

State of Connecticut Center of Excellence RFP

**STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER**

**Request for Proposal  
Center of Excellence Administration**



June 13, 2019

# State of Connecticut Center of Excellence 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 Introduction

### 1.1 STATEMENT OF OBJECTIVES

The Office of the State Comptroller ("OSC"), in collaboration with the Health Care Cost Containment Committee, is soliciting proposals for an administrative partner for the State who can provide full concierge services to steer members to high quality, lower cost providers for certain medical procedures or screening and surgeries via Centers of Excellence (COE), and be able to seamlessly coordinate this with the state's current TPAs. This program applies to active and non-Medicare retiree members of the State of Connecticut health benefit plan and participants in the State of Connecticut Partnership Plans. The State is also seeking a partner to expand the network for Centers of Excellence within the State of Connecticut on a direct contracting basis, which will be done as part of a separate RFP process. The State prefers to select one Contractor with the capability to provide the full scope of the Statement of Work, as detailed below, but may split the work between two or more vendors should that be necessary to optimally achieve its goals. The State is seeking a Contractor that, in collaboration with the State, will expand/enhance its network of COE providers within the State of Connecticut and the surrounding region.

### 1.2 INTRODUCTION AND BACKGROUND INFORMATION

The Comptroller is empowered by Connecticut General Statutes Section 5-259 to arrange and procure a group hospitalization and medical and surgical insurance plans for State employees and retirees, including coverage for prescription drugs. The Healthcare Policy & Benefits Services Division (HPBSD) of the Office of the State Comptroller (OSC) administers these State healthcare coverage programs. Non-state public employers are able to obtain coverage for their employees under the Connecticut Partnership Plan. <http://www.osc.ct.gov/ctpartner/index.html>.

#### HEALTH ENHANCEMENT PROGRAM

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 45,000+ members participate in HEP through the Partnership Plan.

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Wellspring (formerly known as Care Management Solutions, Inc. (“CMSI”), an affiliate of ConnectiCare, 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.

## SMART SHOPPER

In 2017, the State introduced the SmartShopper program, currently administered by MDx Medical, Inc. d/b/a Sapphire Digital (formerly “Vitals”). This program provides cash incentives to members who “shop” for certain health care services, such as ultrasounds, mammograms, MRIs and CT scans, knee, shoulder and hip surgery, and then obtain such services from high quality, lower-cost providers identified through the program.

## 1.3 ADMINISTRATIVE INFORMATION

### CRITICAL DATES FOR BIDDERS

Questions regarding this RFP should be submitted no later than **2:00 PM EDT on June 20, 2019**, eRFP via ProposalTech. No phone calls will be accepted. Answers to questions from vendors will be posted on the ProposalTech website by **June 26, 2019**. Notices of Intent to Bid are due no later than **2:00 PM EDT on June 21, 2019**. Notices of Intent to Bid are to be emailed to [osc.rfp@ct.gov](mailto:osc.rfp@ct.gov).

Complete Electronic Proposals must be submitted via ProposalTech no **later than 2:00 PM. EDT on July 15, 2019** and hard copy Proposals must be received no later than **2:00 PM EDT on July 17, 2019**. Two hard copies of the Proposal must also be accompanied by electronic copy on CD/DVD format and are to be delivered to the address below:

Office of the State Comptroller  
Administrative Services Division  
55 Elm Street  
Hartford, CT 06106  
Attention: Steven Cosgrove

In addition, please see 2.2.13 below on the process to be followed to identify trade secrets/confidential commercial information that may be included in your Proposal.

**Interviews.** The State anticipates that it will be holding interviews for selected responders to this RFP on **August 7, 2019**. Responders to the RFP should hold those times on their calendars to be available for interviews in Hartford, CT. Additional interview times may be scheduled.

## 1.4 STATEMENT OF WORK

The Awarded vendor will provide the services and staff necessary to administer the State’s program to provide full concierge services to steer members to high quality, lower cost procedures for certain medical procedures, elective surgeries, or screenings, via Centers of Excellence. These services include, but are not limited to the following:

1. Administer high-quality, evidence based bundled episodes of care and warranty based on program and provider metrics, including producing and reporting health outcomes. This will, at a minimum, include joint replacement, women’s health, maternity, certain cancer surgeries or treatments, cardiac treatments, and bariatric surgery. Because the State may seek to expand covered services,

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respondents are encouraged to suggest additional services which they have the capacity to administer. In addition, respondents should identify programs that may reduce unnecessary surgeries and interventions.

