative payment model between the state health plan and several Connecticut medical providers was approved by The Centers for Medicare and Medicaid Services (CMS) as an Other Payer Advanced Alternative Payment Model (APM).

The State of Connecticut Health Plan is the first commercial plan in the nation to earn this designation for its episode-of-care payment model. As a result, certain doctors, hospitals and provider groups that have contracted with the state will be eligible for greater reimbursement from Medicare.

Beginning July 1, 2022 the state will begin a primary care initiative which seeks to significantly increase per member per month care coordination payments to participating primary care groups in exchange for commitments to improve capacity in designated areas and engaging in value based contracts.

The State currently works with Livongo to provide Diabetes services. OSC also offer a “Diabetes Prevention Program, which is described here. Descriptions can be found on the state’s designated Diabetes resource page found [here](#):

Virtual musculoskeletal services are provided through a pilot program with Upswing Health., Descriptions can be found on the state’s designated Diabetes resource page found [here](#):

## 2.1 OBJECTIVES

OSC seeks to provide high quality, cost-effective benefits to its employees, retirees and their families. OSC is soliciting offers to provide clinical disease state management and/or digital therapeutics services that address diabetes, weight management and musculoskeletal issues (chronic and acute). The State is interested in programs that drive member engagement and robust return on investment.

## 2.2 Scope of Services Requested

The Plan is seeking proposals from well-being point solutions providers with demonstrated experience in the administrative services requested herein. The State seeks to:

- Identify a well-being point solutions provider focused on lifestyle improvement factors that have a direct impact on prevention, management, and the improvement of pre-diabetes, diabetes, and musculoskeletal conditions and who demonstrates an ability and commitment to meet current and future program goals
- Continue to strengthen its focus on health risk management and cost containment strategies
- Develop a multi-year plan and strategy
- Contract with a vendor that is a true partner
- Continue customized communications campaign
- Better understand the health of the membership through program reporting
- Generate savings by controlling the costs associated with treating diseases
- Establish and develop members level of trust in the program
- Increase members' understanding of risk factors
- Engage members to increase participation, know their numbers and improve outcomes
- Communicate to and when appropriate share information and otherwise engage with primary care providers
- Keep healthy people healthy

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## 2.3 Evaluation of Proposals

Note: These are not listed in order of importance.

- Conformity with specifications
- Value of the services, taking into consideration the requirements of the RFP, proposed services and any "value-added" terms, conditions and service levels
- Cost of the proposed or services
- Contractor’s Commitment to partnering with OSC and its other vendor partners.
- Experience integrating with and being a reference for Primary Care Providers engaged in value-based payment arrangements
- Qualifications of the firm including financial capacity and staffing, and availability of staff to work with OSC during the implementation and education phases and continue to support OSC throughout the contract
- Contractor’s experience with large employer plans, commitment to such plans, and experience offering such plans to public sector employers, which includes robust References
- Collection of race and ethnicity data and ability to report such data and strategies to address disparities as may be uncovered
- Clinical value of services as displayed through peer reviewed studies and program results
- Measurable return on investment as identified in peer reviewed studies and program results
- Proven ability to successfully engage plan members who would most benefit from vendor’s programmatic offering
- Positive member experience as demonstrated through satisfaction surveys, Net Promoter Scores (NPS) and other mechanisms
- Contractor’s compliance with state contracting requirements and standard contract terms and conditions
- Information Services and Reporting
- Demonstration of Contractor’s commitment to affirmative action by full compliance with the regulations of the Commission on Human Rights and Opportunities
- At the option of the review committee, Contractor’s oral, finalist interview

## 2.4 Planned Schedule of RFP Activities

It is the State’s intention to comply with the following schedule:

<b>Date</b>	<b>Activity</b>
May 26, 2022	Release RFP
June 10, 2022	Intent to Bid Form and NDA Deadline by 2:00 PM EDT
June 10, 2022	Vendor Question Deadline by 2:00 PM EDT
June 16, 2022	Vendor Questions Answered
June 30, 2022	Electronic Proposals Posted to Proposal Tech by 2:00 PM EDT
July 1, 2022	Hard Copy Proposals Due by 2:00 PM EDT
Week of July 11, 2022	Finalist Interviews (if Necessary)
July 18, 2022	Best and Final Offer

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July 25, 2022	Contract Awarded
August 1 2022	Begin Implementation
October 1, 2022	Effective Date for Contract

- These dates represent a tentative schedule of events. 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 due date for the proposal. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.
- The State reserves the right to reject any and all proposals received, for specific reasons, which include, but are not limited to, non-compliance with RFP requirements.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each Vendor 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 make a presentation.

## 2.5 OTHER INFORMATION

2.5.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet. Bidders are responsible for checking the OSC website for the most up to date information - <http://www.osc.ct.gov/benefits/medical.htm>

## 3 RESPONSE INSTRUCTIONS

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

Detailed instructions for the completion and submission of your proposal will be found in the electronic RFP (eRFP) on ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system.

All sections must be answered completely and, as outlined in the RFP, using ProposalTech. It is not acceptable to use the term "See Attached" as a response to any of the questions, fee quotation forms, plan or network comparisons. Such a response may jeopardize your chances for consideration.

Final submissions must be posted with ProposalTech at [www.proposaltech.com](http://www.proposaltech.com) before the due date and time cited. Access to the eRFP will be locked after that time. Vendors will not be able to post or change their responses. Late proposals will not be considered.

The State reserves the right to ask Vendors follow-up questions through ProposalTech as may be necessary to fully evaluate bidder capabilities.

### 3.2 Intent to Bid and NDA

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By June 3, 2022 please email the Intent to Bid form to the solicitation contact, [Ms. Emily Peters](mailto:Ms.EmilyPeters@segalco.com), at [EPeters@segalco.com](mailto:EPeters@segalco.com) and state whether you intend to bid. The Intent to Bid form is included at the back of this RFP and is posted to ProposalTech. The NDA will be distributed through "Ironclad" for electronic signature. Upon receipt of the Intent to Bid and fully executed NDA, the State's healthcare consultant, Segal, will provide vendors with any data and other information requested to be used in responding to the RFP.

