

State of Connecticut Population Health RFP

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1 Objective of RFP

1.1 The Office of the State Comptroller ("OSC" or "State"), in collaboration with the Health Care Cost Containment Committee, is interested in partnering with one or more provider entities ("Provider" or "Respondent") to improve the State health plan's population health through a value-based payment model on a direct contracting basis as set forth in this Request for Proposal.

OSC seeks to encourage and reward healthcare delivery innovations and better align payments with quality and outcomes. To that end OSC is requesting proposals from providers willing to move forward with innovative and quality-based payment models on a new, elective product offering ("Elective offering" or "Steerage offering") that would steer participants into Provider's system through proposed controls/mechanisms. It is OSC's expectation that the proposed offering will result in savings to the plan, improvements in quality, and reduced health disparities. Provider will initially identify the general framework of the proposal using the options detailed below, including the means for achieving improvements in cost and quality as well as the desired steerage mechanisms.

In addition to a proposed Elective "Steerage offering", OSC is seeking to enter into a direct value-based payment model for plan participants attributed to Providers that continue to use the existing broad network State plans (Anthem POS, Anthem POE and Anthem POE Gated, State Preferred). It is anticipated that a successful bidder will submit a competitive value-based arrangement for both an Elective product with plan design mechanisms that steer utilization patterns and for the state plan membership that remains in the existing broad network benefit plans. It is not anticipated that the specific terms, attribution methodology, or accepted risk will be equivalent across these two populations. Provider will also have an opportunity to propose additional, more targeted, programs or initiatives; these may include new or existing areas of innovation or investment within Provider's practice.

Overview - This RFP provides background information and describes the services desired by OSC. It describes the requirements for this procurement and specifies the required contractual conditions. Although this RFP establishes the basis for responding proposals, the detailed obligations and additional measures of performance will be defined in the final negotiated contract. Respondents must be in agreement with the Required Contract Terms and Conditions.

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2 Background Information

2.1 The State Comptroller is empowered by Connecticut General Statutes § 5-259 to arrange and procure a "group hospitalization and medical and surgical insurance plan" for employees and retirees of the State of Connecticut. In 2010, the State elected to provide these benefits on a self-insured basis. Public Act 10-174 allows the State to offer the financial arrangement and services under these plans to local municipalities.

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

In addition to providing benefits to State employees and retirees, the State also covers employees in the probate court system, General Assembly members, former legislators, and other groups, as authorized by statute. The State also offers medical benefits through its current health benefits vendors (Anthem, CVS) to local municipalities under the Connecticut Partnership Plan.

A complete listing of Partnership groups can be found here: <https://www.osc.ct.gov/ctpartner/members.html>

In 2011, pursuant 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 enrolled 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 more than 180,000 participants in HEP under the State health plan; more than 60,000 members also participate in HEP through the Partnership Plan. A description of the HEP requirements can be found here: <https://www.connect2yourhealth.com/ParticipantPortal/Default.aspx?PageID=547>

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

The State has identified the high-quality doctors, hospitals and medical groups in the state for some of the most common procedures. Doctors and locations that meet certain quality standards and contract with the State's partner for administering episode of care reimbursement arrangements, Signify, are designated as part of a new "Network of Distinction." Members may be eligible for cash incentives for choosing "Network of Distinction" providers or facilities for specific procedures or condition-related care.

The Network of Distinction program reduces variations in costs by setting fixed prices for certain health events that may be delivered by multiple providers across multiple sites, a model known as an "episode of care"

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payment. Over 20 procedures and conditions are available, including knee replacement, colonoscopy, cataract surgery and care related to pregnancy. Also featured is a comprehensive spine episode aimed at helping members avoid surgery. Signify Health is supporting the State with its episodes of care solutions by identifying, contracting with and supporting all providers in the Network of Distinction.

OSC has also introduced Anthem's "State BlueCare Prime Plus POS" plan option, a gated health plan option for state health plan members that includes a network of high performing PCPs that have agreed to manage and direct member care and refer to preferred specialists who have demonstrated better than average quality and efficiency. Plan summary is attached below:

Check anthem.com/staect/find-care to see current PCP and specialists who are preferred providers with the plan.

