

Consulting RFP Questions

1. Does the state currently have a contract in place for these services? If so, could I ask the name of the vendor and contract number? **Segal Consulting (for health and OPEB reporting); Segal Marco (Investment Consulting); Acolade, LLC d/b/a High Line (data warehousing and analytics)**
2. Are these services bid out on a recurring basis? If the awarded contract will have a 3-year term, could we again expect an RFP for this about 3 years down the road? **Contracts are required by statute to be bid out at least every 5 years; we typically award contracts for a 3-year period with 2 optional one-year extensions.**
3. Do you anticipate extending the bid due date? **Not at this time.**
4. What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid? **None.**
5. Was this bid posted to the nationwide free bid notification website at www.mygovwatch.com? **No.**
6. Other than your own website, where was this bid posted? **The bid was also posted on the CT Department of Administrative Services procurement portal.**
7. Who is the State's current consultant(s) for these services? **Segal Consulting (for health and OPEB); Segal Marco (Investment Consulting); Acolade, LLC d/b/a High Line, data warehousing.**
8. What is the total annual compensation paid from all sources to the State's consultant(s)? **We decline to post such information based upon a concern that it would lead to shadow pricing or non-competitive responses.**
9. How many persons have submitted a notice of intent to bid on the Data Warehouse / Analytics services? Who are they? **We decline to provide that information.**
10. Did the incumbent for the Data Warehouse / Analytics services–Acolade / High Line Health (“Acolade”)–submit a notice of intent to bid on those services? How long has Acolade been the incumbent? **Acolade has been a contractor since 2015.** Was Acolade the incumbent the last time this was out to bid? **No** How much was Acolade paid each year?)? **We decline to post such information based upon a concern that it would lead to shadow pricing or non-competitive responses.**
11. What challenges and/or issues has the current Data Warehouse / Analytics services provider–Acolade / High Line Health–had? **The question is somewhat unclear. We have been advised that current vendor is planning to exit this line of business in the near future.**
12. Has the Healthcare Policy & Benefit Services Division (“HPBSD”) or the Office of the State Comptroller (“OSC”) seen presentations and/or demos of potential Data Warehouse / Analytics services solutions in contemplation of this RFP, and if so, from whom? **We decline to provide that information.**
13. How much has been appropriated for the Data Warehouse / Analytics services? **We decline to post such information based upon a concern that it would lead to shadow pricing or discourage competitive responses.**

14. Does the HPBSD or OSC have a budget for the Data Warehouse / Analytics services? If so, what is it? **We decline to post such information based upon a concern that it would lead to shadow pricing or non-competitive responses.**
15. For a new vendor for the Data Warehouse / Analytics services, how long an implementation period before “go live” does HPBSD contemplate? Does HPBSD have a deadline for the “go live” date? Can some parts of the warehouse “go live” before other parts, and if so, what are the respective deadlines? **Each bidder is asked to submit its recommended implementation plan. Our preference would be for a 12-week go live.**
16. Would you consider separating the data warehousing and analytic services and selecting different vendors for each? **That is not our preference.**
17. How many users (i.e. seat licenses) will there be for the Data Warehouse? **Each bidder is asked to submit its proposal including the number of seat licenses to be provided and at what cost. Service needs to include training.**
18. Page 6 states that the current data warehouse maintains enrollment data and claims data from 2011 forward, including medical claims, pharmacy claims, dental claims, EHRs and lab results. What is the total size (e.g. GBs) of all the data currently in the warehouse? **Storage for State of CT data warehouse is at approximately 150GB; the full set of raw files for the SOC data is approximately 300GB.**
19. What is the technology stack for the current data warehouse? Does HPBSD prefer particular software/technology? If HPBSD has a preferred software/technology, is HPBSD willing to consider solutions that use a different software/technology? **HPBSD currently accesses state of CT employee health plan data via Tableau 10.5, with data also accessible via SQL for ad hoc analytics. HPBSD is open to migrating to a new data ecosystem provided it is agile, payer agnostic and fully supports current and planned initiatives. Bidders are encouraged to present their proposed solutions and include specifics on their intended software/technology.**
20. How many years of data does HPBSD want to be available on the production server versus archived? **Currently, HPBSD can readily access health plan data from 2011 forward via a production server.**
21. Will the claims of the 54,000 retired members in the Medicare Advantage plan be included in the data warehouse? **Yes.**
22. Page 4 of the RFP states that there are approximately 230,000 covered lives—180,00 state employees, non-Medicare retirees and dependents, plus 52,000 members in the Partnership Plan that covers the employees of 125 non-state public employers. In addition, there are four different health plans for the employees / non-Medicare retirees: a Point of Service Plan (POS), a Point of Enrollment Plan (POE), a Point of Enrollment Gatekeeper Plan (POE-G), and an Out of State Plan, plus a Medicare Advantage plan for the retirees (MA Plan). For each of these plans, what is the breakdown between employees/retirees and dependents?