**Please note that although Intent to Bid form and NDA will be provided on the ProposalTech system, completed and signed Intent to Bid Forms must be emailed to the appropriate parties described above and NOT posted to the ProposalTech site.**

Attached Document(s): [SOC\\_A - Intent to Bid Form \(1\).DOCX](#),

## 3.23 Restriction on Contact with State Personnel

Except as called for in this RFP, from the date of release of this RFP until the right to negotiate a contract is awarded as a result of this RFP, any communications with personnel employed by the Comptroller's Office, members of the Health Care Cost Containment Committee, and RFP committee members about the RFP are prohibited until selection of the successor bidders. All communications must be directed to Segal. For violation of this provision, the State reserves the right to reject the proposal of the violator.

## 3.34 Conflict of Interest

The Vendor shall certify in writing that no relationship exists between the Vendor and the State of Connecticut that interferes with fair competition or is a conflict of interest, and no relationship exists between the Vendor and another person or organization that constitutes a conflict of interest with respect to any State contract. Any successful Vendor must execute a contract and grant disclosure and certification form.

The Vendor 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. The Vendor shall also provide assurances that no person having any such known interests shall be employed during the performance of this contract.

## 3.3 Non-Disclosure Agreement (NDA)

Upon receipt of the "Intent to Bid" form, Segal will check to see if there is a current Global or Bid-Related NDA/Confidentiality Agreement on file in our system. No data will be issued without first having a signed NDA/Confidentiality Agreement on file.

If there is no NDA/Confidentiality Agreement on file with Segal, a document will be issued to the interested Vendor for signature, the language of which is non-negotiable. Upon receipt of the newly signed NDA, or confirmation of an existing NDA on file, Segal will establish a secure workspace and upload the data file(s). A system-generated e-mail will be sent to the Vendor's designated data recipient, containing a link to instructions for accessing the workspace.

## 3.4 Vendor Questions

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Any questions regarding content should be submitted directly to Segal Consulting using the “Ask Questions” feature on the main RFP page by the deadline of **2:00 P.M. (EDT on June 6, 2022)**. Questions from any Vendor 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. Any and all questions and answers to this RFP will be posted by **June 16<sup>th</sup>, 2022** on ProposalTech and OSC website at <http://www.osc.ct.gov/vendor/index.html>.

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

## 4 PROPOSAL REQUIREMENTS

### 4.1. OSC GENERAL TERMS AND CONDITIONS

*By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:*

- 1. Equal Opportunity and Affirmative Action.** 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 Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor OSC shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
- 3. Exclusion of Taxes.** OSC is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, OSC may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by OSC, and at the proposer’s expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by OSC. OSC may ask a proposer 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 in a place provided by OSC. At its sole discretion, OSC may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.



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- 7. Presentation of Supporting Evidence.** If requested by OSC, a proposer 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. OSC may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, OSC may also check or contact any reference provided by the proposer.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or OSC or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and OSC 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 proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by OSC and, if required, by the Attorney General's Office.

*Contractors responding to this RFP must adhere to the following conditions and must affirmatively state their adherence to these requirements with a transmittal letter appended to their proposal response.*

- 9. Acceptance or Rejection by the State**—The State reserves the right to accept or reject any or all proposals submitted for consideration. All proposals will be kept sealed and safe until the deadline for submission has passed. By responding to this procurement, applicants agree to accept the Comptroller's determinations as final.
- 10. Conformance with Statutes**—Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the federal government.
- 11. Ownership of Proposals**—All proposals submitted in response to this RFP are to be the sole property of the State and will be subject to the applicable Freedom of Information provisions starting at Section §§1-200 of the Connecticut General Statutes. In addition to the completed response, any proposer that submits matter that it in good faith determines to contain trade secrets or confidential commercial or financial information must mark such materials as "CONFIDENTIAL" and provide one redacted copy of its RFP response on a separate thumb drive, which may be disclosed without objection in the event a FOI request is made for its proposal. Failure to clearly mark materials as "CONFIDENTIAL" and/or failure to provide a redacted copy may result in the release of the RFP response on file with the State at the time such FOI request is made.
- 12. Ownership of Subsequent Products**—Any product, whether acceptable or unacceptable, developed under a contract award as a result of this RFP is to be the sole property of the State of Connecticut, unless explicitly stated otherwise in the RFP or contract.
- 13. Communication Blackout Period**—Except as called for in this RFP, contractors may not communicate about the RFP with any of the following: the Healthcare Policy & Benefit Services Division within the OSC or members of the HCCCC until the successful bidder(s) are selected. No Contractor or Contractor's representative may contact an employee of the OSC or member of the HCCCC or their representatives and vendor partners (Signify Health, Anthem, CVS Health, Wellspark, Upswing Health, UnitedHealthCare, and Health Advocate) regarding their proposal until final selections have been made. Until such time as final selections are made, any such contact will be considered collusion under the "Terms and Conditions" herein and may be grounds for disqualification of the Contractor's proposal.

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- 14. Notice of Intent to Respond**—The notice of intent to respond (Attachment A) will be due to [epeters@segalco.com](mailto:epeters@segalco.com) by 2:00 P.M. on June 3, 2022 via the ProposalTech system as described above in Section 3.2. In the notice, the Contractor must provide an email address to receive information about the RFP process, including data, answers to questions submitted by other potential contractors, requests for clarification and other matters about the selection process.
- 15. Availability of Work Papers**—All work papers and data used in the process of performing this project must be available for inspection by the State of Connecticut Auditors of Public Accounts for a period of three (3) years or until audited.
- 16. Timing and Sequence**—All timing and sequence of events resulting from this RFP will ultimately be determined by the State. Late responses may or may not be considered, and it will be left to the Comptroller's discretion whether to accept or reject late responses.
- 17. Stability of Proposed Prices**—Any price offerings from Contractors must be valid for a period of one hundred eighty (180) days from the due date of the Contractor proposals.
- 18. Oral Agreements**—Any alleged oral agreement or arrangement made by a Contractor with any agency or employee will be superseded by the written agreement.
- 19. Amending or Canceling Requests**—The State reserves the right to amend or to cancel this RFP prior to the due date and time, if such action is deemed to be in the best interest of the State.
- 20. Rejection for Default or Misrepresentation**—The State reserves the right to reject the proposal of any Contractor that is in default of any prior contract or for misrepresentation.
- 21. Rejection of Qualified Proposals**—Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
- 22. Collusion**—By responding to this RFP, the Contractor implicitly states that the proposal is not made in connection with any competing Contractor submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the Contractor did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the Contractor's proposal preparation.
- 23. Conformance to Instructions**—All responses to the RFP must conform to the instructions herein. Failure to provide any required information, provide the required number of copies, meet deadlines, answer all questions, follow the required format, or failure to comply with any other requirements of this RFP may be considered appropriate cause for rejection of the response.
- 24. Appearances**—In some cases, Contractors may be asked to appear to give demonstrations, interviews, presentations or further explanation to the RFP's screening committee.
- 25. Standard Contract and Conditions**—The Contractor must accept the State's standard contract language and conditions. See Standard Contract and Conditions. [Attachment B.](#)
- 26. Entire Agreement**—The contract will represent the entire agreement between the Contractor 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 payment of services under the terms of the contract until the successful Contractor is notified that the contract has been accepted and approved by the Office of the State Comptroller and by the Office of the Attorney General. The contract may

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only be amended by means of a written signed agreement by the Office of the State Comptroller, the Contractor, and the Office of the Attorney General.