3 Scope of Work

3.1 The purpose of this program is to provide opportunities for providers to develop innovative forms of care delivery through payment arrangements that reduce the cost of care, improve outcomes, reduce health disparities and improve the overall patient experience. The agreement will be for a three-year contract cycle with annual performance reconciliation. This RFP includes incentives for quality of care and targeted savings to promote increased competition in the market through direct contracting with providers. The State is looking to partner with at least one provider or group of provider partners to meet its objectives to improve its program's population health through value-based payment models. 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.

Core Principles of Elective Offering

The goal of the program is to allow and to incentivize Providers to improve population health through value-based arrangements. Respondents are required to include the following key elements:

- **Manage Total Cost of Care** - the State requires Provider to propose one or more alternative payment arrangements and indicate the level of risk (up to and including capitation) Provider is willing to accept, and how that risk will be attributed and quantified. Must demonstrate, through the care delivery model, how Provider will affect the total cost and quality of care for the participants under the program. Must also demonstrate the ability to take on financial risk for the total cost of care of an attributed population. Management strategies should be described for:
 1. The population electing the plan option proposed within this RFP
 2. The attributed population that continues to elect existing broad network plans offered to employees
- **Strategic Steerage Component** - the proposed network structure for the value-based payment model will require a tiered network with out-of-network (POS) options. **Fully closed networks will not be considered.** The network structure, through improved rates and steered utilization, should achieve savings similar to or greater than are currently achieved through Blue Care Prime (10-15%). While design features may differ (tiering vs. gated) the benefit design of the BC Prime product should serve as the basis of the proposal. State employee benefits are collectively bargained; as such, preferred tier

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benefits cannot be adjusted. Adjustments can be proposed for non-preferred tier and out of network benefits. OSC anticipates a successfully bid elective network would be offered to state employees at a 20% to 40% premium discount relative to the State's existing broad network plans; the specific percent discounts will vary based on categories of employees (union vs. non-union) and coverage tier.

- **Commitment to Engage in the Episodes of Care Program** - The State requires Provider to participate in and expand/enhance the current episodes of care program for procedural episodes within the State of Connecticut. Procedural episode workbooks will be provided to each bidder. Workbooks include historical performance and available episodes. Additional information and episode definitions can be found here: <https://www.careinnovationinstitute.com/episodes-list/>. Respondents may also offer to use chronic disease episodes as a mechanism for a value-based payment arrangement for the attributed state populations covered by this RFP (see below).
- **Reducing Health Disparities & Commitment to Community Partnerships** - The State is committed to advancing health equity, reducing disparities, and improving access to services for communities experiencing inequities. Respondents are required to propose an intervention to address social determinants of health and will be held accountable for agreed upon health equity measures related to proposed interventions. This includes the identification and elimination of health disparities faced by participants enrolled with the State and Partnership programs, whether based on race, ethnicity, sexual orientation, geography, age, gender, disability status, socio-economic background, or other factors. Respondent must demonstrate how formal and informal partnerships with community-based organizations, social service agencies, counties, public resources, etc. would be included in the delivery model and how health equity measures affect payment.
- **Quality Commitment** - OSC is committed to improving quality, outcomes, and the patient experience for the plan. OSC requires that respondents leverage the standard quality metrics set currently under active discussion by the Quality Council administered by the Office of Health Strategy (see attached). Shared savings and/or direct reimbursement will be held-back based upon failure to meet minimum quality standards or required annual improvement on the attached measures. OSC requires a minimum of 15% of value-based payments under any value-based arrangement to be contingent on meeting the minimum quality standards as agreed to. Respondents may comment on the quality metrics listed, offer additional metrics and propose a percentage of hold-back specific to each type of value-based arrangement offered.

4 Evaluation Criteria

4.1

- **Financial risk model** - ability of proposed model to produce the long-term goals of the state employee health plan of reducing cost growth and improving quality and patient experience
- **Quality proposal** - Current level of provider performance on core measure set as well as commitment to improve quality over time through financial investment, incentive arrangements, and organizational focus
- **Network Access** - Size and scope of proposed network, including initiatives to ensure timely access to appointments for plan participants
- **Behavioral health integration** - Historic success and future plans to ensure patient access to behavioral health care and integration between behavioral health specialists and overall care management team including PCP
- **Commitment to address social determinants of health** - Ability to track and improve upon identified disparities across socioeconomic, racial, and ethnic groups
- **Commitment to participate in the State's episode of care program administered by Signify**

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- **Experience and ability to manage and coordinate care to successfully achieve proposed financial and quality improvements**