State of CT Member Counts	
Actives:	
Employees	49641

Dependents	71024
Total Members	120665
Non-Medicare Retirees:	
Retirees	17145
Dependents	15860
Total Members	33005
Medicare Retirees/Dependents - Total Members	
	53335
Partnership 1.0: (closed to new groups)	
Employees	2255
Dependents	818
Total Members	3073
Partnership 2.0:	
Employees	23873
Dependents	33700
Total Members	57573

24. What growth in the number of members, if any, does HPBSD anticipate over the next five years?
We are uncertain about anticipated growth numbers at the present time. Partnership Plan numbers are dependent upon non-state public employers making an election to enroll in the plan.

25. What were the total allowed medical claims under each plan (i.e. POS, POE, POE-G, Out of State & MA Plan) during the three most recently available years? How much of this was paid by the State of Connecticut and how much by the members via co-pays, deductibles, etc.? **That information is not relevant to the present RFP; however, bidders are invited to review plan data posted on the Comptroller's website.**

26. What were the total allowed pharmacy claims under each plan (i.e. POS, POE, POE-G, Out of State & MA Plan) during the three most recently available years? How much of this was paid by the State of Connecticut and how much by the members via co-pays, deductibles, etc.? **That information is not relevant to the present RFP; however, bidders are invited to review plan data posted on the Comptroller's website. See https://www.osc.ct.gov/benefits/docs/OpenEnroll_Active_2019_v2.pdf**
27. Page 4 states that you will be adding a "primary care physician Narrow Network plan focused on provider quality." Who determines which PCPs will be in this network and how have they measured "provider quality"? **That determination is made by the ASO provider Anthem in collaboration with OSC.**
28. Page 6 states the Health Enhancement Program (HEP) uses Conifer as a claims data aggregator to identify at-risk individuals. How does Acolade interact with Conifer? **Conifer maintains the SOC health benefit plan member enrollment/eligibility file and tracks participation of members with chronic conditions who must remain compliant with necessary components of the HEP to be deemed eligible for financial incentives related to the specific condition. Acolade receives direct feeds for member enrollment/eligibility from Conifer which also identifies these high-risk individuals and individuals with chronic conditions that are enrolled in HEP, allowing Acolade to report based on HEP enrollment and chronic condition status.**
29. Page 6 of the RFP states that HPBSD "has engaged Signify Health to identify high-quality doctors, hospitals, and medical groups for certain common medical procedures." How does Signify Health determine "high-quality"? **Signify Health uses the Prometheus Payment Model to evaluate providers and to negotiate bundled payment arrangements. Providers identified as high value have a low prevalence of potentially avoidable complications. Providers are invited to submit clinical outcomes data to support their designations as a high-quality provider.**
30. Page 6 of the RFP states that "Health Advocate will help steer members to high quality, lower cost providers ..." How does Health Advocate determine who the high-quality providers are? **Health Advocate will rely on provider quality determinations made by Signify Health in collaboration with Anthem.**
31. How does Acolade interact with Health Advocate? Does Health Advocate use Acolade's analytics to identify the best providers? **Acolade does not currently interact with Health Advocate, which is a new service scheduled to go live on Sept. 1, 2020.**
32. What is the contemplated interaction between Health Advocate and Signify Health as they both will be identifying high quality providers? **Signify Health is primarily responsible for making provider quality determinations and will notify Health Advocate when a Plan Member has received a service from a high-quality provider for which an incentive is payable. Health Advocate will assist Plan Members by identifying and encouraging them to use high quality providers for condition care and certain procedures they need.**
33. Under "Terms and Conditions" on Page 11, the RFP states that the bidder "must be willing to adhere to the following conditions and must so state in its submission" and then the RFP lists several pages of those conditions. Is it sufficient in the bidder's proposal to state that the bidder will so adhere to all the conditions listed in the RFP, or does the bidder need to repeat them in its proposal? **Please respond to each.**

34. Page 15 states that two required forms—an Agency Vendor Form and a W-9 Form—must be filled out and included within the submitted response. Does this mean these forms must be included in the proposal, or do they just need to be on the BizNet site? **Please submit these documents with your RFP response if you are not able to upload them to BizNet.**
35. Page 16 requires an affirmative action plan and various related forms. Are small businesses required to submit such a plan and fill out these forms too? **Yes, If not, what is the size threshold for being exempt from this requirement? See below.**

EXEMPTIONS:

Pursuant to June Special Session, Public Act No. 15-5, Sections 63 and 64, the entities listed below are exempt and, therefore, not required to submit a nondiscrimination certification form when entering into a contract with the State:

- 1. political subdivisions of the State of Connecticut, including, but not limited to municipalities;**
- 2. quasi-public agencies, as defined in C.G.S. § 1-120, unless the quasi-public agency is a party to contract for a quasi-public agency project with a value greater than \$50,000;**
- 3. other states of the United States, including, but not limited to, the District of Columbia, Puerto Rico, U.S. territories and possessions, and federally recognized Indian tribal governments, as defined in C.G.S. § 1-267;**
- 4. the federal government;**
- 5. foreign governments; and**
- 6. an agency of a subdivision, state or government listed in items 1-5.**

36. What activities and/or functions does HPBSD require or request on-site vendor presence for the Data Warehouse / Analytics services? How many days per month, quarter or year does HPBSD contemplate that would entail? How much time during the implementation? Can the bidder's proposal include reimbursement for expenses (travel, meals, lodging, etc.) if pre-approved? **OSC is interested in receiving proposals that clearly demonstrate vendor availability and capacity to provide on-site and/or remote supports for tasks outlined in the RFP including, but not limited to implementation, standard and ad-hoc reporting, training, etc., with anticipated time and expense detailed by service. Proposals should not include expenses such as travel, etc.**
37. What types of wellness programs are in place and what types of data are available with respect to those wellness programs? **HEP is the main wellness program. We have a diabetes prevention program starting shortly. We have also implemented a diabetes management program with Livongo.**
38. What benchmarking sources does HPBSD currently use for its Data Warehouse / Analytics services? **HPBSD current benchmarking data includes CT employer data and Anthem book of business.**
39. Does HPBSD use any predictive or prescriptive models in connection with its current Data Warehouse / Analytics services? **No** If so, who and/or what do they use? Do they use a different technology stack for these models than for the Data Warehouse / Analytics services overall?

HPBSD currently has access to reporting that utilizes Milliman MARA risk scoring for modeling and projections.

40. Does HPBSD purchase stop loss insurance for its self-insured plans? If so, what are the stop-loss amounts? **No.**

41. Where can we obtain a summary of the ethics laws for contractors referenced in Attachment III?

<https://portal.ct.gov/-/media/Ethics/Guides/ContractorsGuideFinal07pdf.pdf?la=en>

42. Will any preference be given to small businesses? No. Will any preference be given to Connecticut bidders over out-of-state bidders? **No.**

43. Will the IC provide any monitoring or evaluation of the Goal Maker model portfolios, including their allocation policies and/or performance results compared to similar auto-allocation solutions that may be available? **That analysis is typically performed in collaboration with Prudential.**

44. Will the IC provide any monitoring or evaluation of the "Retiree" Goal Maker models being anticipated? **Yes, that review may be requested.**

45. Will models include a guaranteed income component, and if so, will the IC provide any monitoring or evaluation to the committee on income providers? **No, a guaranteed income component is not contemplated at the present time.**

46. What services, if any, will the IC provide regarding any of the discontinued plans and related investments or service providers? **Not required.**

47. Given the economic and market fluidity resulting from the current pandemic, are there any questions or concerns not specified in the RFP you would like addressed? **No.**

48. Is the data collected for each pension group in aggregate? Or does the State typically provide one complete census with indicators of each person's pension group? **We typically provide a complete census with pension group indicators included.**

49. What is the typical timeframe in which the data is collected, to when the auditors require the valuation? (Start of the process to the end of the it). **Approximately six weeks to eight weeks depending on actuary's other commitments.**

50. Does the state have any security requirements in regards to transmission of the data over to Gallagher? **The question is not applicable to any current contract with OSC.**

51. Can you please provide the contract documents for the above services from 2015? **We decline to post that information.**

52. Who is the current consultant? How long has the current consultant been providing services? **Segal Consulting (for health since 2015 and for OPEB since 2010 ; Segal Marco (Investment Consulting) since 2015; Acolade, LLC d/b/a High Line (data warehousing and analytics) since 2015.**

53. Is the current consultant allowed to bid on this RFP and be considered for contracting? **Yes**

54. Is there anything you would like the new consultant to do differently, improve and/or provide additional services? **Nothing other than as stated in the RFP.**