**27. Rights Reserved to the State**—the State reserves the right to award in part, to reject any and all proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

**28. Receipt of Summary of State Ethics Laws.** The Contractor must acknowledge that it has received a summary of State Ethics Laws by submitting a signed receipt with its bid. **See Attachments C and D hereto.**

Attached Document(s):

## 4.2 STANDARD CONTRACT TERMS

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the State's standard contract terms.*

The standard contract will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. It will also include the mandatory terms and conditions, may be amended only in consultation with, and with the approval of the Attorney General's Office.

Also included is the State Elections Enforcement Commission's (SEEC) notice (pursuant to Section 9-612(g)(2) of the Connecticut General Statutes) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

## 4.3. ASSURANCES

*By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:*

**4.3.1 Collusion.** The proposer represents and warrants that the proposer 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 proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

**4.3.2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

**4.3.3. Competitors.** The proposer 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 proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer 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

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competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

**4.3.4 Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.

**4.3.5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

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## 4.4 Additional Procurement Requirements

The Connecticut Department of Administrative Services (“DAS”) has implemented a requirement that all firms seeking to do business with the State must register their business on CTSOURCE. The portal for registering your business is accessible at <https://portal.ct.gov/DAS/CTSource>.

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

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms> (must be signed, dated, notarized, and uploaded to CTSOURCE in accordance with the instructions on page 23 of the User Guide.

Firms will have the ability to view, verify and update their information by logging into their CTSOURCE account, prior to submitting responses to an RFP.

The guide to using CTSOURCE appears at <https://portal.ct.gov/-/media/DAS/CTSource/Documents/CTSource-Supplier-Registration-Portal-User-Guide-Final.pdf>.

If you experience difficulty establishing your firm's account, please call DAS at 860-713-5095 or send an email to [das.ctsource@ct.gov](mailto:das.ctsource@ct.gov).

If you have difficulty accessing your CTSOURCE account call 1-866-889-8533 or email [webprocure-support@proactis.com](mailto:webprocure-support@proactis.com).

For information on how to complete these forms, please access the Office of Policy and Management website by using the following link:

[http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038&opmNAV_GID=1806)

The State of Connecticut's Contract Compliance Forms applicable to State contracts are available at <https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>. You must complete the Bidder Contract Compliance Monitoring Report and upload it to CTSOURCE. More information about the State of Connecticut's Contract Compliance requirements is available on the Commission on Human Rights and Opportunities' web site at [www.state.ct.us/chro](http://www.state.ct.us/chro) under "Contract Compliance."

Your proposal should confirm you have downloaded, completed, and submitted all of the procurement documents listed above to CTSOURCE. If not, please explain

# State of Connecticut (OSC) Clinical Disease State Management and/or Digital Therapeutics RFP

## 4.5 RIGHTS RESERVED TO THE STATE

*By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:*

- 4.5.1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by OSC.
- 4.5.2. Amending or Canceling RFP.** OSC reserves the right to amend or cancel this RFP on any date and at any time, if OSC deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 4.5.3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, OSC may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4.5.4 Award and Rejection of Proposals.** OSC reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. OSC may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. OSC reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 4.5.5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 4.5.6. Contract Negotiation.** OSC reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. OSC further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, OSC may seek Best and Final Offers (BFO) on cost from proposers. OSC may set parameters on any BFOs received.
- 4.5.7. Clerical Errors in Award.** OSC reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. 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 proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 4.5.8. Key Personnel.** When OSC is the sole funder of a purchased service, OSC reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. OSC also reserves the right to approve replacements for key personnel who have terminated employment. OSC further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by OSC.

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## 4.6 STATUTORY AND REGULATORY COMPLIANCE

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:*

**4.6.1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. Failure to clearly mark materials as "CONFIDENTIAL" and/or failure to provide a redacted copy of a Proposer's RFP response may result in the release of the RFP response on file with the State at the time that an FOI request is made. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOI request. The proposer has the burden of establishing the availability of any FOI exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOI Act, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOI Act or other requirements of law.

**4.6.2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

**4.6.3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.

**4.6.4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at [https://seec.ct.gov/Portal/data/forms/ContrForms/seec\\_form\\_11\\_notice\\_only.pdf](https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf)

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**4.6.5. Gifts, Conn.Gen.Stat. § 4-252.** Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

**4.6.6. Iran Energy Investment Certification C.G.S. § 4-252(a).** Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

**4.6.7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a.** If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.



# State of Connecticut (OSC) Clinical Disease State Management and/or Digital Therapeutics RFP

**4.6.8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

## 5. CLINICAL DISEASE STATE MANAGEMENT AND/OR DIGITAL THERAPEUTICS SERVICES CONFIRMATIONS

Below are the specific confirmations for submitting a proposal. By checking “Confirmed”, Proposer 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 Proposer takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document (**Attachment XX**) of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Proposer to deliver services to the State.

5.1 Confirm that you are licensed to do business in the State of Connecticut.

*Single, Radio group.*

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

5.4 Confirm that there will be no minimum participation requirements.

*Single, Radio group.*

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

5.5 Confirm you will comply with any independent auditing or claims review firm employed by the State in providing required financial information, claim information and claim documents for claims audits and/or review.

*Single, Radio group.*

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

5.6 Confirm that you will be responsible for defending any litigation concerning erroneous claims administration.

*Single, Radio group.*

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

**5.7 The Vendor will be required to interface with the following organizations below. Confirm your agreement**

Segal  
HDMS

- 1. Confirmed
- 2. Not Confirmed [ 500 words ]

5.8 Confirm you 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.

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*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

5.15 Confirm that you agree to provide claims data and reporting, including enrollment files to the state's data warehouse vendor, details to be determined.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

5.16 Confirm you will notify OSC when you first identify significant issues that cause member disruption.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## Section 6: General Questionnaire

All proposals that will be considered must include responses to the following questions:

### 6.1 Organization, Legal Status and Ownership

6.1.1 State your organization's legal name, address and state of incorporation.

100 words.