2. The selected vendor partner, working in collaboration with the State, will be expected to directly contract with facilities / providers within the State of CT and surrounding states to build a comprehensive, credible network of COE(s) that meet high quality standards, in addition to its current network.
3. Awarded partner will be expected to track relevant components of preoperative, intraoperative and postoperative care needed for successful surgeries on a bundled basis, including both clinical and quality metrics.
4. Integrate and coordinate with current administrative services providers, Anthem and UHC, to ensure coordination of care.
5. Provide timely, regular data to the State's data management firm (currently High Line Health).
6. Provide timely reporting on program utilization, performance, quality outcomes, and other key measures. Reporting will include all necessary documentation to demonstrate that requirements on clinical and quality standards have been met.
7. Pay facility or provider for bundled episodes of care, which will be paid post-discharge within an agreed upon time frame.
8. Administer financial incentives / payments to reward members for accessing high quality, lower cost procedures in accordance with the plan design and applicable Federal and State law.
9. Guide members through the entire selection process by explaining benefit options and providing the tools necessary to perform cost and quality comparisons. Support members during the selection process by arranging for second opinions or assisting with evaluation of alternatives to surgery, when applicable.
10. Provide concierge level care coordination to members who receive procedures at a chosen center of excellence.
11. Provide tools for participants to identify lower cost providers for routine services like mammograms, physical therapy, lab services, radiology and Remicade infusions and administer incentive payments for the utilization of such services.

The Comptroller's Office, per legislative directive, will be engaging in discussions with hospital groups across the state to achieve savings that have been required in the FY 2020 and 2021 state budget as recently passed by the Connecticut General Assembly. The broad based savings targets may require directly negotiating new rates for procedures and services as have been identified for the Centers of Excellence program with provider groups beyond those that have been that qualify as a Center of Excellence. In certain cases, the State may wish to seek bundled payment or other payment arrangements with hospital groups in the absence of a Center of Excellence designation and corresponding participant rewards in order to reduce total health care costs for the state. The state may require assistance and expertise in establishing such arrangements from the selected vendor.

## 2 Instructions

### 2.1 INSTRUCTIONS FOR SUBMITTING PROPOSALS

2.1.1 Detailed instructions for the completion and submission of your proposal will be found in the eRFP via ProposalTech. ProposalTech will be available to assist you with technical aspects of utilizing the system. Any

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questions regarding content should be submitted directly to Segal using the “Ask Questions” feature on the main RFP page.

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, or plan or network comparisons. Such a response could jeopardize your chances for consideration.

Final submissions must be posted with Proposal Tech 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. Bidders will not be able to post or change their responses. **Late proposals will not be considered.**

## 2.2 PROPOSAL SUBMISSION REQUIREMENTS

Each proposal must include the following elements:

### 2.2.1 Title Page

A title page indicating the date, subject, name of the Contractor, central office address and the local office address—if a local office will be performing the contracted services—and the address, telephone number, name and title of the Contractor's contact person for the purpose of clarifying any information submitted.

*Single, Radio group.*

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

### 2.2.2 Organizational Structure

A general description of the Contractor's organization, including its legal structure (corporation, partnership, franchise, etc.), the number of professional and support staff employed and its primary business functions (benefits consulting, actuarial consulting, asset management, insurance provider, etc.).

*Single, Radio group.*

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

### 2.2.3 Experience

A description of the Contractor's experience specific to the services requested in this RFP, including the relevant experience of the staff/principal(s) who would be assigned to this project. List all comparable governmental agencies, corporations, and organizations for which the staff members designated for this engagement have provided similar services within the past two (2) years, specifying those with a unionized workforce. In addition, the listing should include the number of years that the Contractor has been retained by comparable governmental agencies, corporations, and organizations to provide such services.

Contractors are encouraged to identify other experience, factors, or strengths that they possess which may assist the State in its selection process. For example, if you have been endorsed by a regional or national purchasing coalition please describe.

*Single, Radio group.*

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

### 2.2.4 References

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Names, addresses, and phone numbers of individuals who can serve as references. References should be managers and union officials who have worked directly with the Contractor in engagements relevant to the scope of the work proposed in the RFP.

*Single, Radio group.*

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

## 2.2.5 Computer Systems

Description of the on-site computer system Contractor will be using and details regarding any planned upgrades or major system changes scheduled to take place in the next five years.