55. What were the annual dollar amount of fees that were paid for the last two (2) years to the current or previous consultant for these services? Was it a fixed fee or is it a percentage of assets? **We decline to post such information based upon a concern that it would lead to shadow pricing or discourage competitive responses.**
56. When does the current recordkeeper's contract expire? **As noted in the RFP, Prudential was selected to continue as recordkeeper. Its new contract will be for a period ending no later than 2024.**
57. What are State of Connecticut's expectations for the consultant regarding the recordkeeper search process? Will it include drafting, and evaluating the recordkeeper's RFP responses? **The consultant may be asked to assist with drafting and evaluating RFP responses for the recordkeeper.**
58. Should the cost of the Recordkeeper RFP be amortized across the 5 years, or should the total cost be included in the one year the Board/Committee anticipates conducting the Recordkeeper RFP? **The cost of RFP support should be listed as separate item for the one year when the RFP will be issued and reviewed.**
59. Is the State of Connecticut seeking 3(21) co-fiduciary services or 3(38) discretionary? **No. We are not an ERISA plan.**
60. Has the State of Connecticut previously considered 3(38) discretionary services to help mitigate their fiduciary liability related to sponsoring the plan? **No**
61. Is the state willing to consider 3(38) discretionary as an option in our RFP response for consideration? **No.**
62. What broker platform and/or custodian are used for the current plan? Would State of Connecticut entertain changing the custodian (platform) for the account assets? **No.**
63. Would you please provide your current Investment Policy Statement? **Our investment policy statement is in draft form only and cannot be released.**
64. How many meetings are scheduled per year that the new consultant is expected to attend? **A minimum of 4 meetings are required for the investment consultant.**
65. What are the assumed/target rates of return for the Plan? **We do not have assumed target rates of return.**
66. Could you please provide us the current performance report and due diligence report of the funds? Is the current report being provided meeting the committee's satisfaction? **The current report is satisfactory; we are unable to provide the current performance report due to lack of access to office.**
67. Can you please provide us the ticker symbol for each fund so we could confirm share class and fund expenses?

Stable Value Fund N/A -

Fixed Income Calvert Bond CBDIX

Fixed Income MetWest Total Return Bond MWTSX

Fixed Income Vanguard Total Bond Market VBTIX
Fixed Income Vanguard Inflation Protected -
Large Cap Value American Funds American Mutual R6 RMFGX
Large Cap Core TIAA-CREF Equity Index TIEIX -
Large Cap Core TIAA-CREF Social Choice TISCX
Large Cap Core Vanguard Institutional Index VIIIX -
Large Cap Growth TIAA-CREF Large Cap Growth Index TILIX -
Large Cap Growth Wells Fargo Advantage EKJYX
Mid Cap Value JPMorgan Mid Cap Value FLMVX
Mid Cap Core Vanguard Mid Cap Index VMCIX
Mid Cap Growth T Rowe Mid Cap Growth
Small Cap Core TIAA-CREF Small Cap TISBX -
Small Cap Growth Vanguard Explorer VEXRX
Real Estate DFA Real Estate DFREX
Real Estate Vanguard REIT Index VGSNX
International Equity TIAA-CREF International Equity TCIEX
International Equity American Funds Europacific RERGX

68. Could you provide us with the total dollar amount of contributions for each of the four plans separately?

2019 contributions (rounded) 457 Plan \$120,000,000; ARP \$35,000,000 employee/ \$48,000,000 employer; 403(b) \$37,000,000; Tier IV, \$2,750,000 employee/\$2,750,000 employer.

69. Could you break down the number of active contributing participants in each of the four plans?

457: 26,609; 403(b): 6061; ARP: 14,294; Tier IV 9928

70. Can you provide the number of retirees in each of the four plans? **These are the numbers of terminated participants in each plan: 457: 12,825; 403(b) 2575 ARP: 3087; Tier IV 53**

71. Can you please identify dollar amount of plan assets in risk-based/managed account portfolios?

\$737,660,000 as of 3/31/2020.

72. Could you provide us the most recent performance report for each of the (12?) risk-based portfolio?

We do not have that information presently available due to office closure. At present there are only 8 risk-based portfolios. 4 more are under development.

73. Has the Committee conducted a target date fund review, a fee benchmarking review, and/or an investment menu review? When were these last completed? **No, we do not have target date funds; investment menu review is done quarterly. No fee benchmarking review has been conducted.**

74. Would you like fiduciary education workshops to be implemented for the investment committee by the consultant? **You may submit a separate estimate to provide such service.**

