

# State of Connecticut HEP Administration, HealthCare Navigation, Clinical Care Management RFP

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

## 1 Purpose/Introduction

### 1.1 INTRODUCTION

The Office of the State Comptroller ("OSC"), in collaboration with the Health Care Cost Containment Committee ("HCCCC"), is soliciting proposals from vendors interested in providing services to support the State of Connecticut's Health Enhancement Program ("HEP") and/or to provide HealthCare Navigation program services and/or Clinical Care Management services. Vendors may submit proposals for HEP, HealthCare Navigation, Clinical Care Navigation or all three requested services.

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

OSC reserves the right to award any service in whole or in part, if proposals demonstrate that doing so would be in OSC's best interest. OSC also reserves the right to issue multiple awards, no award, cancel, or alter the procurement at any time. In addition, OSC reserves the right to extend the proposed RFP period, if needed. Proposals containing the lowest cost will not necessarily be awarded as OSC recognizes that factors other than costs are important to the ultimate selection of the provider or providers. Proposals provided in response to this RFP must comply with the submittal requirements set forth in later sections, including all forms and certifications, and will be evaluated in accordance with the criteria and procedures described herein. Based upon the results of the evaluation, OSC will award the contract(s) to the most advantageous Vendor(s), based on cost and the technical evaluation factors in the RFP. Any contract awarded hereunder shall be subject to the approval of the Office of the Attorney General in accordance with applicable state laws and regulations.

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the Technical Response and Price Proposal Worksheet, which combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will become part of the contract terms and policy between the parties.**

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

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

OSC has retained Segal to assist in the evaluation of the proposals for responsiveness to the RFP and to review such proposals with them.

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

## 2 General Information

### 2.1 BACKGROUND

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

### HEALTH ENHANCEMENT PROGRAM

In 2011, in response to a collective bargaining agreement, the State implemented the Health Enhancement Program (HEP), a value-based insurance design (“VBID”) program. State employees, certain retirees, and their dependents that enroll in the HEP program are required to seek age-appropriate preventive services. Enrollees who are identified with one of five 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. 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. HEP participants are required to complete their age-appropriate preventive services annually. The HEP compliance period is on a calendar year basis, penalties generally apply in August following the end of a compliance period. HEP members who become compliant during the intervening months between the end of the compliance period and the application of the penalty are removed from the non-compliant list and no penalty is applied. Those who are assessed a penalty may regain their HEP compliant status by completing outstanding requirements, members who regain their compliance status are added back to the HEP plan design with the lower premium share on the first of the month following their completion of outstanding services.

The current program requires significant manual intervention. The HEP administrator outreaches to providers on behalf of HEP members to confirm services to ensure members are not penalized due to claims delay. Members can inform the HEP administrator of the services received through phone calls or by filling out certain HEP forms which are delivered through fax or email. The HEP administrator is responsible for tracking permanent HEP exemptions that may occur due to the absence of anatomy that would necessitate recommended screenings. The HEP administrator must also track changes in national recommendations that may impact HEP requirements, such changes are shared with the bargaining parties with recommendations for adoption. The HEP administrator is also responsible for categorizing non-compliant participants and presenting the list of non-compliant participants to the Health Care Cost containment committee for a vote to remove non-compliant members from the HEP plan to the standard plan with higher cost shares.

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HEP is a collectively bargained program, as a result the bargaining parties may make certain changes or exemptions to the program, like extending the compliance period for all or a subset of the HEP enrollees. The HEP administrator must have the flexibility to quickly adjust to changes required by the bargaining parties.

(Currently, there are 180,000+ participants in HEP under the state health plan; another 40,000+ members participate in HEP through the Partnership Plan. **A copy of the age-based HEP Requirements is attached below and link to the state's current HEP portal can be found [here](#).**)

The incumbent, WellSpark Health, an affiliate of ConnectiCare, has performed these services since January 2013, and is eligible to submit a bid in response to this RFP. WellSpark 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 and maintains HEP compliance data, which is available on the member portal. Through an agreement with PatientPing, Inc., WellSpark receives real-time notifications when a HEP member with a chronic condition is admitted to or discharged from a hospital or receives care at an emergency room.