*Single, Radio group.*

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

## 2.2.6 Fee Structure

Please provide a fixed fee or a PMPM fee for providing these services. Please separately identify an hourly rate or other appropriate fee structure for services that may fall outside the Center of Excellence program, such as assisting the Comptroller's Office in negotiating bundled payments or other new fee structures with hospitals and provider groups that may not qualify as Centers of Excellence.

Please indicate any operational or clinical performance guarantees to which the respondent would be willing to commit. Please also indicate the total fees you are willing to put at risk for this contract.

Estimated budgets and proposed staffing levels should be proposed for each twelve-month period. More detail may be requested during interviews with finalists.

The State of Connecticut is exempt from the payment excise, transportation, and sales tax imposed by the Federal Government and the State; accordingly, such taxes must not be reflected in the proposed price. The State is not responsible for any costs incurred by any party in responding to this RFP. Indicate if you seek additional compensation such as a percentage of the bundle price or any other potential source of revenue in addition to fees. All sources of revenue must be disclosed. The State requires full transparency of all revenues associated with the utilization of services by members covered under the state employee health plan, including spread pricing between the contracted rate with providers and that charged to the state by the proposer.

*Single, Radio group.*

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

## 2.2.7 Conflict of Interest

Disclose any current or past (within the last ten years) business relationships which may pose a conflict of interest.

*Single, Radio group.*

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

## 2.2.8 Regulatory Issues

Disclose any regulatory problems experienced by your firm or its principals in the past ten years, including any investigation or audits by State or Federal agencies.

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*Single, Radio group.*

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

## 2.2.9 Additional Procurement Requirements

The Connecticut Department of Administrative Services (“DAS”) has implemented a requirement that all firms seeking to do business with the State create a business profile on the DAS Business Network (“BizNet”) system. BizNet eliminates certain redundancies, such as the requirement to complete and submit forms even though the forms had been recently submitted in response to another Request for Proposals. In addition to eliminating redundancy, BizNet has automated the completion and submission of required Ethics Affidavits and Non Discrimination forms. Firms must now upload these forms electronically to their BizNet account and update them on an annual basis, rather than submitting paper copies with each proposal. Firms will have the ability to view, verify and update their information by logging in to their BizNet account, prior to submitting responses to an RFP.

Additional required forms as described below must be submitted to or be on file with the BizNet system by the deadline for submission of proposals. Paper or electronic copies need not be provided with the submission to the Comptroller's office.

Create an account on BizNet by using the following link:

<https://www.biznet.ct.gov/AccountMaint/Login.aspx>.

Once your firm creates an account, login and select “CT Procurement” and then “Company Information” for access. If you experience difficulty establishing or otherwise managing your firm's account, please call DAS at 860-713-5095.

The following forms must be completed and uploaded to BizNet in accordance with the following instructions:

### Required Forms

Follow instructions for submission of the following:

- a) Agency Vendor Form (SP-26NB), available at: [http://das.ct.gov/Purchase/Info/Vendor\\_Profile\\_Form\\_\(SP-26NB\).pdf](http://das.ct.gov/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)
- b) W-9 Form, available at: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

### Ethics Certifications

The following Ethics Forms must be signed, dated, notarized, uploaded or updated on BizNet. To obtain these forms, you must login to BizNet and follow the instructions referenced above.

- OPM Ethics Form 1: Gift & Campaign Contribution Certification;
- OPM Ethics Form 5: Consulting Agreement Affidavit;
- OPM Ethics Form 6: Affirmation of Receipt of State Ethics Laws Summary
- OPM Ethics Form 7: Iran Certification

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)

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## 2.2.10 Affirmative Action and Nondiscrimination

Choose one (1) of the forms listed below that applies to your business. Complete and upload or update the form on BizNet annually. To obtain a copy of these forms, you must login to BizNet and follow the instructions referenced above.

- Form A: Representation by Individual (Regardless of Value); or
- Form B: Representation by Entity (Valued at \$50,000 or less); or
- Form C: Affidavit by Entity (Valued at \$50,000 or more); or
- Form D: New Resolution by Entity; or
- Form E: Prior Resolution by Entity

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=390928&opmNAV\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNAV_GID=1806)

### **Commission on Human Rights and Opportunities ("CHRO") Workplace Analysis Affirmative Action Report/Employment Information Form.**

The CHRO Workplace Analysis Affirmative Action Report/Employment Information must be completed in BizNet and updated as necessary. You must login to BizNet and follow the Instructions referenced above. For information on how to complete these forms you may contact Diane Comeau at [Diane.Comeau@ct.gov](mailto:Diane.Comeau@ct.gov) for assistance.