75. Would you be interested in the consultant providing a review of current participant education plan and materials? **Yes.**
76. Who are the current members of the investment oversight committee? How many reports are required to be provided for the meetings? **The current members of the investment committee include 6 members of the State Retirement Commission, Directors and assistant directors of the OSC Retirement Services Division and the Healthcare Policy and Benefit Services Division.**
77. Are the members of the screening and evaluation committee different from the ongoing investment oversight committee? If yes, please provide details. **Directors and assistant directors of the OSC Retirement Services Division and the Healthcare Policy and Benefit Services Division make up the RFP Committee.**
78. Our firm takes cyber security and the protection of our clients very seriously. In the best interest of both our clients and our organization, our internal security policy prohibits the use of CDs. Would it be acceptable if we submit an encrypted hyperlink in lieu of a CD? **As long as the State can download the RFP response for both review and retention of the RFP response.**
79. What is the expected date for selection of the new consultant? **July 15, 2020.**
80. Page 7 of RFP states Prudential's GLTF represents 35% of stable value assets. Can you provide the percentage of stable value assets managed by Voya and JP Morgan? **65%.**
81. Why are proposals for OPEB actuarial services being requested at this time? **Our contract with the current actuarial firm is expiring.**
82. When was the last time the OPEB actuarial services were put out for bid? **Five years ago.**
83. How long has the current/incumbent Actuary been providing OPEB services? **10 years.**
84. Is the current service provider eligible to bid for contract renewal consideration? **Yes.**
85. Are there any improvements or additional services that the OSC are seeking in its relationship with the actuarial consultant? **We do not wish to limit the scope of any potential services . Potential bidders should offer us the best service that you are able to offer so we can decide what scope we need.**
86. Can you please provide the annual actuarial fees paid to the current actuary for each of the last two years for services comparable to those included in the RFP? **No. We are asking bidders to offer their most favorable pricing to the State.**
87. What are the OSC' biggest concerns related to its OPEB plans? **Strategies to reduce the unfunded liability to the state and taxpayers.**
88. How many on-site meetings will the contractor be required to attend annually? **The healthcare consultant is required to attend monthly Healthcare Cost Containment meetings. The OPEB actuarial consultant is asked to attend meetings when needed. The investment advisory consultant must attend quarterly investment committee meetings.**

89. Due to COVID-19 pandemic, can the requirement of hard copy proposals be waived and/or reduced? **Yes, please submit one unredacted hard copy, one redacted electronic copy, and one unredacted electronic copy.**
90. In light of the ongoing COVID19 pandemic, will someone be present at the OSC to physically receive the hard copy proposal responses or will the State consider alternative means of delivery (i.e. portal, email)? **Yes. See above; the electronic copies may be emailed.**
91. Would the State allow the electronic version of the proposal to be submitted via email instead of USB or CD? **Yes. See #89 above.**
92. The instructions for DATA WAREHOUSE/DATA ANALYTICS state to complete D through F, but F overlaps with GASB 75 SERVICES. Please confirm page 20 should state "Complete Sections D through E of the questionnaire below for the DATA WAREHOUSE / DATA ANALYTICS Section. **Correct, complete D and E only for the GASB 75 portion of the RFP.**
93. How many State users will need to be trained in the use of the analytical tools? **Up to 7.**
94. What is it that you would like to see in terms of data analytics related to bundle payment arrangements? Please describe. Do you require the proposed contractor to utilize Prometheus? **We wish to have the data analytics group to work with the State and Signify to incorporate the state's bundled payments into the analytic tool.**
95. With social distancing limitations created by Covid 19 restrictions (office closures, reduced staffing, disrupted supply chains), does the state still require 12 hard copies or, will electronic versions be sufficient for this year's response? **See 89 above.**
96. What are the reasons these services are going out to bid? **Expiring Contracts.**
97. Has the incumbent investment consulting firm been invited to bid? Is the scope of services outlined in the RFP consistent with the incumbent's current contract? If not, what items are different? **Yes.**
98. What fee is the incumbent investment consulting firm charging? Is it a fixed fee or a fee based on a percentage of assets? To what extent has that fee changed over the past five years? **Bidders should offer a fixed fee for the scope of work described in the RFP and a fee schedule for unanticipated work for the state. Payment is not asset based.**
99. What is the number of anticipated meetings that the selected firm should plan to attend? Are the meetings expected to be in person? **See 88 above.**
100. What are the current points of emphasis for the State in regard to its defined contributions plan investments? **Increase participation rate and encourage higher proportion of savings.**
101. Please provide the following documents:
- a) Minutes from any 2020 Investment Committee meetings **Attached are links to 2019 meeting minutes:**
<https://www.osc.ct.gov/rbsd/meetings/investsub/minutes/aug192019.htm> and
<https://www.osc.ct.gov/rbsd/meetings/investsub/minutes/may202019.htm>
 - b) Previous two quarters of investment performance reports: **Attached**

c) The plans' investment policy statements. **In draft; not currently subject to release**

102. Item 9 under the Health Benefits Consulting services in Section V. Scope of Work states: "Provide consulting services to selected Accountable Care Organizations or other provider groups engaged in value-based payment arrangements with the state or its partners to improve quality of care and lower overall healthcare costs, as may be requested by the state." **PLEASE DISREGARD THIS QUESTION.**

a) Please provide the names of the ACOs for which current consultant has provided services. What is the nature of the deliverables the consultant or state have provided to the ACOs?

b) What are the contractual and fee arrangements for consulting services between the consultant and the ACOs?

c) Please provide the summary billings or hours of services the consultant has provided to the ACOs in the past 12 months. Is this level of service expected to change over the course of the consulting services agreement?