OSC will evaluate Respondent's ability to take on financial risk by looking at variables and thresholds that demonstrate this, including, but not limited to:

- The risk and cost variability of the attributed population
- The catastrophic claims threshold (i.e., maximum amount of a patient's total cost of care that will be included in the calculation)
- The percentage of claim costs paid inside the Respondent's system
- Historic participation and / or progress in previous contracts
- Other factors as deemed necessary

5 Provider Proposal

Provider should indicate key proposal elements, as detailed in the section below, for both the Elective (Steerage) offering and existing Broad network, keeping in mind the requirements and core principles explained above. Additional detail will be provided in the Questionnaire section. Proposals, including the scope, attribution methodology, and accepted risk, may differ between the Broad network offering and the Elective offering. Examples of typical methodologies or formulae are provided; these are examples only and not an exhaustive list of acceptable methodologies. (See Attachment E) In addition, high-level utilization statistics have been provided with the release of this RFP. If Provider requires more detailed data from the State in order to formulate its proposal and answer the questions below, please submit a detailed data request directly to Segal Consulting using the "Ask Question" feature in the left-hand side menu of the RFP in Proposal Tech.

5.1 Elective Plan Proposal:

Please select and combine one option from each grouping to identify the general framework of your proposal for each section below.

Providers must propose their steerage mechanism and network assuming the State's current administrator (Anthem) will administer the plan. Please note that Anthem has a contractual obligation to develop proprietary networks and benefit designs on the State's behalf, including adjusted fee schedules as may be required. In addition, Provider may propose to use its preferred administrative partner. Such a proposal should demonstrate unique features of the provider/administrator relationship that are unlikely to be duplicated should the plan be administered through Anthem. While it is the OSC's preference to retain a single plan administrator the State will consider alternative administrative partners if Anthem's administrative capacity is a limiting factor to a successful partnership.

	Response
Proposed means of achieving cost and quality improvements through a value-based payment model:	<p><i>Single, Pull-down list.</i></p> <p>1: Portion of Rates at Risk, depending on Quality performance – % of rates placed at risk, depending on performance of proposed quality metrics on attributed population,</p> <p>2: Financial Risk Sharing, with Quality performance adjustment – gain or loss sharing of attributed population relative to a target based on proposed methodology, with the performance on proposed quality metrics acting as either a barrier to realizing a payment or an offset to shared liability,</p> <p>3: Capitation – full replacement of fee-for-service with predetermined fees on a per-employee or per-member basis</p>
Proposed steerage mechanism:	<p><i>Single, Pull-down list.</i></p> <p>1: Tiered Network with PCP Gatekeeper,</p>

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	2: Tiered Network without PCP Gatekeeper, 3: Other
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5.2 Please describe the proposed network for the Elective Offering, including whether this is intended to service a select region or be statewide, and explain how this arrangement would achieve the required savings target of 10-15%. Elaborate on the relationship of individual physicians to the responding provider system, and disclose any partnerships or coordination of care agreements that would comprise the proposed steerage network.

The proposed elective health plan option should include an adequate network to ensure state plan members that select the option have sufficient access to all major categories of care and specialists within Provider's system. Network sufficiency means, the ability for a patient to receive an appointment with a required physician in a timely manner. Your network should include a sufficient number of providers who are actively accepting new patients. The sufficiency of the network will be a key scoring component of the RFP. Regional (vs. Statewide) networks will be considered as long as there is sufficient access within the region.

1000 words.

5.3 Please describe the proposed parameters of the value-based payment model selected above, including items such as the % of fees at risk, % of shared savings/losses, and other key elements as relevant.

All elements of the formula do not need to be detailed at this time, but sufficient information should be provided so as to understand the intended size and scope of the risk accepted. All members selecting the Elective offering will be considered attributed.

1000 words.

5.4 Please describe the proposed Quality measures from the list provided, and explain how these align with Provider initiatives and abilities as well as State goals.

Specific targets and weighting is not required at this time.

1000 words.

5.5 Broad Network Proposal:

Please select one or more options below to identify the general framework of your proposal, and describe the proposed attributed population.

Proposed means of achieving cost and quality improvements through a value-based payment model:

Single, Pull-down list.