For information about how to upload the Ethics Affidavits and Non-Discrimination forms please access the following page. <http://das.ct.gov/images/1090/Upload%20Instructions.pdf>.

**Affirmative Action.** The proposal must include a summary of the Contractor's experience with affirmative action including a summary of the Contractor's affirmative action plan and the Contractor's affirmative action policy statement.

Regulations of Connecticut State Agencies Section 46a-68j-30(10) require agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

- a. The Contractor's success in implementing an affirmative action plan;
- b. The Contractor's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- c. The Contractor's promise to develop and implement a successful affirmative action plan;
- d. The Contractor's submission of employment statistics contained in the "Workforce Analysis Affirmative Action Report," indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- e. The Contractor's promise to set aside a portion of the contract for legitimate small Contractors and minority business enterprises, where applicable (See C.G.S. §32-9e).

The State of Connecticut's Contract Compliance Forms applicable to State contracts are available at <http://www.ct.gov/chro/cwp/view.asp?a=2525&Q=315900>, please click on the four forms indicated below to download the pdf files from the CHRO web page:



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## ***Notification to Bidders***

This document gives notice that the contract to be awarded is subject to the contract compliance requirements mandated by State statutes and regulations.

## ***Workforce Analysis Affirmative Action Report-State Contractors***

This employment information form is used to report the racial and sexual composition of a firm's or corporation's workplace. The form must be completed by the Contractor and submitted with the proposal.

## ***Affidavit for Certification of Subcontractors as Minority Business Enterprises***

Upon award of a contract, this form is used to document the good faith efforts of a Contractor to include minority business enterprises as subcontractors (including suppliers) on the State contract

## ***Contract Compliance Notice Poster***

This notice concerns the prohibition of discrimination in employment practices. Upon award of a State contract, the notice must be posted by the Contractor in conspicuous places accessible to all employees and applicants for employment. 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 BizNet. If not, please explain.

### **2.2.11 Authorized Agent**

An authorized agent for the Contractor with authority to negotiate and contractually bind the Contractor must sign the proposal; such individual's title, address, and telephone number must also be provided.

*Single, Radio group.*

1: Signed by authorized agent,

2: Not signed by authorized agent: [ 500 words ]

### **2.2.12 Freedom of Information**

All materials submitted in connection with this RFP are subject to the terms of the State of Connecticut Freedom of Information Act (FOIA), Conn.Gen.Stat. §§1-201 *et seq.* and all rules, regulations and interpretations resulting therefrom. Due regard will be given for the protection of proprietary information contained in a vendor's proposal. Each vendor should identify particular sentences, paragraphs, pages or sections in its response which it in good faith believes to be exempt from disclosure under FOIA by marking each as "CONFIDENTIAL". It will not be sufficient for vendors to state in general terms that the entire proposal is proprietary in nature and therefore not subject to release to third parties. (See instructions below on submitting a redacted CD or DVD with your response.)

*Single, Radio group.*

1: Signed by authorized agent,

2: Not signed by authorized agent: [ 500 words ]

### **2.2.13 Submission Requirements**

Each bidder must submit one original, one unbound, plus 10 copies of its response in a sealed package upon which a clear indication has been made of the RFP reference title and the date and time the proposal is submitted. Each bidder shall also submit two copies of its complete response on a CD or DVD.

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Any bidder that submits trade secrets or confidential commercial or financial information must also provide two copies of its RFP response in a CD or DVD from which all trade secrets and confidential data have been redacted and which may be disclosed without objection in the event that the State receives a FOIA request for its proposal.

The package should be delivered to:

STATE OF CONNECTICUT  
OFFICE OF THE STATE COMPTROLLER  
Attention: Steven Cosgrove  
Administrative Services Division  
55 Elm Street, Second Floor  
Hartford, CT 06106

## 2.2.14 REVIEW PROCESS AND SCHEDULE

Date	Activity
June 13, 2019	Release of RFP
June 20, 2019	Vendor Question Deadline by 2:00 PM, EDT
June 26, 2019	Vendor Questions Answered in Writing
June 28, 2019	Notice of intent to Bid due by 2:00 PM, EDT
July 15, 2019	Electronic Proposals Due by 2:00 PM EDT
July 17, 2019	Hard Copy Proposals and Electronic Copies on CD/DVD Format Due by 2:00 PM EDT
August 7, 2019	Finalist interviews, 55 Elm St. Hartford, CT
August 21, 2019	Final Decision
September 2019	Begin Implementation process
January 1, 2020	Go live

## 2.2.15 SELECTION CRITERIA

The State considers the following criteria to be the most critical, although not necessarily listed in order of importance, in selecting a vendor to provide and administer the services covered in the RFP.