WellSpark also administers the plan's Diabetes Prevention Program. The Digital Diabetes Prevention Program is offered to state health plan members to help enact healthy habits and lifestyle changes to prevent the onset of Diabetes. Please note the administration of the digital diabetes program will not be specifically awarded through this RFP, rather the state will work with the RFP winner or winners on a comprehensive plan to offer digital point solutions, including a diabetes prevention program.

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

Dental benefits are administered by Cigna on a fully insured basis.

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

## HEALTHCARE NAVIGATION PROGRAM

OSC provides members a centralized point of information and engagement (Care Compass) through which they are able to access benefit information and guidance which includes:

- Finding participating providers, providers of distinction, centers of excellence
- Resolution of claim and billing issues
- Making provider appointments
- Getting a second opinion
- Health Webinars and Blogs
- Single-sign-on benefits resource

The program is currently administered by Health Advocate and is available to all State and Partnership employees, retirees and their families.

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## 2.2 OBJECTIVES

The Office of the State Comptroller (“OSC”), in collaboration with the Health Care Cost Containment Committee, is soliciting proposals from vendors interested in providing services to support the State of Connecticut's Health Enhancement Program (“HEP”), to provide a comprehensive Healthcare Navigation program and provide a comprehensive care management solution, including required HEP chronic disease education. Please note OSC may be interested in integrating certain services currently provided by the medical plan administrative servicer (prior authorization, case management, member appeals etc.) if it is demonstrated that doing so would improve member engagement and member experience. Bidders are encouraged to propose solutions for all services requested either alone or with partners; however, bids that only address one or more but not all services will be considered.

This RFP is for a three-year contract that can be extended at the Comptroller's option for two additional one-year periods, not to exceed in the maximum five years. The selected responder(s) must be prepared to implement major contract elements by March 1, 2023.

## 2.3 Scope of Services Requested

### HEP Administration

OSC is soliciting bids from qualified firms to administer HEP. The selected vendor will be required to:

- Utilize claims data to monitor enrolled members' compliance with their annual HEP requirements on an individual basis;
- Utilize claims data to identify members with chronic conditions;
- Establish a Web- and app-based portal to enable members to monitor their progress toward completing HEP requirements and access chronic disease education materials;
- Report compliance to the Office of the State Comptroller
- Confirm services by reaching out to providers on member's behalf when they notify the administrator of a service that has been completed but for which a claim has not yet processed
- Maintain a communications program for HEP participants.

The selected HEP administrator will be required to communicate with members throughout the year. Such communications include: informing members of any changes in the HEP requirements at the beginning of the year, providing regular mailings and updates to individual members about their (and family members') compliance status; issuing successive reminders to non-compliant members on ways to satisfy outstanding requirements; providing notices of impending disqualification for plan benefits to members and union representatives.

### HEALTHCARE NAVIGATION

OSC is soliciting bids from qualified firms to provide HealthCare Navigation Services. The selected vendor will be required to provide a centralized source of information, guidance and engagement for its employees and retirees, including Partnership groups.

The selected vendor will be required to assist the State in delivering an exceptional benefits experience which will include the following:

- Host a central benefits, mobile friendly website coordinating all healthcare offerings including:
  - A provider “look up” tool for all plans offered to state employees and retirees. The lookup tool should have the ability to show personalized out of pocket information and available

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- incentives through the “Provider of Distinction” and “Center of Excellence” program. It should also clearly display third-party quality metrics and have accurate and up to date provider demographic information.
- Education around Providers of Distinction, Centers of Excellence, HEP, Digital Point Solution Providers and other plan related programs
- Include the ability to white label using the state's branding “CareCompass”
- Post plan documents, forms and rates in an easily accessible format
- Have the ability to act as a secure Single sign-on administrator to allow access to other vendor tools all in one location
- Allow Comptroller staff to directly edit and update messaging, add forms or other pages as necessary
- Central Call Center to:
  - Answer Benefit Questions
  - Assist with Claims and billing Issues
  - Assist in finding providers and scheduling appointments
- Assist Comptroller's Office with Open Enrollment activities including:
  - Decision tools to help members choose the best medical or dental plan for their circumstances and preferences
  - Online enrollment and election capable of providing data feeds to the state's PeopleSoft system
  - Participate in virtual and/or in-person open enrollment fairs to answer member benefit questions
  - Train call center staff to answer common open enrollment questions
- Additional services
  - Administration of Member Incentive payments for the Provider of Distinction program, which entails sending incentive checks and annual 1099s to members who utilize incentive eligible providers for incentive eligible services
  - Assist with any necessary ad-hoc member communications throughout the year
  - Administer any necessary ad-hoc programs (additional charges to apply)