6.1.2 How long has your organization been operational?

10 words.

6.1.3 How long has your organization been licensed to operate?

10 words.

6.1.4 For pre-diabetes, diabetes, and other chronic disease state services, please provide the following:

	Pre-diabetes	Diabetes	Other
<b>Total number of employer plans</b>	<i>Integer.</i>	<i>Integer.</i>	<i>100 words.</i>
<b>Total number of participants</b>	<i>Integer.</i>	<i>Integer.</i>	<i>100 words.</i>
<b>Total number of multiemployer plans</b>	<i>Integer.</i>	<i>Integer.</i>	<i>100 words.</i>

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6.1.5 Has your organization acquired, been acquired by, or merged with another organization in the past 24 months? If yes, please explain.

*Single, Radio group.*

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

2: No

6.1.6 Is your organization anticipating restructuring or reorganizing in the next two years? (Include any major staff or office relocations or closings.)

*Single, Radio group.*

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

2: No

6.1.7 Have you had a reportable or a reported event related to breaches of your systems and/or breaches where individual information has been compromised? If so, please explain what procedures were implemented to mitigate the risk of reoccurrence.

*Single, Radio group.*

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

2: No

6.1.8 Are there any outstanding legal actions pending against your organization? If so, explain the nature and current status of the action(s).

*Single, Radio group.*

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

2: No

6.1.9 Can you assure the client that legal actions will not disrupt your business operations?

*Single, Radio group.*

1: Yes,

2: No, please explain: [ 500 words ]

6.1.10 Please provide references, including the names, addresses, email addresses and telephone numbers of three multiemployer Funds that currently use your organization. If none, provide other references.

	Reference #1	Reference #2	Reference #3
Name	50 words.	50 words.	50 words.
Address	50 words.	50 words.	50 words.
Email	50 words.	50 words.	50 words.
Telephone	50 words.	50 words.	50 words.

6.1.11 Please provide three references of clients that recently terminated their contracts with your organization.

	Reference #1	Reference #2	Reference #3
Name	50 words.	50 words.	50 words.
Address	50 words.	50 words.	50 words.
Email	50 words.	50 words.	50 words.

# State of Connecticut (OSC) Clinical Disease State Management and/or Digital Therapeutics RFP

Telephone	50 words.	50 words.	50 words.
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6.1.12 Fill out the chart below to list the subcontractors and vendors that you partner with to deliver well-being and disease state services. Also, list out the services where the subcontractors are used but not listed below.

Services	Does your proposal include this service? (Yes or No)	Do you subcontract this service? (Yes or No)	Name of contracted entity (if applicable)
<b>Health coaching: onsite</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Health coaching: remote</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Disease management</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Call center operations</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Incentive reporting</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Incentive fulfillment (add-on only)</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.
<b>Health analytics for client</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>Single, Pull-down list.</i> 1: Yes, 2: No	50 words.

## 6.2 Implementation

6.2.1 The anticipated effective date is October 1, 2022. Please provide an implementation plan that includes both a project overview and details on specific tasks, timeliness, and responsibilities.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

6.2.2 Are there any specific reporting or administrative procedures you would require of the Plan prior to implementation of your program?

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*Single, Radio group.*

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

2: No

6.2.3 Please describe the biggest implementation risk and how risks will be mitigated.

*500 words.*

6.2.4 Please complete the following table regarding implementation allowance/credits.

	Response
Please state any implementation allowance/credit which will be allocated to the Plan.	<i>200 words.</i>
What services can the implementation allowance/credit be used for?	<i>500 words.</i>
Would the Plan be able to use the implementation allowance/credit for services such as communication and contract review?	<i>Compound, Radio group.</i> 1: Yes, 2: No, please explain: [ 200 words ]

6.25 Will an implementation manager be assigned to lead and coordinate the implementation activities with the Plan?

*Single, Radio group.*

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

2: No

3.5.6 Describe the resources and the estimated number of hours, both total and per week, which will be needed from the Plan to support and manage the implementation.

*500 words.*

## 6.3 Account Management

6.3.1 Provide the address of the principal office that will provide services to OSC

*50 words.*

6.3.2 Please identify the designated account representative(s) available to respond to questions from the State. Please include a brief professional biography of these individuals.

	Account Representative #1	Account Representative #2	Account Representative #3
How long has this person been with your organization?	<i>10 words.</i>	<i>10 words.</i> Nothing required	<i>10 words.</i> Nothing required
How many years of experience does this person have in the well-being and disease state services industry?	<i>Decimal.</i>	<i>Decimal.</i> N/A OK.	<i>Decimal.</i> N/A OK.
What experiences do they have working with public sector clients?	<i>500 words.</i>	<i>500 words.</i> Nothing required	<i>500 words.</i> Nothing required

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How many clients will the account manager be responsible for?	<i>Integer.</i>	<i>Integer.</i> N/A OK.	<i>Integer.</i> N/A OK.
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6.33 Describe how you monitor and measure customer satisfaction and quality assurance.

*500 words.*

6.34 Indicate your overall staff turnover rate for the past 12 months, and for calendar year 2020.

<b>Position</b>	<b>Turnover 2020</b>	<b>Turnover 2021</b>
<b>All Staff</b>	<i>Percent.</i>	<i>Percent.</i>
<b>Account Management Staff Only</b>	<i>Percent.</i>	<i>Percent.</i>
<b>Well-being and Disease State Services Staff Only</b>	<i>Percent.</i>	<i>Percent.</i>

6.3.5 Has your organization had an SAS-70 audit conducted recently? Please provide a report.

*Single, Radio group.*

- 1: Yes, report attached,
- 2: No, explain: [ 200 words ]

6.3.6 Provide an overview of how the OSC relationship will be managed, both strategically and on a day-to-day basis.

*500 words.*

## 6.4 Customer Service and Portal

6.4.1 Describe the customer service support available (i.e., telephonic, e-mail, live chat, and smartphone app based support). Select all that apply:

*Multi, Checkboxes.*

- 1: Telephonic, describe: [ 200 words ] ,
- 2: E-mail, describe: [ 200 words ] ,
- 3: Live Chat, describe: [ 200 words ] ,
- 4: Smartphone App, describe: [ 200 words ] ,
- 5: Other, describe: [ 200 words ]

6.4.2 What hours will your firm's live customer service telephone number be staffed?

*200 words.*

6.4.3 Is the telephone answered by a representative or an automated system?

*Multi, Checkboxes.*

- 1: Representative, describe: [ 200 words ] ,
- 2: Automated System, describe: [ 200 words ]

6.4.4 What is the average call wait time?

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Prefix: ""

Suffix: "seconds"

*Decimal.*

6.4.5 Is there a dedicated phone line for member inquiries?

*Single, Radio group.*

1: Yes,

2: No

6.4.6 What is the training process for customer service representatives in the State's specific benefits and resources?

*500 words.*

6.4.7 Where are the personnel located that handle customer service calls?

*200 words.*

6.4.8 Do your customer service representatives and applications have multilingual capabilities? If so, please provide the languages which can be offered and what services (i.e., registration, customer service, portal, Health Risk Assessment, coaching, personal results report) have multilingual capabilities available.