1. Demonstrated ability to work with similarly sized populations and perform each aspect of the scope of work.
2. Effectiveness of member engagement strategies and proposed plans to ensure maximum engagement from participants in the state employee health care plan. Usability of any app or web based capabilities and quality of overall engagement plan.
3. Sufficiency and effectiveness of concierge services and support to plan members.
4. Competitiveness of fee structure
5. Demonstrated ability to negotiate bundled payment agreements that result in all-in pricing that is substantially more competitive than those available through the state's Medical carriers. Please provide sample bundled pricing exhibits from other projects.
6. Design and structure of bundled payments.

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7. Documentation of quality metrics utilized to identify Centers of Excellence for each type of procedure or service.
8. Continuous monitoring and reporting of Center of Excellence performance including continuous improvement plans by facilities and ongoing data collection and monitoring of patient outcomes.
9. Recognized commitment and dedication to affirmative action.
10. Ability to abide by the State's requirements outlined in the collective bargaining agreements.
11. Adherence to State contract requirements.

## 3 RFP Questionnaire

### 3.1 Qualifications of the Firm—Minimum Requirements

To be considered a viable proposer, the following minimum requirements for prior experience must be met. Please confirm each:

3.1.1 Ability to monitor, track, and report member participation data in real-time fashion on a daily basis to OSC.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

3.1.2 Ability to interface, at a minimum, with OSC, TPAs, PBM, and data warehouse vendors for data and file sharing at a frequency requested by OSC.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

3.1.3 Vendor has been administering such programs to at least one client with a minimum of 100,000 lives for a minimum of two (2) years.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed, explain: [ 1000 words ]

### 3.2 Overview

3.2.1 Please list all company locations, including headquarters and call center locations. Also, please indicate the city/state in which each functional service (i.e., care coordinator) is physically located and the full-time equivalent ("FTE") number of employees dedicated to these tasks, broken out by each of the first three contract years.

*1000 words.*

3.2.2 What is the name and title, telephone number, e-mail address and postal address of the contact person for this RFP?

*1000 words.*

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3.2.3 Is your organization independently or publicly owned? When and in what state is your company incorporated?

*1000 words.*

3.2.4 How long has your company been in business?

*1000 words.*

3.2.5 Provide a brief history of your organization, including the structure of ownership, and your status with respect to any merger/acquisition activity that your organization has been involved in over the past two years.

*1000 words.*

3.2.6 Has your organization and / or program been recognized for its achievements (e.g., NCQA designation, Joint Commission program, health plan designations)? If so, please provide the organization that provided the recognition and the year of the award.

*1000 words.*

## **3.3 Strategy**

3.3.1 Describe your overall market position.

*1000 words.*

3.3.2 How do you view the health care industry and marketplace? How do your solutions align within this ecosystem?

*1000 words.*

3.3.3 Provide an overview of your organization's mission and philosophy related to providing programs that support health improvement, health risk reduction and chronic condition management.

*1000 words.*

3.3.4 Why would your organization be a good fit for the services requested? Describe your value proposition.

*1000 words.*

3.3.5 Please describe your approach in working with self-funded employers who want to implement new payment and benefit designs.

*1000 words.*

3.3.6 Do you have a company strategy around increasing bundled payments to providers? If so, please describe.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No, explain: [ 1000 words ]

3.3.7 Do you have a company strategy on reference pricing? If so, please describe. Describe how Federal guidance on the Affordable Care Act (ACA) and Reference-Based Pricing (RBP) affects your company strategy.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No, explain: [ 1000 words ]

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3.3.8 Do you have a company strategy on Centers of Excellence, tiered networks, or narrow networks? If so, please describe. In addition to surgical COEs has your firm implemented pre- or alternate COE programs to assist members to avoid surgery? If so, please explain how these programs were bundled and how you measured quality outcomes.

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No, explain: [ 1000 words ]

3.3.9 Describe the pros/cons with respect to making a bundled program that you offer mandatory versus optional to patients.

*1000 words.*

## 3.4 Administration

3.4.1 Have you administered a bundled payment previously with a provider and/or employer client? If so, please describe. Please be specific as to whether this was a prospective or retrospective bundled payment structure.