1: Portion of Rates at Risk, depending on Quality performance – % of rates placed at risk, depending on performance of proposed quality metrics on an attributed population,

2: Financial Risk Sharing, with Quality performance adjustment – gain or loss sharing of an attributed population relative to a target based on proposed methodology, with the performance on proposed quality metrics acting as either a barrier to realizing a payment or an offset to shared liability,

3: Capitation – for an attributed population– full replacement of fee-for-service with predetermined fees on a per-employee or per-member basis

5.6 Please describe the proposed steerage mechanisms for the Broad network based on the description of available options detailed below.

Current plan designs offer a \$0 copay for preferred PCPs and specialists, compared to \$15 for non-preferred. The State also has a site of service program for lab and imaging services in which preferred locations have a \$0 copay, compared to a 20% coinsurance for non-preferred locations (note most sites of service in Connecticut are in the preferred tier). Finally, the State can offer financial incentives for procedures designated at Centers of Excellence or Network of Distinction locations. More information about Networks of Distinction can be found here: <https://carecompass.ct.gov/networkofdistinction>

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Please note that while a winning bidder may earn preferred status under these programs through this procurement, exclusivity will not be granted; the status of other providers will not be impacted by the award of this RFP.

1000 words.

5.7 Please describe the proposed parameters of any value-based payment model selected above, including items such as the % of fees at risk, % of shared savings/losses, and other key elements as relevant. Describe the proposed attribution methodology for each arrangement proposed, using the options described below.

Proposed Attribution:

1. **PCP attribution** - Respondent may propose to utilize PCP attribution as the basis for attributing members under the value-based reimbursement arrangement. Provider may recommend the use of existing PCP attribution through Anthem or an alternative model.
2. **Chronic disease attribution** - Respondent may propose an attribution model based upon members with certain chronic disease diagnoses that utilize the bidder's providers (specialists and PCPs). Respondents selecting this option are encouraged to utilize the State's episode of care model for chronic diseases administered through Signify (chronic disease workbooks to be provided to each bidder for review).
3. **Oncology whole person management** - Presently OSC's episode of care program through Signify does not cover Oncology episodes. Respondent may propose a risk model focused on members engaged in Oncology treatment with their providers and partners. Such proposals should consider the management of the whole person and not just the disease state. Identify the additional services provided, how the patient experience and outcomes can be improved and specific opportunities to achieve savings under the proposed risk arrangement.
4. **Other** - attribution models as may be proposed by the bidder.

All elements of the value-based arrangement or attribution methodology do not need to be detailed at this time, but sufficient information should be provided so as to understand the intended size, scope, and means of the risk accepted.

1000 words.

5.8 Please describe the proposed Quality measures from the list provided, and explain how these align with Provider initiatives and abilities as well as State goals.

Specific targets and weighting is not required at this time.

1000 words.

6 Detailed Questionnaire

6.1 General Information

6.1.1 Provide full legal name of the Facility or Provider Group.

500 words.

6.1.2 Provide website address for the Facility or Provider Group.

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500 words.

6.1.3 Provide a brief history of your company including the structure of ownership.

500 words.

6.1.4 Provide your most recent annual statement documenting the financial stability of your organization.

Single, Radio group.

1: Attached,

2: Not provided

6.1.5 Is there any litigation pending against your company at this time?

Single, Radio group.

1: Yes, explain: [500 words],

2: No

6.1.6 Provide information about your organization, including the various markets served.

500 words.

6.1.7 Based on the information provided, why would your organization be a good fit for the State?

500 words.

6.2 Value-Based Structure

Please answer the following questions. Please note that some questions may be applicable to only certain sections of the proposal. Please indicate when providing answers whether a response is specific to a certain component of your response but not across the board.

6.2.1 Risk arrangements

6.2.1.1 What activities would Provider perform to help ensure success in the proposed financial model that would not otherwise be available under a typical FFS model (e.g., additional care coordination activities)?

500 words.

6.2.1.2 What is your proposed timing for final measurement and reconciliation or financial and quality targets relevant to the agreement?

– Note the State operates on a fiscal year basis July 1 to June 30. It is OSC's preference to reconcile in accordance with the State fiscal year. Reconciliation should be completed by October 1st following the close of the fiscal year.

500 words.

6.2.1.3 What is the proposed process and timing for updating financial or quality targets relevant to the agreement?

500 words.

6.2.1.4 Describe your experience managing Total Cost of Care including implementing and reporting on data sources, tools, software, vendors, and other resources utilized.

500 words.

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6.2.1.5 Describe your experience analyzing attributed populations and assessing risk adjustment and trends.
500 words.