## **Care Management and Clinical Services, including HEP required chronic disease education.**

- Provide chronic condition management and care coordination, including collaboration with the existing Accountable Care Organizations (“ACO's”), Providers of Distinction and other Primary Care Physicians;
- Partnering with primary care groups on care coordination and outreach for HEP chronic disease members
- Create a process for receiving lab results and other EHR data from ACOs and primary care settings for at-risk individuals;
- Receive ADT alerts related to ER or inpatient discharges for high-risk members. Reach out to engage member in care coordination and transition services, if necessary, either directly or in conjunction with primary care provider
- Sub-contracting and integration with point solution services or direction administer services such as pre-diabetes programs, diabetes management, MSK, and obesity programs that may be useful in managing and engaging member care
- Identifying and addressing gaps in care

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- Expert Medical Opinions
- Treatment decision support for existing and new diagnoses
- Assist with obtaining second opinions
- Provide clinical guidance.

## **Additional Services**

The following services are currently provided by the state's health carrier. The state is interested in understanding if some or all could be better integrated if they were provided by a health care navigation vendor to create a true seamless experience for members.

- Virtual consultations
- Nurse helpline
- Complex case management
- Process prior authorizations and medical necessity determinations to better integrate with providers and catch issues early
- Member appeals.

## **2.4 Evaluation of Proposals**

The State considers the following criteria to be the most critical (not listed in order of importance) in selecting a vendor to provide a the services covered in the RFP. Finalists will be selected based upon overall scores and or scores in categories related to specific services. In addition to the responses in the RFP the committee will also take into account finalist interviews and BAFO responses, including responses to clarifying and follow-up questions in final scoring.

### **1. General**

- Adherence to State contract requirements.

### **2. HEP Administration**

- Sufficiency and effectiveness of call center support.
- Proven flexibility in reporting, administrative and communication capabilities, including the ability to customize management reports and member communications to meet the State's specific requirements, and ability to make administrative adjustments as required to reflect changes in the program during the contract period. Ability to streamline existing processes through online forms or other technical innovations will be considered.
- Ability to implement the following requested services by March 1, 2023 will be critical: HEP compliance monitoring; HEP member portal; identification of members for inclusion in chronic care coordination and management programs.
- Demonstrated ability of working with similarly sized populations to administer plan specific value-based insurance programs like HEP
- Competitiveness of pricing as measured by the services offered relative to cost (value).

### **3. Health Care Navigation**

- Adequacy and qualifications of dedicated staff

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- Proven track record of superior customer service, including historical member satisfaction scores
- Demonstrated ability to utilize the State's demographic, claims and utilization data to provide personalized customer care
- Demonstrated a State-of-the-Art digital platform and with demonstrated ease of use for plan participants and flexible design features to allow plan specific messaging, branding and other forms and information
- Demonstrated ability to integrate all OSC health programs into a single platform including single sign-on abilities
- Demonstrated ability to produce a provider lookup tool with accurate demographic information, member cost shares, provider quality information including member ratings, ability to incorporate plan incentives for Provider of Distinction and Center of Excellence program (Medical, Dental and Pharmacy)
- Demonstrated track record of designing and operating web-based and smart phone-based patient portal with requested interactive features. Demonstrated ability of working with similarly sized populations to manage health care costs through effective patient engagement
- Ability to implement the requested services by March 1, 2023
- Competitiveness of pricing as measured by the services offered relative to cost (value)

#### 4. Care Management and Clinical Services, including HEP required chronic disease education.

- Adequacy and qualifications of dedicated staff
- Demonstrated ability to utilize health data to provide a total population management approach, which includes successful chronic care management programs and care coordination services in support of HEP and in collaboration with the health plan's ACO's and other Primary Care providers.
- Adequacy of staff and resources to implement the following requested services by March 1, 2023: identification of members for inclusion in chronic care coordination and management programs.
- Capability of company to deliver effective care coordination and health counseling services with demonstrated ROI.
- Historical member satisfaction scores
- Ability to successfully engage eligible members in chronic disease programing
- Reporting capability and flexibility
- Approach to identifying and addressing disparities in health equity
- Competitiveness of pricing as measured by the services offered relative to cost (value)