*Single, Radio group.*

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

2: No

6.4.9 Describe how your platforms are able to support a high volume of users, and at the same time (e.g., after new program rollouts).

*500 words.*

6.4.10 How do you accommodate individuals with disabilities?

*500 words.*

6.4.11 How do you accommodate individuals without internet access?

*500 words.*

6.4.12 Do you operate a transactional website? Please describe.

*Single, Radio group.*

1: Yes, describe: [ 500 words ] ,

2: No

6.4.13 Please provide a link to your website.

*10 words.*

6.4.14 What are the features and functionality of your website and web portal and how they will drive engagement in the programs delivered for the Plan?

*500 words.*

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6.4.15 What aspects of the portal can be customized with the State’s branding, content, and preferences? Please be specific in outlining what is customizable/configurable vs. hardwired and include additional fees that may apply, if any.

500 words.

3.7.16 Describe single sign-on capabilities and the ability to link the program and integrate with other health and wellbeing partners and resources.

500 words.

3.7.17 Describe any experience and capabilities of working with brick-and-mortar provider groups, including but not limited to bidirectional reporting capabilities, experience and engagement as a referral resource other coordination or engagement experiences.

Describe your approach working with network primary care groups and the capabilities to collaborate as an additional resource to current efforts to manage care through value based contracts.

6.4.17 Using the engagement portal, can you target communications, resources, and activities by division, location, job code, health plan, language, or other subsets?

500 words.

6.4.18 What steps are required for a user to register on the portal?

500 words.

6.4.19 Do you provide a Smartphone App for both Apple and Android users?

Single, Radio group.

1: Yes,

2: No, explain: [ 200 words ]

6.4.20 Are there options available for members that do not want to use website or smart phone applications?

Single, Radio group.

1: Yes, describe options: [ 200 words ] ,

2: No

## 6.5 HIPAA and Data Security Compliance

6.5.1 Please complete the following table regarding HIPAA EDI, Privacy, and Security.

	Response
Describe the process used by your company to comply with HIPAA EDI, Privacy, and Security requirements.	500 words.
Have you received external or independent certification regarding your HIPAA compliance?	Compound, Radio group. 1: Yes, please explain: [ 200 words ], 2: No



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6.5.2 Who is the key individual in your organization responsible for compliance with the HIPAA Administrative Simplification provisions? Please identify that individual by name and title.

500 words.

6.53 Describe your HIPAA EDI compliance solution relative to providing eligibility data to vendors.

500 words.

6.5.4 Is your staff trained on all Privacy and Security requirements? Describe your training program and enforcement policy.

*Single, Radio group.*

1: Yes, describe: [ 500 words ],

2: No, explain: [ 500 words ]

'6.5.5 Does your system produce sufficient audit trails to satisfy the HIPAA Privacy and Security regulations?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No, explain: [ 500 words ]

6.5.6 How is security set up in the system? What are the different levels of security?

500 words.

6.57 Is your system database encrypted?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No, explain: [ 500 words ]

6.5.8 Are system data backups encrypted?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No, explain: [ 500 words ]

6.5.9 Are all electronic transmissions of PHI, including eligibility files, authorizations, reports, etc., encrypted or sent via secure means?

*Single, Radio group.*

1: : Yes, please explain: [ 200 words ],

2: No, please explain: [ 200 words ]

6.5.10 Which encryption methods do you support for e-mails and file transmissions? Please describe.

500 words.

6.511 Are all electronic transmissions of PHI, including eligibility files, authorizations, reports, etc., encrypted or sent via secure means? Which encryption methods do you support for e-mails and file transmissions? Please describe.

*Single, Radio group.*

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

2: No

6.5.12 What are your procedures for data destruction prior to hardware and media disposal?

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500 words.

6.5.13 Please complete the following table regarding EDI transactions.

	Response
Which EDI Transactions sets have you implemented and for those remaining, what is the target implementation date?	500 words.
If you plan to outsource to outside entity, who will be that business partner?	200 words.

6.5.14 Have you had a HIPAA violation in the past three years? If yes, please describe what procedures are implemented to mitigate the risk of reoccurrence.

*Single, Radio group.*

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

2: No

## 6.6 Reporting

6.6.1 Describe the standard reporting package that is provided to the Plan.

500 words.

6.6.2 Please send samples of the standard reporting package that would be provided to the Plan.

*Single, Radio group.*

1: Attached,

2: Not provided

6.6.3 Please complete the following table regarding your standard client annual report.

	Response
Please provide a standard client annual report showing recommendations.	<i>Single, Radio group.</i> 1: Attached, 2: Not provided
Do you have a self-reporting system?	<i>Compound, Radio group.</i> 1: Yes, please explain: [ 200 words ], 2: No
What metrics are including in your standard reporting?	500 words.
Is reporting customizable per client?	<i>Compound, Radio group.</i> 1: Yes, please explain: [ 200 words ], 2: No
Are you willing to share enrollment data for the purposes of independent evaluation?	<i>Single, Radio group.</i> 1: Yes, 2: No

6.6.4 What is the frequency of the standard reporting packages will be provided to the Plan?

500 words.

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6.6.5 Are you able to provide the following reporting?