6.2.1.6 Describe what you consider the keys to a successful partnership or collaborative effort in healthcare, and what commitments you would expect from the State to ensure mutual success long-term.
500 words.

6.2.2 Quality

6.2.2.1 Please describe your internal mechanisms for tracking metrics and improving performance across your provider system.
500 words.

6.2.2.2 What is your willingness to engage in quality improvement activities on behalf of State plan members?
500 words.

6.2.2.3 What activities, initiatives, or processes would Provider perform to help ensure success in meeting quality targets?
500 words.

6.2.2.4 Does your organization collect patient satisfaction surveys? If no, are you willing to and within what timeframe?
Single, Radio group.
1: Yes,
2: No, explain: [500 words]

6.2.2.5 Patient experience is important to OSC. Will you commit to performance guarantees related to minimum patient satisfaction standards and/or improvements over time? If so, please propose what you would be willing to place at risk?
500 words.

6.2.3 Behavioral Health

6.2.3.1 Please describe how you approach the behavioral health needs of patients and any integration or coordination efforts between behavioral health providers and resources and primary care providers or other care coordinators. Please also include how you'd address SDOH (Social Determinants of Health).
500 words.

6.2.3.2 Please indicate if the network of providers proposed includes adequate behavioral health coverage. Alternatively, if the network will use the existing Anthem behavioral health network, please indicate.
500 words.

6.2.3.3 What types of behavioral health screenings are typically performed by providers in your network; what standard protocols are in place to act upon the results of such screenings?
500 words.

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6.2.3.4 Please provide your standard protocols to avoid unnecessary opioid prescriptions and their associated dangers.

500 words.

6.2.4 Network Access

6.2.4.1 Along with the provider roster of proposed participating providers, please provide counts, separated by PCPs/Specialists, of available panel spaces that could accommodate new patients.

500 words.

6.2.4.2 Please describe any existing or proposed protocols to ensure that patients have timely access to specialist appointments when referred by a provider participating in your proposed elective network?

500 words.

6.2.4.3 How will telehealth be used to expand access to needed provider services?

500 words.

6.3 Episodes of Care Participation

Please note Participation in the procedural episode program is a requirement of the RFP as well as a scoring category of all proposals.

6.3.1 Have you engaged directly with an employer or health plan for a bundled payment program for episodes of care? If so, how long has this agreement been in place AND what has been your experience?

Single, Radio group.

1: Yes, explain: [500 words],

2: No

6.4 Reducing Health Disparities & Commitment to Community Partnerships

6.4.1 Access to network providers in underserved zip codes - Provide the current count of network providers in your organization whose practices are physically located in each of lower income zip codes that have enrolled members for the group.

	Zip code # 1 – 06606 – Bridgeport, CT	Zip code # 2 – 06268 – Storrs Mansfield, CT	Zip Code #3 – 06516 – West Haven, CT
Primary Care Providers/Internist	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Pediatricians	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
OB/GYNs	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Endocrinologists	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Psychiatry/Psychology	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Immunologist/Allergist	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

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Cardiologist	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Gastroenterologist	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Substance Use Disorder specialists	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

6.4.2 Describe the support you provide to members that reside in lower income zip codes to access/link to community-based services including any tools to help members access and use virtual health care services.
500 words.

6.4.3 Does the network incorporate providers who offer culturally responsive approaches to care? Describe.

Single, Radio group.

1: Yes, describe: [500 words],

2: No

6.4.4 How diverse is your physician/health professional/provider network panel? Provide percentage of providers by race for the network being proposed.

500 words.

6.4.5 Describe efforts to recruit minority providers.

500 words.

6.4.6 Do you track member satisfaction by gender and race (if permissible)?

500 words.

6.4.7 Can you track and report clinical outcomes results by zip code, gender and race? If so, explain how outcomes are tracked and provide sample reports.

Single, Radio group.

1: Yes, explain: [500 words],

2: No

6.4.8 Detail any investments/charitable contributions (lend expertise, etc.) you make in underserved and minority communities to improve health literacy, access and outcomes.

500 words.

6.4.9 How do you address local community issues when applying care management strategies to plan participants?

500 words.

6.4.10 Describe programs that address improving nutrition and access to healthier food choices.

500 words.

6.4.11 State law will soon require that providers collect race, ethnicity and language data associated with their patients. Would your organization be willing to share such data with the state's Administrative Service Organization for individuals receiving health coverage under the state health plan and Partnership plan?