103. Who is the current consultant? How long has the current consultant been providing services? **Segal has been the healthcare consultant for 5 years; Segal has provided GASB services for 10 years,**

104. Is the current consultant allowed to bid on this RFP and be considered for contracting? **Yes**

105. Is there anything you would like the new consultant to do differently, improve and/or provide additional services? **Please submit a proposal that makes maximum use of your capabilities.**

106. What were the annual dollar amount of fees that were paid for the last two (2) years to the current or previous consultant for these services? Was it a fixed fee or is it a percentage of assets? **See 98 above**

107. When does the current recordkeeper's contract expire? **5 years.**

108. What are State of Connecticut's expectations for the consultant regarding the recordkeeper search process? Will it include drafting, and evaluating the recordkeeper's RFP responses? **Assume yes for the final year of the contract if it is extended the full five years.**

109. What broker platform and/or custodian are used for the current plan? Would State of Connecticut entertain changing the custodian (platform) for the account assets? **No brokers are involved in the plans. No consideration will be given to changing custodian platforms.**

110. Would you please provide your current Investment Policy Statement? **In draft form and cannot currently be shared.**

111. Will the Medicare Advantage plan members be included in the data warehouse for both medical and drug claims? **Yes**

112. Please confirm that the following is the complete list of the data sources for both the historical and current data for the Data Warehouse and please indicate how many unique file layouts should be expected from each vendor: **Confirmed**

- UnitedHealthcare/Oxford (medical claims data prior to 10/01/2020 only)
- Anthem (medical claims, historical and ongoing data)
- UnitedHealthcare Medicare Advantage plan (medical encounters)
- UnitedHealthcare MAPD plan (drug claims)
- Cigna Healthcare (dental claims)
- Caremark/CVS (pharmacy claims)
- Care Management Solutions, Inc. (Health Enhancement Program participation data)
- Lab Results data
- Electronic Health Record (EHR data)
- Health Advocate (concierge service participation data)
- **Signify Health**

113. Please confirm the data source for eligibility/enrollment data. Is all enrollment data available from one source? **No. Eligibility is currently provided by the State; enrollment data for Partnership Groups will be provided via Anthem.**

114. Will all vendors be able to provide a consistent member identifier that can be used to link data across vendors and eligibility? **For state employees and retirees yes; for Partnership enrollees we will be moving to single ID for medical and pharmacy, not for dental.**

115. Is both provider and financial information provided from your claim data sources today? **Yes**

116. Please confirm that Oxford is transitioning to Anthem as of 10/1/20. **Oxford members are transitioning to Anthem on 10/01/2020.**

117. How many years of paid claims/encounter data does the State wish to house in the data warehouse on an ongoing basis? **We want to house both historical (from 2011 through current data).**

118. Will claims data from Signify Health be supplied to the data warehouse from Signify Health, or be incorporated in the data feeds from UnitedHealthcare/Oxford and Anthem? **Most likely Signify data will be supplied to the data warehouse.**

119. In what format are Lab results data provided to the data warehouse? Please provide the data layout for the Lab results data. **Some labs report data when they can. We typically get feeds from large labs. Reporting is not standard.**

120. How many Accountable Care Organizations (ACOs) provide EHR data? Please provide the names of the ACOs who provide EHR data. **Not currently provided; however, EHR data will be an important component of the state's Centers of Excellence initiative. When synthesized with medical claims and other available data, these data allow for tracking and reporting of health outcomes.**

121.

122. What is the format of the EHR data provided to the data warehouse? Please provide a sample data layout for the EHR. **Not currently provided.**
123. What Medical Cost Targets are used for ACOs today? **These are set between the carriers and the ACO groups.**
124. How many users do you expect to have for the data warehouse? Will all users be employees of the State or do you wish your consultants to have access as well? How many of the users will require access to only management dashboards? **Consultants will certainly need access to the data warehouse. The state users may number up to 7.**
125. Based on the current health environment relating to the COVID-19 pandemic and many Shelter at Home directives, would the state consider amending the RFP response requirements to allow for email copies or electronic submissions only rather than hard copies? **Please submit one unredacted hard copy, one redacted electronic copy, and one unredacted electronic copy.**
126. We are unable to retrieve the Agency Vendor Forms and W-9 using the links provided. Please provide active links or post these forms on the Procurement site.
[https://biznet.ct.gov/purchase/Info/Vendor_Profile_Form_\(SP-26NB\).pdf](https://biznet.ct.gov/purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)
127. Based on the current health environment relating to the COVID-19 pandemic and many Shelter at Home directives, would it be possible to provide the required notarized documents as soon as the Shelter in Place orders have been lifted and corporate policy allows our employees to return to the office? **We suggest that you explore e-notarization services; these forms are required to be submitted with the RFP response.**
128. We cannot retrieve the Notification to Bidders, Workforce Analysis Affirmative Action Report-State Contractors, Affidavit for Certification of Subcontractors as Minority Business Enterprises, and Contract Compliance Notice Poster using the link provided. Please provide active links or post these forms on the Procurement site. See
https://www.ct.gov/chro/lib/chro/CC_Page_3.pdf and https://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf
129. How frequently do you wish the data warehouse to be updated? Monthly? Quarterly? **Monthly**
130. Will the State release the names of organizations that submit a notice of intent to bid? If so, when will that information be published? **No, that is part of the procurement process; potential bidders' names are held in confidence until completion of the award and signing of contract.**
131. Our firm requires a limit of liability in our contracts, is there any ability to negotiate this term?
Our standard contract requires an agreement to indemnify the state; while we are willing to consider limitation of liability bidders should we aware that all contracts require approval by the Attorney General's office and there is not guarantee that a contract with such a limitation would be acceptable.
132. Can a vendor respond to portions of the RFP and not all? **Yes, so long as you complete all general requirements and those specific to services on which you are bidding.**