Reporting	Yes or No
<b>A. Portal Utilization</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>B. Clinical metrics</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>C. Risk summary</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>D. Biometric testing</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>E. Health education content</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>F. Health coaching</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>G. Incentive reporting</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>H. Annual Summary</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>I. Mid-Year review w/ recommendations</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>J. Monthly Participation</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>K. Performance Guarantee</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No

6.6.6 Which of the following analytics are performed annually?

Type of Analysis	Yes or No
<b>Summary of population health risk prevalence and severity</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>Consistency in health risks determined by Health Risk Assessments and by screenings</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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<b>Annual migration into/out of health risk categories</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>Difference in differences cost analyses between participant and non-participant cohort populations</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>Base period to measurement period health cost &amp; utilization comparisons</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>Base period to measurement period sick leave/ disability cost &amp; utilization comparisons</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No
<b>Differences in primary care and preventive visit utilization by cohort</b>	<i>Single, Pull-down list.</i> 1: Yes, 2: No

6.6.7 Are you able to discuss with the Plan Administrators and the Trustees the results of the reporting?

*Single, Radio group.*

- 1: Yes, please explain: [ 500 words ],
- 2: No, please explain: [ 500 words ]

## 6.7 Performance Guarantees

6.7.1 Please provide your organization's proposed performance standards, including a description and percent of fees or dollars at risk.

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

6.7.2 Please complete the following table regarding Return on Investment (ROI).

	Response
Please indicate the estimated ROI your organization expects the Plan to achieve with your well-being and disease state services programs.	<i>500 words.</i>
Are you willing to guarantee an ROI and place fees at risk if the ROI is not achieved? If so, please explain and define the requirements.	<i>Compound, Radio group.</i> 1: Yes, explain: [ 500 words ], 2: No
Describe your organization's calculation methodology in determining ROI.	<i>500 words.</i>

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6.7.3 If you have other philosophies or methods for measuring the value of your programs (e.g. trend reduction), please explain in detail. What performance / ROI guarantees can you offer based on this platform?  
500 words.

6.7.4 Is your organization willing to offer a performance guarantee for account management?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No

6.75 Is your organization willing to offer outcomes based clinical performance guarantees?

*Single, Radio group.*

1: Yes, explain: [ 500 words ],

2: No

## 7 Section 4: Well-being and Disease State Services Questionnaire

### 7.1 General

7.1.1 What differentiates your organization from your competitors in the services you are offering?

500 words.

7.1.3 What new resources and tools are on your roadmap?

500 words.

### 7.2 Well-being and Disease State Services

#### 7.2.1 Minimum Business Requirements

4.2.1.1 Below is a list of key requirements for the Plan's diabetes program. Indicate on the table any deviations from the requirement.

#	Criteria	Agree? Yes or No
1.	Ability to implement program within 8-week window effective October 1, 2022	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]

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2.	Ability to offer services to members and their dependents	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
3.	Ability to offer customized communications without a fee	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
4.	Ability to intake medical and pharmacy data and perform proactive outreach to Plan members without an additional fee	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
5.	Ability to pass all the Plan's security requirements	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
6.	Ability to provide a language translation line	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
7.	Will channel to the State's clinical partnerships with Anthem, CVS Health, UnitedHealthcare , CMSI	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
8.	<p>Willing to offer PEMPM<sup>[1]</sup> pricing:</p> <ul style="list-style-type: none"> <li>• The first plan year will be effective October 1, 2022, and reflect a three-year agreement with a rate guarantee</li> <li>• Subsequent plan years will renew on a plan-year basis</li> </ul> <p><sup>[1]</sup> PEMPM = Per Engaged Member Per Month</p>	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]
10.	Willing to place a minimum of 30% of fees at risk for performance-based metrics and 10% at risk for implementation	<i>Compound, Radio group.</i> 1: Yes, 2: No, explain deviation: [100 words]

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## 7.2.2 Service Offering Depth

7.2.2.1 Briefly describe your company's proposed program for the Plan to support those looking to prevent, manage, and/or improve their disease state and the modalities through which your services are offered and program goals are achieved.

500 words.

7.2.2.2 Please indicate which of the following conditions your program supports, as well as the eligibility criteria for each condition:

Program	Supported? Yes or No	Eligibility Criteria
Weight Management	Single, Pull-down list. 1: Yes, 2: No	100 words.
Clinical Obesity Programing	1. yes, 2. No	
Pre-Diabetes	Single, Pull-down list. 1: Yes, 2: No	100 words.
Metabolic Syndrome	Single, Pull-down list. 1: Yes, 2: No	100 words.
Type 1 Diabetes	Single, Pull-down list. 1: Yes, 2: No	100 words.
Type 2 Diabetes Non-insulin	Single, Pull-down list. 1: Yes, 2: No	100 words.
Type 2 Diabetes Insulin	Single, Pull-down list. 1: Yes, 2: No	100 words.
Musculoskeletal	Single, Pull-down list. 1: Yes, 2: No	100 words.
Other		500 words. Nothing required

7.2.2.3 Please indicate through which of the following modalities your services are delivered for each listed condition and what percentage of engagement falls within each modality: telephonic coaching, digital coaching via website, digital coaching via mobile application, self-guided via website, self-guided via mobile application, in person counseling.

Modality	Proactive	Reactive	Live	Dedicated	Synchronous	Languages Supported	Deviations

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<b>Telephonic Coaching</b>	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [200 words], 2: No	100 words.
<b>Digital Coaching via Website</b>	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [200 words], 2: No	100 words.
<b>Digital Coaching via application</b>	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [200 words], 2: No	100 words.
<b>Self-Guided via Website</b>	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [200 words], 2: No	100 words.
<b>Self-guided via application</b>	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [Percent]%, 2: No	<i>Compound, Radio group.</i> 1: Yes: [200 words], 2: No	100 words.
<b>In person counseling</b>							
<b>Resource for Primary Care Provider Groups</b>							

7.2.2.4 What is the length of the program for each listed condition?

500 words.

7.2.2.5 What additional services are available to clients for the services outlined above that are available through your organization?

500 words.

7.2.2.6 Do you partner with any third-party partners to offer ancillary programs to your clients? If so, who are those partnerships with?

*Single, Radio group.*

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

2: No

7.2.2.7 Please complete the following table regarding educational content.

	Response
--	----------



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Who creates the educational content for your product?	500 words.
What are the credentials of the creators?	500 words.

7.2.2.8 Please confirm if you have experience in receiving eligibility files from , vendors, and/or consulting firms and provide the data elements typically required in the eligibility file.

*Single, Radio group.*

1: Confirmed, explain: [ 200 words ],

2: Not confirmed, explain: [ 200 words ]

7.2.2.09 Please provide the data elements or file format typically required for claims.

500 words.