Single, Radio group.

1: Yes,

2: No

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7 Administration Information

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

Date	Activity
September 14, 2021	Release RFP
September 17, 2021	Intent to Bid Form and NDA Deadline by 2:00 PM EDT
September 22, 2021	Vendor Questions (including request for additional data) Deadline by 2:00 PM EDT
September 27, 2021	Bidders' Conference
October 4, 2021	Vendor Questions Answered (including release of any supplemental information)
November 8, 2021	Electronic Proposals Posted to Proposal Tech by 2:00 PM EST
November 9, 2021	Hard Copy Proposals Due by 2:00 PM EST
Week of December 13, 2021	Finalist Interviews (if Necessary)
Week of December 20, 2021	Best and Final Offer
January 7, 2022	Contract Awarded
January 17, 2022	Begin Implementation
July 1, 2022	Effective Date for Contract

- These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective bidders.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each Vendor is requested and advised to be as complete as possible in its response. The State reserves the right to contact any bidder to clarify any response or make a presentation.

8 Process and Requirements

8.1 Data

8.1.1 Provider rosters are integral to the attribution methodology. Please submit your provider roster in delimited text file or Excel format. Required fields include provider name, NPI specialty, and address of provider to be considered for attribution purposes.

Single, Radio group.

- 1: Attached,
- 2: Not provided

8.1.2 In order to facilitate your participation in the Episodes of Care program please also submit a roster of applicable providers in delimited text file or Excel format. Required fields include provider name, NPI specialty, and address of provider to be considered for the program. Each proposer will then be provided with the

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relevant workbook along with specific instructions for completion. Completed workbooks should be submitted with RFP proposals on or before November 8, 2021.

Single, Radio group.

1: Attached,

2: Not provided

8.2 Other Information

8.2.1 What information or programmatic assistance would you require from OSC as the plan sponsor to effectively implement the proposed value-based arrangements?

500 words.

9 Instructions for Submitting Offers

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

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

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

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

9.2 Intent to Bid and NDA

By September 17, 2021, please send the Intent to Bid form to the solicitation contact, Ms. Emily Peters, via the instructions provided below and state whether you intend to bid. By September 17 2021, please send the NDA to Ms. Emily Peters via the same methodology. Upon receipt of the Intent to Bid and fully executed NDA, the State's healthcare consultant, Segal Consulting, will provide vendors with utilization data and other information to be used in responding to the RFP.

Instructions for submission: Click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" (Emily Peters) to send to. Once your attachment is uploaded, be sure to check the box to include your attachment with the email and then click "Send."

Single, Radio group.

1: Completed and sent,

2: Not provided

9.3 Vendor Questions

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Any questions regarding content should be submitted directly to Segal Consulting using the "Ask Question" in the left-hand side menu of the RFP by the deadline of **2:00 P.M. (EDT) on September 22, 2021**. **You DO NOT need to submit your questions separately**, but can include them all in the text field provided. Questions from any Vendor that is considering a response to this RFP will be answered. Questions via email or telephone will not be accepted. The State reserves the right to provide a combined answer to similar questions. Any and all questions and answers to this RFP will be posted by **September 30, 2021** on ProposalTech and the OSC website at <http://www.osc.ct.gov/vendor/index.html>.

Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #84, or by submitting a ticket using the "Tech Support" link in the left-hand side menu of the RFP.

9.4 Confidential Responses

The identification of confidential responses has been turned on for this RFP. If you feel that a response to a question contains proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text field provided. If you do not provide a reason for exemption, the question will not be considered answered. **DO NOT** make every response confidential. If you have any questions regarding this process, please contact Proposal Tech Support at 877-211-8316 x84.

9.5 Proposal Submission

All electronic proposals must be uploaded to ProposalTech by 2:00 P.M. (EDT), November 8, 2021 in order to be considered. Proposals posted later than the time and date specified will not be considered. If you choose not to offer a proposal, please confirm this in writing with the specific reasons for your declination.

All hard copy proposals must be received by 2:00 P.M. (EDT), November 9, 2021 in order to be considered. Proposals received later than the time and date specified will not be considered.

We ask that your proposals limit the amount of materials submitted in paper form. We would expect large bulky printouts to be included on the thumb drive but not included as paper copies. Written materials should be printed double-sided where possible.