#### 2.5 Planned Schedule of RFP Activities

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

Date	Activity
September 6, 2022	Release RFP
September 15, 2022	Intent to Bid Form Deadline by 2:00 PM EDT
September 15, 2022	NDA Deadline by 2:00 PM EDT
September 19, 2022	Vendor Question Deadline by 2:00 PM EDT

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October 3, 2022	Vendor Questions Answered
October 10, 2022	Electronic Proposals Posted to Proposal Tech by 2:00 PM EDT
October 12, 2022	Thumb Drive Proposals Due by 2:00 PM EDT
Week of November 7, 2022	Finalist Interviews (if Necessary)
Week of November 14, 2022	Best and Final Offer
Week of November 21, 2022	Contract Awarded
Week of November 21, 2022	Begin Implementation
March 1, 2023	Effective Date for Contract and live services

- These dates represent a tentative schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to prospective bidders.
- This RFP does not commit the State to award a contract. The State reserves the right to reject all proposals, and at its discretion, may withdraw or amend this RFP at any time.
- The State may revise and amend the RFP prior to the due date for the proposal. If, in the opinion of the State, revisions or amendments will require substantive changes in proposals, the due date may be extended.
- The State reserves the right to reject any and all proposals received, for specific reasons, which include, but are not limited to, non-compliance with RFP requirements.
- Responses to this RFP will be the primary source of information used in the evaluation process. Each Vendor is requested and advised to be as complete as possible in its response. The State reserves the right to contact any bidder to clarify any response or make a presentation.

## 2.6 OTHER INFORMATION

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

## 3 Response Instructions

### 3.1 INSTRUCTIONS FOR SUBMITTING OFFERS

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

Questions specific to HEP Administration are in Section 6.4. Questions specific to HealthCare Navigation are in Section 6.5. Questions specific to Care Management and Clinical Services are in Section 6.6. You may respond to one or all, depending on what services you are proposing.

All other 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, forms or grids. Such a response may jeopardize your chances for consideration.



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

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

Each Vendor shall also submit two copies of its complete response on a thumb drive.

**Any Vendor that submits information that includes confidential information that the Vendor identifies is exempt under the Connecticut Freedom of Information (“FOI”) Act must also provide one copy of its RFP response on a thumb drive from which all such data and information has been redacted and identifies the applicable FOI exemptions and which may be disclosed without objection if the State receives a Freedom of Information Act (“FOIA”) request for its proposal. Failure to provide a redacted version may result in the release of the RFP response on file with the State at the time such FOI request is made.**

The package should be delivered to:

STATE OF CONNECTICUT

OFFICE OF THE STATE COMPTROLLER

Attention: Steven Cosgrove, RFP - Health Enhancement Program Administration and Chronic Condition Management

Administrative Services Division

165 Capitol Avenue, Fourth Floor

Hartford, CT 06106

Please confirm the products you'll be bidding on in the table below:

	Response
HEP Administration	<i>Single, Radio group.</i> 1: Yes, 2: No
HealthCare Navigation	<i>Single, Radio group.</i> 1: Yes, 2: No
Care Management and Clinical Services	<i>Single, Radio group.</i> 1: Yes, 2: No

### 3.2 Intent to Bid

By September 13, 2022, please email the Intent to Bid form to the solicitation contact, Ms. Emily Peters, the instructions provided below and state whether you intend to bid. The [Intent to Bid form is posted to ProposalTech.](#)

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**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 via the instructions above,

2: Not provided

Attached Document(s): [State of CT - Intent to Bid.docx](#)

## 3.3 Restriction on Contact with State Personnel

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

## 3.4 Conflict of Interest

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

The Vendor shall provide assurances that it presently has no interest and shall not acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its services hereunder. The Vendor shall also provide assurances that no person having any such known interests shall be employed during the performance of this contract.

A Vendor that is awarded all or part of the RFP is required to comply with the State of Connecticut Code of Ethics. More information can be found in the Contractors Guide to the Code of Ethics, <https://portal.ct.gov/-/media/Ethics/Guides/2021/Contractors-Guide-to-the-Code-of-Ethics-Rev-11-2021.pdf>.