*1000 words.*

3.4.2 Please list all the facilities / Providers with which you have COE / bundled payment contracts within the State of CT or surrounding states and indicate the specialty service / procedures attributable to each.

*1000 words.*

3.4.3 Please describe your strategy for contracting with COE's, specifically in the context of expanding a network of COEs on behalf of a client.

*1000 words.*

3.4.4 Please describe your experience with working with clients to expand your COE network as necessary; please indicate your willingness to partner with the State to expand your COE network in Connecticut and the surrounding region.

*1000 words.*

3.4.5 Are you able to administer a reference price benefit design? Please describe any relevant experience. How many facilities in the Connecticut region have you negotiated RBP reimbursements? Are you willing to act as a co-fiduciary with the State to defend RBP negotiations?

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No.

3.4.6 Are you able to administer a Center of Excellence benefit? Please describe any relevant COE experience, especially specific to joint replacements, cardiovascular care, women's health, maternity, and cancer.

*1000 words.*

3.4.7 Can you administer a bundled claims payment? Is it a manual process or is there some other "back end" reconciliation that occurs? If so, please describe.

*1000 words.*

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3.4.8 Describe how your solution uses data and the sources of the required data.

*1000 words.*

3.4.9 Are any of your program components subcontracted or outsourced? If yes, please describe and identify the subcontractor(s). Do you require subcontractors to have credentials or certifications?

*1000 words.*

3.4.10 Are your program(s) offered locally, nationally, and/or globally?

*1000 words.*

3.4.11 Describe how data is integrated from various components of your solution or other employer-sponsored programs and services (e.g. Medical plan care management, EAP, Navigation, etc.) to support your program(s).

*1000 words.*

3.4.12 Describe how your organization and program(s) integrates with, supports or replaces services provided by a medical carrier.

*1000 words.*

3.4.13 How do you engage the member's care team to address barriers to care and gaps in care?

*1000 words.*

3.4.14 What types of incentive/steerage programs do you require and/or have the ability to administer? In addition to providing support for complex surgeries, do you have the ability to administer a cash incentive program that will steer members to higher quality low-cost providers for more routine services, such as mammograms, physical therapy, lab services, radiology and Remicade infusions?

*1000 words.*

3.4.15 Describe your approach to customize the Centers of Excellence program to meet the State's needs?

*1000 words.*

3.4.16 As mentioned above, the selected vendor partner should be willing to work in collaboration with the State to directly contract with facilities / providers within the state and surrounding states to build a credible COE(s) that meet high quality standards, in addition to the COE network you already have. Who will hold the contract with the future providers - you / the State or you jointly with the State? Please provide detailed rationale explaining your answer.

*1000 words.*

3.4.17 What is the level of involvement required from OSC in implementing the program?

*1000 words. Please provide a project plan including a listing of dedicated staffing model both for your firm and staffing requirements from the State.*

3.4.18 Describe how member cost-sharing is coordinated with and/or reported to other health plans under contract with OSC.

*1000 words.*

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## 3.5 Quality Assessment

3.5.1 Describe the credentialing standards you use for providers.

*1000 words.*

3.5.2 How often do you credential providers?

*1000 words.*

3.5.3 Are different credentialing standards necessary for providers participating in a bundled payment program? If so, please describe.

*1000 words.*

3.5.4 Describe your coordination with providers in implementing and operationalizing a bundled payment program.

*1000 words.*

3.5.5 What are your processes for referrals, including authorization and documentation?

*1000 words.*

3.5.6 Can you assist providers, through reporting or otherwise, with how to transition from retrospective bundled payment to prospective payments?

*1000 words.*

3.5.7 Please describe your process for ongoing monitoring and oversight of quality metrics of COE providers.

*1000 words.*

3.5.8 Describe how you assure an adequate number of providers accepting the bundled or reference price meet reasonable quality standards. Describe how you measure adequacy.

*1000 words.*

## 3.6 Member Engagement

3.6.1 What are the standard business hours of your Member Services line?

*1000 words.*

3.6.2 How many Member Services representatives are in this Department?

*1000 words.*

3.6.3 Do you offer any types of concierge model support for members? What member support tools does your program provide (e.g., tools to support surgery selection, care coordination, surgery scheduling). Please describe.

*1000 words.*

3.6.4 How do you engage members in using the Centers of Excellence program? How do you define "engagement" with a member?