7.2.2.10 Please complete the following table regarding sharing data with data warehouses.

	Response
Please confirm your experience sharing data with data warehouses. Provide details.	<i>Compound, Radio group.</i> 1: Yes, please explain: [ 500 words ], 2: No
Confirm you can share data on a monthly basis.	<i>Compound, Radio group.</i> 1: Confirmed, 2: Not confirmed, explain: [ 200 words ]

## 7.2.3 Outreach Triggers

7.2.3.1 Provide a list of outreach triggers that would flag a member as eligible for your services.

500 words.

7.2.3.2 What is the frequency that data is run to produce these outreach triggers?

500 words.

7.2.3.3 What percentage of the population is identified by each of the programs?

500 words.

7.2.3.4 Of the identified population, what is your typical enrollment percentage per program?

500 words.

## 7.2.4 Staffing Model

4.2.4.1 Please provide an overview of your staffing operations.

500 words.

4.2.4.2 How many licensed professionals are staffed by your organization as listed below?

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	<b>Number of Clinicians</b>
<b>Registered Nurse</b>	<i>Integer.</i>
<b>Licensed Social Worker</b>	<i>Integer.</i>
<b>Behavioral Health Clinician</b>	<i>Integer.</i>
<b>Registered Dietitian</b>	<i>Integer.</i>
<b>Exercise Physiologist</b>	<i>Integer.</i>
<b>Physical Therapist</b>	<i>Integer.</i>
<b>Nurse Practitioner</b>	<i>Integer.</i>
<b>MD/DO</b>	<i>Integer.</i>
<b>Other</b>	<i>100 words.</i>

7.2.4.3 Describe the training and onboarding of those who provide services to the participants.  
500 words.

7.2.4.4 Describe the team that is assigned to a member for an evaluation and ongoing coaching and are members able to select their own coaches?  
500 words.

7.2.4.5 Who is the main point of contact that would be working with the member?  
200 words.

7.2.4.6 Does this point of contact remain with the member throughout the entire process (i.e., dedicated/designated/socialized coaching model)?  
*Single, Radio group.*

- 1: Yes,
- 2: No, explain: [ 500 words ]

7.2.4.7 How many non-clinical member-facing support staff support your book of business?  
*Integer.*

7.2.4.8 What is a typical caseload for coaches?  
500 words.

## 7.2.5 Member Experience

7.2.5.1 Please describe how the member would be outreached and, if applicable, how the member (or medical carrier case manager or health advocate) initiates contact.  
500 words.

7.2.5.2 Provide a process flow of the program s (from initial outreach or member-initiated contact to program completion). Please include average timeframes for each step of the process, including the average number of

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days from initial contact to completion of the program. Please include typical communications cadence during the process.

500 words.

7.2.5.3 Please complete the following table regarding device integration.

	Response
Does your program(s) support device integration (i.e., glucometer, wearable tracker)?	<i>Single, Radio group.</i> 1: Yes, 2: No
Do you offer your own device?	<i>Single, Radio group.</i> 1: Yes, 2: No
Please list all applicable devices and capabilities.	500 words.
List any languages other than English your device can support?	500 words.
Is the member required to switch devices to yours in order to be eligible for your program?	<i>Compound, Radio group.</i> 1: Yes, explain: [100 words], 2: No

## 7.2.6 Engagement Strategies

4.2.6.1 What is your definition of engagement?

500 words.

7.2.6.2 Exclusive of automated (passive) data, what is the average number of active interactions per month between clinician (or coach) and participant? Please provide examples of what those interactions might cover.

500 words.

7.2.6.3 What enhancements are planned for 2022 and 2023-deployment to your technology and/or platform for increasing engagement?

500 words.

7.2.6.4 What strategies or tactics do you recommend to maximize engagement?

500 words.

7.2.6.5 How will you handle engagement with those whose primary language is not English?

500 words.

7.2.6.6 How do you keep members engaged in your program over time?

500 words.

7.2.6.7 What is your participant retention rate at 12 months and 24 months?

	Response
--	----------

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12 Months	Percent.
24 Months	Percent.

7.2.6.8 Please describe any experience or strategies used to leverage local providers including PCPs as a referral resource.

## 7.2.7 Outcomes

4.2.7.1 Has your clinical program been tested in any clinical trials or published in peer-reviewed journals? If so, what were the results and where can we locate the results of these studies? Please disclose any study sponsors and provide links to the published studies

*Single, Radio group.*

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

2: No

72.7.2 Outline your projected cost savings including methodology and the length of time an individual member needs to be engaged in your program to achieve savings.

*500 words.*

72.7.3 What percentage of these savings are hard dollar direct savings versus cost avoidance?

*20 words.*

72.7.4 Please provide the following outcomes:

	Response
What percentage of a typical client population participates in your programs (express on a unique member, annualized basis)?	Percent.
What percentage of public sector groups participate in your programs (express on a unique member, annualized basis for each industry)?	Percent.

72.7.5 Please complete the table including the time of measurement.

Based on your book of business:	Pre-diabetes	Diabetes	Musculoskeletal	Other
<b>Average enrollment rate for eligible individuals</b>	Percent.	Percent.	Percent	200 words. Nothing required
<b>Average utilization: describe how utilization is measured</b>	200 words.	200 words.	200 words.	200 words. Nothing required
<b>Average attrition rate</b>	Percent.	Percent.	Percent	200 words. Nothing required
<b>HbA1c reduction</b>	Percent.	Percent.	N/A	200 words. Nothing required

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<b>Average weight loss percentage</b>	<i>Percent.</i>	<i>Percent.</i>	<i>N/A</i>	<i>200 words.</i> Nothing required
<b>Average improvement in pain score</b>	<i>N/A</i>	<i>N/A</i>	<i>Percent</i>	<i>200 words.</i> Nothing required
<b>Member Satisfaction rate; describe how measured (NPS score)</b>	<i>200 words.</i>	<i>200 words.</i>	<i>200 words.</i>	<i>200 words.</i> Nothing required
<b>Other clinical or non-clinical outcomes tracked:</b>	<i>200 words.</i>	<i>200 words.</i>	<i>200 words.</i>	<i>200 words.</i> Nothing required

### 7.2.8 Communications

7.2.8.1 Please describe marketing and communications materials available to the Plan without additional charge. Please provide samples.

*500 words.*

7.2.8.2 What have you found to be most effective to achieve higher utilization rates?

*500 words.*

7.2.8.3 If email is not a preferred mode of communication, how will you outreach and promote your program?

*500 words.*

7.2.8.4 How do you personalize communication and outreach to members? Please provide samples.

*500 words.*

7.2.8.5 Describe your ability to customize communications in multiple languages without an additional charge.

*500 words.*

*7.2.8.5 Do you communicate and promote your service directly to local providers, if so how?*

### Diabetes and Weight Loss Clinical Care Model

Is the program focused on lifestyle improvement?