In the event of a discrepancy/conflict between the ProposalTech submission and the hard copy version, the ProposalTech version will take precedence. In the event of a power failure or similar occurrence, the hard copy version will be used. In the event a document or section is omitted from the ProposalTech version of the Vendor's response, OSC reserves the right to accept the omitted document or section, if included, in the hard copy version. **All documents, including those related to the Cost Proposal, must remain in their native format.**

Each Vendor must submit one original, one unbound, plus one copy 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 Vendor shall also submit one copy of its complete response on a thumb drive.

Any Vendor that submits trade secrets or confidential commercial or financial information must also provide one copy of its RFP response on a thumb drive 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.

State of Connecticut Population Health RFP

The package should be delivered to:

STATE OF CONNECTICUT

OFFICE OF THE STATE COMPTROLLER

Attention: Steven Cosgrove, RFP-Population Health

Administrative Services Division

165 Capitol Ave

Hartford, CT 06106

10 Terms and Conditions

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

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor OSC shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
- 3. Exclusion of Taxes.** OSC is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, OSC may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by OSC, and at the proposer's expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested by OSC. OSC may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by OSC. At its sole discretion, OSC may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
- 7. Presentation of Supporting Evidence.** If requested by OSC, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. OSC may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, OSC may also check or contact any reference provided by the proposer.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or OSC or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and OSC and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by OSC and, if required, by the Attorney General's Office.

State of Connecticut Population Health RFP

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

9. **Acceptance or Rejection by the State**—The State reserves the right to accept or reject any or all proposals submitted for consideration. All proposals will be kept sealed and safe until the deadline for submission has passed. By responding to this procurement, applicants agree to accept the Comptroller's determinations as final.

10. **Conformance with Statutes**—Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the federal government.

11. **Ownership of Proposals**—All proposals submitted in response to this RFP are to be the sole property of the State and will be subject to the applicable Freedom of Information provisions of Conn.Gen.Stat. §§1-200 et seq. In addition to the completed response, any proposer that submits matter that it in good faith determines to contain trade secrets or confidential commercial or financial information must mark such materials as "CONFIDENTIAL" and provide one redacted copy of its RFP response on a separate thumb drive, which may be disclosed without objection in the event a FOIA request is made for its proposal.

12. **Ownership of Subsequent Products**—Any product, whether acceptable or unacceptable, developed under a contract award as a result of this RFP is to be the sole property of the State of Connecticut, unless explicitly stated otherwise in the RFP or contract.

13. **Communication Blackout Period**—Except as called for in this RFP, contractors may not communicate about the RFP with any of the following: the Healthcare Policy & Benefit Services Division within the OSC or members of the HCCCC until the successful bidder(s) are selected.

No Contractor or Contractor's representative may contact an employee of the OSC or member of the HCCCC or their representatives and vendor partners (Signify Health, Anthem, CVS Health, Wellspark, Upswing Health, United HealthCare, and Health Advocate) regarding their proposal until final selections have been made. Until such time as final selections are made, any such contact will be considered collusion under the "Terms and Conditions" herein and may be grounds for disqualification of the Contractor's proposal.

14. **Notice of Intent to Respond**—The notice of intent to respond and NDA (Attachments A and B, respectively) will be due to Emily Peters via the instructions provided in **Section 9 Instructions for Submitting Offers** by 2:00 P.M. EDT on September 17, 2021. In the notice, the Contractor must provide an email address to receive information about the RFP process, including data, answers to questions submitted by other potential contractors, requests for clarification and other matters about the selection process.

15. **Availability of Work Papers**—All work papers and data used in the process of performing this project must be available for inspection by the State of Connecticut Auditors of Public Accounts for a period of three (3) years or until audited.

16. **Timing and Sequence**—All timing and sequence of events resulting from this RFP will ultimately be determined by the State. Late responses may or may not be considered, and it will be left to the Comptroller's discretion whether to accept or reject late responses.

17. **Stability of Proposed Prices**—Any price offerings from Contractors must be valid for a period of one hundred eighty (180) days from the due date of the Contractor proposals.

18. **Oral Agreements**—Any alleged oral agreement or arrangement made by a Contractor with any agency or employee will be superseded by the written agreement.

19. **Amending or Canceling Requests**—The State reserves the right to amend or to cancel this RFP prior to the due date and time, if such action is deemed to be in the best interest of the State.