*1000 words.*

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3.6.5 Describe what an engagement strategy for an initial episode or care looks like. How does it align to a longer-term approach or subsequent episode engagement?

1000 words.

3.6.6 Describe the training required for each resource that will interact with an engaged member.

1000 words.

3.6.7 Do participants have the option to engage with the same advocate/representative over time?

*Single, Radio group.*

1: Yes, explain: [ 1000 words ] ,

2: No, explain: [ 1000 words ]

3.6.8 How do you address financial and other barriers to improving health and following the defined treatment plan?

1000 words.

3.6.9 What communications materials do you offer to create awareness of this program? How do you drive engagement? What costs, if any, are associated with these services? Please provide copies of communications materials as well as a link to online enrollment and navigation for members. Please provide the State with a dummy account so the RFP committee can see how your site functions from a member perspective.

1000 words.

3.6.10 List the content available through your website. Confirm, at a minimum, the following are available:

<b>Content</b>	<b>Response</b>	<b>Comment</b>
Medical treatment information	<i>Single, Pull-down list.</i> 1: Yes, 2: No	1000 words. Nothing required
Provider quality	<i>Single, Pull-down list.</i> 1: Yes, 2: No	1000 words. Nothing required
Provider fees	<i>Single, Pull-down list.</i> 1: Yes, 2: No	1000 words. Nothing required
Clear stratification of providers by cost and identification of most cost effective providers	<i>Single, Pull-down list.</i> 1: Yes, 2: No	1000 words. Nothing required
Ability to estimate member out-of-pocket expenses based on plan selected and claims history YTD	<i>Single, Pull-down list.</i> 1: Yes, 2: No	1000 words. Nothing required
Ability to administer incentive programs based on members choosing cost	<i>Single, Pull-</i>	1000 words.



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effective providers for selected procedures	<i>down list.</i> 1: Yes, 2: No	Nothing required
Ability for State to customize incentives offered	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>1000 words.</i> Nothing required

3.6.11 Confirm that all web-based services and app-based services are included in the fees that you have provided and that no additional fees would apply.

*Single, Radio group.*

1: Confirmed, please explain: [ 1000 words ] ,

2: Not Confirmed, please explain: [ 1000 words ]

3.6.12 Confirm you will keep your website and smartphone app current, up-to-date, and OSC-specific.

*Single, Radio group.*

1: Confirmed, please explain: [ 1000 words ] ,

2: Not Confirmed

3.6.13 Describe any applications for mobile devices your organization utilizes for messaging, provider lookup, general health information or other services including but not limited to the applications of the website.

*1000 words.*

3.6.14 The State expects that your organization can currently or will be able to prior to the start of the program, allow certain information, including provider name, cost of the services, quality information, and benefit coverage to be made available to its members through some form of online transparency tool. Do you agree to allow this information to be made available to members either directly or through a third-party vendor?

*Single, Radio group.*

1: Agree, please explain: [ 1000 words ] ,

2: Disagree

3.6.15 What level of program utilization have you been able to achieve?

*1000 words.*

3.6.16 Describe your ability to provide an accessible website for individuals with a disability, accommodations for those who request them, and services for those who have Limited English Proficiency.

*1000 words.*

## 3.7 Member Experience

3.7.1 Describe the experience members have when engaged with the COE provider.

*1000 words.*

3.7.2 Describe how clinical resources engage with each of the member's medical providers (e.g., COE specialist, PCP, PT).

*1000 words.*

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3.7.3 Do you have any tools e.g., decision making, navigation to guide members engaged in the program?

*Single, Radio group.*

1: Yes: [ 1000 words ] ,

2: No

3.7.4 What steps do you take to ensure high quality of outcomes (in conjunction with or separate from the COE)?

*1000 words.*

3.7.5 How do you measure member satisfaction with the program?

*1000 words.*

3.7.6 Do you have any sample testimonials from members who have used the program?

*Single, Pull-down list.*

1: Yes, and they have been uploaded to the RFP,

2: No

3.7.7 Describe the timeframe between identifying the need for care and being asked to make the choice where to receive care.

*1000 words.*

3.7.8 Describe whether you have seen a need for an exception process from the bundled rate, and under what circumstances.

*1000 words.*

### 3.8 Account Management

3.8.1 Identify and describe the experience of the key account management team you propose to work on this account. At a minimum, your team should include an Account Executive, Account Manager, Member Service Manager, Implementation Coordinator, Designated Clinical Representative and an IT Coordinator.