Do you provide customized nutritional counseling?

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Do you coach on physical activity?

Is your model run by a physician?

7.2.5.4 Please complete the following table regarding continuous Glucose Monitor devices (CGM).

	Response
Do you currently offer Continuous Glucose Monitor devices (CGM)?	<i>Single, Radio group.</i> 1: Yes, 2: No
What brand do you currently have on your formulary?	<i>50 words.</i>
Does your software integrate with a CGM that the member may already have?	<i>Single, Radio group.</i> 1: Yes, 2: No
Is there an additional charge for CGM capabilities?	<i>Compound, Radio group.</i> 1: Yes, explain: [100 words], 2: No
If you do not have CGM capabilities, is this on the road map for a future enhancement?	<i>Compound, Radio group.</i> 1: Yes, explain: [200 words], 2: No

Please attach clinical case studies.

Please attach any external validation.

## Weight Management

Describe your weight management care model

Is the program focused on lifestyle improvement?

Do you provide customized nutritional counseling?

Do you coach on physical activity?

Is your model run by a physician?

Can your care team adjust the member's treatment plan?

Do you address comorbid conditions associated with members weight loss?

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Describe any inclusion and exclusion criteria for the weight loss program?

How do you ensure safety and confirm treatment recommendations from the member's local provider?

Describe any technology associated with your program.

Do you integrate with the member's network providers?

Describe your ability to act as a gatekeeper for prescribed weight loss medications and how you consider this treatment within your weight loss protocols.

Please identify weight-loss medications used in your program

Please attach clinical case studies.

Please attach any external validation.

What the average length of a member's engagement with your program?

### **Musculoskeletal Clinical Care Model**

Do you cover the entire body? List body parts that are not covered by your solution.

Describe your MSK Care Model

Describe the role of a Doctor of Physical Therapy in your Care model.

Can your care team adjust the member's treatment plan?

Are sensors used and/or required?

Describe your approach to pain management.

Do you offer expert medical opinion? At what cost?

Do you integrate with COE programs?

Please attach clinical case studies.

Please attach any external validation.

### **8 Section 5: Fee Quotation**

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## 8.1 Clinical Disease State Management and Digital Therapeutics

Please provide your proposed fees in the following tables, and detail any and all additional program or ongoing service fees that would apply (e.g., implementation, communication, file feeds, buy-up programs, etc.). Finalists may be asked to refine their proposals based on any changes to the proposal requirements and/or scope of services desired by the Plan resulting from information learned in the proposal evaluation process.

**8.1.1 Active and Non-Medicare Retiree Population** - Please provide the proposed fees based on **90,000 actives and non-Medicare retirees (includes Partnership)** retiree members for the services below:

*Important: ensure that all fees noted elsewhere in the proposal are listed in the Pricing Sheet below, and that they total correctly on the final sheet within.*

Fee Component	PEMPM Fee	Other – Please Describe
Weight Management	Dollars.	100 words. Nothing required
Pre-Diabetes Management / Reversal	Dollars.	100 words. Nothing required
Diabetes Management / Reversal	Dollars.	100 words. Nothing required
Musculoskeletal	Dollars.	100 words. Nothing required
Communications	Dollars.	100 words. Nothing required
Postage	Dollars.	100 words. Nothing required
Implementation Allowance	Dollars.	100 words. Nothing required
Data Feeds	Dollars.	100 words. Nothing required
Other – Please Describe	Dollars.	500 words. Nothing required
<b>Total Estimated Annual Fee for All Services Listed Above*</b>	Dollars.	
* Provide methodology and assumptions for developing Total Estimated Annual Fee.	500 words.	

**81.3 Full Population** - Please provide the proposed fees based on **143,000** active and non-Medicare retiree members below:

*Important: ensure that all fees noted elsewhere in the proposal are listed in the Pricing Sheet below, and that they total correctly on the final sheet within.*

Fee Component	PEMPM Fee	Other – Please Describe
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<b>Weight Management</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Pre-Diabetes Management / Reversal</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Diabetes Management / Reversal</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Musculoskeletal</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Communications</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Postage</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Implementation Allowance</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Data Feeds</b>	<i>Dollars.</i>	<i>100 words.</i> Nothing required
<b>Other – Please Describe</b>	<i>Dollars.</i>	<i>500 words.</i> Nothing required
<b>Total Estimated <u>Annual</u> Fee for All Services Listed Above*</b>	<i>Dollars.</i>	
* Provide methodology and assumptions for developing Total Estimated Annual Fee.	<i>500 words.</i>	

8.1.4 Provide your utilization (i.e., “engaged”) assumptions (by year, if applicable) for each disease state.

<b>Disease State</b>	<b>Utilization by Population - Active</b>	<b>Utilization by Population - Non-Medicare</b>
<b>Weight Management</b>	<i>Percent.</i>	<i>Percent.</i>
<b>Pre-Diabetes Management / Reversal</b>	<i>Percent.</i>	<i>Percent.</i>
<b>Diabetes Management / Reversal</b>	<i>Percent.</i>	<i>Percent.</i>
<b>Musculoskeletal</b>	<i>Percent.</i>	<i>Percent.</i>

5.1.5 Describe how you charge for each component of the services, including what triggers a claim / billing.  
*500 words.*

5.1.6 List all services/enhancements included in the base fee/per participant rate.  
*500 words.*

8.1.7 Describe any fees associated with customization.  
*500 words.*

8.1.8 Describe any communication fees, set-up fees, and any “one-time only” fees.

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*500 words.*

8.1.9 Please indicate if you are willing to provide the Plan an allowance for communication and/or implementation support.

*500 words.*

8.1.10 Indicate any fees for data feeds to and from external vendor partners and list any standard or common data files required or recommended to optimally execute your program.

*500 words.*

8.1.11 Please suggest three specific and measurable performance guarantees to demonstrate the value of your services and commitment to excellent customer service for the Plan.

*500 words.*

8.1.12 Attach your performance guarantees (including the total amount at risk and the percentage and specific fees at risk for each category) as a separate document to this Request for Proposal.

*Single, Radio group.*

1: Attached,

2: Not provided

8.1.13 Are you willing to commit to a multi-year guaranteed rate? If so, describe.

*Single, Radio group.*

1: Yes, describe: [ 500 words ] ,

2: No