133. Who is the incumbent consultant/actuary and how long have they been in place? **Segal has been providing OPEB valuation services since 2010.**
134. Are there any service concerns and/or limitations with the current actuary? **No.**
135. What are the current fees/hourly rates? Can you send the number of hours for the last 3 years? **We decline to post such information based upon a concern that it would lead to shadow pricing or discourage competitive responses.**
136. What were the fees billed by scope of work (health benefits consulting, data warehouse, GASB OPEB actuarial valuation, and investment consulting) in the last three years? **We decline to post such information based upon a concern that it would lead to shadow pricing or discourage competitive responses.**
137. What have been the total fees collected from the actuarial firm over the last three years? **We decline to post such information based upon a concern that it would lead to shadow pricing or discourage competitive responses.**
138. Can we receive the current contract(s)? **No.**
139. In relation to each of the projects, how many on-site meetings do you anticipate? **See response to question 88 above.**
140. What special projects or out of scope services have been billed over the last two years, in addition to the fixed fees? **Specific engagements in connection with discrete RFPs.** In the “State Health Plan and Current Vendors” section there is reference to the addition effective 10/1/2020 of a Primary Care Physician (PCP)-based narrow network option. Is this medical option to be offered through Anthem as the sole medical claims administrator as of 10/1/2020, or will this narrow network option be direct contracted and managed by the State? **The narrow network will be offered through Anthem.**
141. Also, in the “State Health Plan and Current Vendors” section there is a brief description of a Maintenance Drug Network arrangement that has been established to provide members with mail order drug pricing. Can you confirm that this arrangement is through CVS/Caremark? Additionally, is this service automatically provided to members or is there is a separate enrollment or buy-up requirement to participate? **The Maintenance Drug network was created by Caremark; it allows non-CVS pharmacies that are willing to accept mail order pricing to fill 90-day scripts for our members. There is not separate enrollment for members to take advantage of this service.**
142. In the same section there is a brief description of a Specialty medications contracting arrangement with Yale New Haven Hospital and Hartford Hospital. Can you explain if these arrangements are directly contracted by the State, or if they are offered in concert with Anthem’s or CVS/Caremark’s existing network arrangement provided to the State? **These are separate contracts with the State.** Does utilization and claims data from these Specialty drug arrangements flow to the current health claims database maintained by Acolade/High Line Health? **Claims data from these arrangement flow through Caremark and is included in the pharmacy claims maintained by the data warehouse.**

143. Does the Health Benefits Consulting scope include oversight and management of the State's relationship with Care Management Solutions Inc. (CMSI) in their role supporting the Health Enhancement Program (HEP) medical option? Are there performance guarantees in place regulating that relationship? Would the State's consultant be involved with negotiating and reconciling against performance? **No.**
144. Is the HEP option a voluntary enrollment option for members? **Voluntary, but enrollment is currently around 98% of enrolled state employees**
145. Is the HEP option priced independently in terms of budget rates and employee contribution requirements or is its experience blended with all other medical options in establishing rates and contributions? **Employees that opt out of HEP pay \$100 per month more in premium—regardless of the plan in which they are enrolled.**
146. Please elaborate on the role Signify Health will have for the State effective 10/1/2020. Specifically, does Signify Health direct contract with preferred providers and hospitals on the State's behalf, and are those bundled payment arrangements with Centers of Excellence (COEs) and Networks of Distinction outside the Anthem network structure? **Signify Health will negotiate bundled payment arrangements directly with providers.** Does the Health Benefits Consulting scope include oversight and management of the State's relationship with Signify Health in their role? **This may be requested.** Are there performance guarantees in place regulating that relationship? **Yes.** Would the States consultant be involved with negotiating and reconciling against performance? **This may be requested.**
147. In the "Data Warehouse/Analytics" section there is reference to High Line Health receiving all medical, pharmacy, and dental data from the State's vendor partners (UHC/Oxford, Anthem, CVS/Caremark) plus Electronic Health Record (EHR) and lab results from ACO's. Can you elaborate on what contract arrangements the State has with ACO partners? Are these arrangements within UHC/Oxford and Anthem provider network options, or are these ACO arrangements programs that the State contracts directly with providers and hospitals to provide. How are ACO arrangements identified to members within the existing medical plan design options the State offers? **The ACO contracts are arranged by the state's current ASO providers (Anthem and Oxford). ACO providers are included in all plan design options; members are attributed to these groups using claims data.**
148. In the "Data Warehouse/Analytics" section, it states that historical claims and enrollment will be transferred. Do you expect the data warehouse to maintain data since 2011 or can it be 36-48 months? **Yes, we wish to maintain historical data.**
149. Does the Health Benefit Consulting scope include oversight and management of the State's relationship with Health Advocate in their role providing health concierge and provider steerage services to the State? **No.** Are there performance guarantees in place regulating that relationship that the State's consultant would be involved with negotiating and reconciling against performance? **Some reconciliation may be requested.**
150. In addition to the health claims database the State currently maintains with High Line Health, is there a separate financial management claims and enrollment information repository that the State maintains, and that the State's benefit consultant would have access to in performing pricing and forecasting services outlined in the Health Benefits Consulting scope outline? Or does the State and its current consultant rely entirely on standard enrollment and claims