*1000 words.*

3.8.2 Confirm the Account Executive and other account management personnel, as needed, will be available during regular business hours and during emergencies including being available for frequent telephone and on-site consultation with OSC staff.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

3.8.3 Confirm that you will respond to all inquiries from OSC staff within one (1) business day.

*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

3.8.4 Confirm that the Account Manager will prepare a dashboard showing in progress and proposed programs and cost savings initiatives. The dashboard will include a brief description and OSC-specific data regarding member and cost impact.

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*Single, Pull-down list.*

1: Confirmed,

2: Not Confirmed

## 3.9 Reporting

3.9.1 Will you provide timely access to reporting, including but not limited to engagement and utilization data, in support of the State's business goals, market segmentation and communications initiatives?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.2 Describe your standard reporting package and provide samples. What's the frequency of reporting?

*1000 words.*

3.9.3 How do you measure the impact of your programs and report on results?

*1000 words.*

3.9.4 How do you measure adoption/engagement, behavior, outcomes, and user satisfaction? What engagement statistics are tracked and reportable?

*1000 words.*

3.9.5 Are you capable of generating the necessary reports for internal use and to share with providers, including case summaries, case completion rates, warranty claims?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.6 Do you have a standard program scorecard? If yes, please provide an example.

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.7 How often are standard reports generated and refreshed?

*1000 words.*

3.9.8 Is there a web-based tool that employers may access to run on-demand reports?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.9 Are reports customizable - for example, by location or population segment, at no additional cost to the State?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

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3.9.10 Do you provide reporting for the purposes of administration of incentives? If you do can you track member performance against benefit designed incentives?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.11 Is benchmarking data available for book of business and specific industries?

*Single, Radio group.*

1: Yes, please explain: [ 1000 words ] ,

2: No

3.9.12 Provide specific descriptions of how you measure your programs processes and outcomes for specific clients.

*1000 words.*

### 3.10 Implementation

3.10.1 Provide a detailed implementation plan. Include a detailed timetable assuming a Notice of Contract Award by August 2, 2019 for a January 1, 2020 Program 'go-live' date. At a minimum, the implementation plan should include specific details on the following:

- a. Identification and timing of significant responsibilities and tasks
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to OSC during implementation
- c. Identification and timing of OSC's responsibilities
- d. Transition requirements with the incumbent vendors
- e. Staff assigned to attend and present at Open Enrollment/educational sessions
- f. Member communication plan - including development and assistance to OSC, prior to Open Enrollment for, on-site Open Enrollment meetings

*1000 words.*

3.10.2 Identify and describe the Implementation Team you propose to work on this account and provide an organization chart defining the Implementation Team roles. Include names and titles for the entire proposed Implementation Team including key positions and support staff.

*1000 words.*

3.10.3 Describe in detail all data that your organization will need from the State (or its healthcare vendors) in order to implement the services.

*1000 words.*

3.10.4 What is the average lag time between receipt of eligibility information and downloading of information into your system?

*1000 words.*

3.10.5 Describe your organization's process to identify errors through error reporting and how the IT/data resources will work the errors and communicate them to OSC staff.

*1000 words.*

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3.10.6 Describe your best practice of eligibility reconciliation. Confirm that you will be able to produce a full eligibility file on a monthly basis.

*1000 words.*

3.10.7 Describe all data that you will require on an ongoing basis to administer the services.

*1000 words.*

### 3.11 Privacy and Security

3.11.1 Describe your HIPAA-HITECH privacy and security compliance program including how patient privacy is protected throughout the member experience.

*1000 words.*

3.11.2 What external certifications, such as HiTrust, NIST, etc., does your firm have for information/data security?

*1000 words.*

3.11.3 What back up procedures are in place to maintain data integrity?

*1000 words.*

3.11.4 Describe any breaches of PHI reported to HHS.

*1000 words.*

3.11.5 Confirm you are willing to sign the OSC's Business Associate Agreement.

*Single, Radio group.*

1: Confirm, please explain: [ 1000 words ],

2: Not confirm, please explain: [ 1000 words ]

3.11.6 Describe your compliance with Connecticut privacy and security law and regulation.

*1000 words.*

### 3.12 Finance and Banking

3.12.1 What data/electronic information is needed to coordinate billing between you and the State for services provided?

*1000 words.*

3.12.2 When are administrative fees due?

*1000 words.*

3.12.3 Do you require an initial deposit and/or imprest amount?

*Single, Radio group.*

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

2: No