20. **Rejection for Default or Misrepresentation**—The State reserves the right to reject the proposal of any Contractor that is in default of any prior contract or for misrepresentation.

State of Connecticut Population Health RFP

21. **Rejection of Qualified Proposals**—Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
22. **Collusion**—By responding to this RFP, the Contractor implicitly states that the proposal is not made in connection with any competing Contractor submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the Contractor did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the Contractor's proposal preparation.
23. **Conformance to Instructions**—All responses to the RFP must conform to the instructions herein. Failure to provide any required information, provide the required number of copies, meet deadlines, answer all questions, follow the required format, or failure to comply with any other requirements of this RFP may be considered appropriate cause for rejection of the response.
24. **Appearances**—In some cases, Contractors may be asked to appear to give demonstrations, interviews, presentations or further explanation to the RFP's screening committee.
25. **Standard Contract and Conditions**—The Contractor must accept the State's standard contract language and conditions. See Standard Contract and Conditions. Attachment C.
26. **Entire Agreement**—The contract will represent the entire agreement between the Contractor and the State and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for payment of services under the terms of the contract until the successful Contractor is notified that the contract has been accepted and approved by the Office of the State Comptroller and by the Office of the Attorney General. The contract may only be amended by means of a written signed agreement by the Office of the State Comptroller, the Contractor, and the Office of the Attorney General.
27. **Rights Reserved to the State**—the State reserves the right to award in part, to reject any and all proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
28. **Receipt of Summary of State Ethics Laws.** The Contractor has received a summary of State Ethics Laws. **See Attachment D hereto.**

11 Standard Contract, Parts I & II

11.1 *By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS[Purchase of Services]:*

Part I of the standard contract is maintained by OSC and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from OSC's Official Contact upon request.

Part II of the standard contract is maintained by the Office of Policy & Management "OPM" and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the

State of Connecticut Population Health RFP

ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by OSC, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

12 Additional Procurement Requirements

12.1 The Connecticut Department of Administrative Services ("DAS") has implemented a requirement that all firms seeking to do business with the State must register their business on CTSOURCE. The portal for registering your business is accessible at <https://portal.ct.gov/DAS/CTSOURCE>. Firms will have the ability to view, verify and update their information by logging in to their CTSOURCE account, prior to submitting responses to an RFP.

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

Additional required forms as described below must be submitted through CTSOURCE by the deadline for submission of proposals. Paper or electronic copies need not be provided with the submission to the Comptroller's office. If you experience difficulty establishing your firm's account, please call DAS at 860-713-5095 or send an email to das.ctsource@ct.gov.

If you have difficulty accessing your CTSOURCE account call 1-866-889-8533 or email webprocure-support@proactis.com.

The OPM Ethics Form, [Campaign Contribution Certification](#) must be signed, dated, notarized, and uploaded to CTSOURCE in accordance with the instructions on page 23 of the User Guide:

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

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 CTSOURCE. To obtain a copy of these forms, you must login to CTSOURCE 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

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

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The CHRO Workplace Analysis Affirmative Action Report/Employment Information must be completed in CTSOURCE and updated as necessary. [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:

- The Contractor's success in implementing an affirmative action
- 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.
- The Contractor's promise to develop and implement a successful affirmative action
- 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
- 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 <https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf>. You must complete the Bidder Contract Compliance Monitoring Report and upload it to CTSOURCE.

More information about the State of Connecticut's Contract Compliance requirements is available on the Commission on Human Rights and Opportunities' web site at www.state.ct.us/chro under "Contract Compliance."

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

Single, Radio group.

1: Procurement documents have been downloaded, completed, and submitted,

2: Not provided, explain: [500 words]

13 Rights Reserved to the State

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

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by OSC.
- 2. Amending or Canceling RFP.** OSC reserves the right to amend or cancel this RFP on any date and at any time, if OSC deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, OSC may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** OSC reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. OSC may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. OSC reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

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- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** OSC reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. OSC further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, OSC may seek Best and Final Offers (BFO) on cost from proposers. OSC may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** OSC reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When OSC is the sole funder of a purchased service, OSC reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. OSC also reserves the right to approve replacements for key personnel who have terminated employment. OSC further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by OSC.

14 Statutory and Regulatory Compliance

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

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement"

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

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

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

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

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

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person.

Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

6. Iran Energy Investment Certification C.G.S. § 4-252(a). Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed

State of Connecticut Population Health RFP

such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

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

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