reporting from the State's medical/prescription drug/dental vendor partners? **We rely on enrollment and claims data for pricing and forecasting.**

151. Can you elaborate on how you currently utilize the EHR data within your current data warehouse solution? What level of reporting are you doing on this data type? ? **EHR data is an important component of the state's Centers of Excellence initiative. When synthesized with medical claims and other available data, these data allow for tracking and reporting of health outcomes. We expect to make more use of this data in the future.**
152. In the Health Benefits Consulting scope outline there is reference in item #5 to the management of competitive bidding exercises. The description includes reference to assistance in the selection of "health and other benefit providers." Can you specify what "other" benefits are in scope? **Evaluation of potential focused wellness benefits.**
153. In the Health Benefits Consulting scope there is reference to the consultant's role monitoring shared savings programs with ACOs and providers engaged in value-based payment arrangements with the State or its partners. In a separate comment in the same section there is reference to consulting with selected ACOs or other provider groups engaged in value-based payment arrangements with the State to improve health care quality and lower costs. Can you describe the State's ACO contracting arrangements at present? How many ACO arrangements are in place? Are they incorporated in the network platforms offered by Anthem, or are they contracted directly by the State (or an agent working on the State's behalf)? **ACO contracts are negotiated by the carriers with providers.**
154. What type of employee communications are provided today around Health & Welfare benefit offerings? Are you able to share samples? **They are posted on the Comptroller's website. https://www.osc.ct.gov/benefits/docs/OpenEnroll_Active_2019_v2.pdf**
155. Are you able to share SPDs or benefit summaries of current benefit offerings, including the HEP? **They are posted on the Comptroller's website . https://www.osc.ct.gov/benefits/docs/State%20of%20CT_2019_Plan%20Document_Medical%20Plan_PRT.pdf**
156. Are monthly rates and employee contributions for medical/dental/vision set at a national level, or are contribution structures set/maintained variably to reflect different regional or business division objectives? How many variables are in place today? **Monthly rates and employee contributions are set for different plan types for the year. Employee contributions are subject to collective bargaining.**
157. Does the current Data Warehouse receive data from the Conifer data aggregator? **Currently limited to enrollment and eligibility data and chronic condition reporting**
158. When does the State typically provide the actuary census data? **In early January**
159. What date does the State desire to have the actuarial report completed? **Usually within 6-8 weeks of receipt of complete data.**
160. Given the current environment with COVID-19, will you still require loose-leaf binders or would the 2 electronic versions be sufficient? **Please submit one unredacted hard copy, one redacted electronic copy, and one unredacted electronic copy.**

161. Please detail the type of monitoring required for the wrap providers under the State's Stable Value option? **Monitor wrap provider's credit rating status and report on issues, as needed.**
162. What is the preferred metric for reporting on the adequacy of participant investment outcomes (i.e., multiple of final pay, replacement ratio of pre-retirement income, etc.)? **Income replacement**
163. Will the Contractor be required to utilize an open procurement process when conducting an investment manager search for a new/replacement fund option? **No**
164. Will the Contractor be required to assist in monitoring performance and investment managers for the pre- 2006 balances with the discontinued ARP vendor? **No**
165. Will the Contractor be required to assist in monitoring performance and investment managers for the pre- 2006 balances with the discontinued 403(b) vendors? **No**
- Please provide most recent copies of the following: Annual actuarial valuation report
 - GASB 74/75 accounting disclosures
 - Funding policy
 - Any special studies conducted over the last 2 years

See <https://www.osc.ct.gov/empret/OPEBActuarialReports/OPEBreport2019.pdf> for that information