## 3.5 Non-Disclosure Agreement (NDA)

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

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

## 3.6 Vendor Questions and Requests for Data

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Any questions regarding content or requests for data should be submitted directly to Segal using the “Ask Questions” feature on the main RFP page by the deadline of **2:00 P.M. EDT on September 19, 2022**. Questions submitted via Proposaltech 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 **October 3, 2022** 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. #4, and asking for support.

## 4 Proposal Requirements

### 4.1 OSC GENERAL TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and applicable state laws and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor OSC shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** OSC is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, OSC may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by OSC, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by OSC. OSC may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected, and 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.

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- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or OSC or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and OSC and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by OSC and, if required by the Attorney General's Office.

*Contractors responding to this RFP must 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 starting at Section §§1-200 of the Connecticut General Statutes. In addition to the completed response, any proposer that submits matter that it in good faith determines to contain trade secrets or confidential commercial or financial information must mark such materials as "CONFIDENTIAL" and provide one redacted copy of its RFP response on a separate thumb drive, which may be disclosed without objection in the event a FOI request is made for its proposal. Failure to clearly mark materials as "CONFIDENTIAL" and/or failure to provide a redacted copy may result in the release of the RFP response on file with the State at the time such FOI request is made.
- 12. Ownership of Subsequent Products**—Any product, whether acceptable or unacceptable, developed under a contract award as a result of this RFP is to be the sole property of the State of Connecticut, unless explicitly stated otherwise in the RFP or contract.
- 13. Communication Blackout Period**—Except as called for in this RFP, contractors may not communicate about the RFP with any of the following: the Healthcare Policy & Benefit Services Division within the OSC or members of the HCCCC until the successful bidder(s) are selected. No Contractor or Contractor's representative may contact an employee of the OSC or member of the HCCCC or their representatives and vendor partners (Signify Health, Anthem, CVS Health, Wellspark, Upswing Health, UnitedHealthCare, and Health Advocate) regarding their proposal until final selections have been made. Until such time as final selections are made, any such contact will be considered collusion under the "Terms and Conditions" herein and may be grounds for disqualification of the Contractor's proposal.
- 14. Notice of Intent to Respond**—  
The notice of intent to respond (Attachment A) will be due to Emily Peters by 2:00 P.M. on August 29, 2022 via the ProposalTech system as described above in Section 3.2. In the notice, the Contractor must provide an email address to receive information about the RFP process, including data, answers to questions submitted by other potential contractors, requests for clarification and other matters about the selection process.

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15. **Availability of Work Papers**—All work papers and data used in the process of performing this project must be available for inspection by the State of Connecticut Auditors of Public Accounts for a period of three (3) years or until audited.
16. **Timing and Sequence**—All timing and sequence of events resulting from this RFP will ultimately be determined by the State. Late responses may or may not be considered, and it will be left to the Comptroller's discretion whether to accept or reject late responses.
17. **Stability of Proposed Prices**—Any price offerings from Contractors must be valid for a period of one hundred eighty (180) days from the due date of the Contractor proposals.
18. **Oral Agreements**—Any alleged oral agreement or arrangement made by a Contractor with any agency or employee will be superseded by the written agreement.
19. **Amending or Canceling Requests**—The State reserves the right to amend or to cancel this RFP prior to the due date and time, if such action is deemed to be in the best interest of the State.
20. **Rejection for Default or Misrepresentation**—The State reserves the right to reject the proposal of any Contractor that is in default of any prior contract or for misrepresentation.
21. **Rejection of Qualified Proposals**—Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
22. **Collusion**—By responding to this RFP, the Contractor implicitly states that the proposal is not made in connection with any competing Contractor submitting a separate response to the RFP and is in all respects fair and without collusion or fraud. It is further implied that the Contractor did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the Contractor's proposal preparation.
23. **Conformance to Instructions**—All responses to the RFP must conform to the instructions herein. Failure to provide any required information, provide the required number of copies, meet deadlines, answer all questions, follow the required format, or failure to comply with any other requirements of this RFP may be considered appropriate cause for rejection of the response.
24. **Appearances**—In some cases, Contractors may be asked to appear to give demonstrations, interviews, presentations or further explanation to the RFP's screening committee.
25. **Standard Contract and Conditions**—The Contractor must accept the State's standard contract language and conditions. See Standard Contract and Conditions. Attachment - B.
26. **Entire Agreement**—The contract will represent the entire agreement between the Contractor and the State and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for payment of services under the terms of the contract until the successful Contractor is notified that the contract has been accepted and approved by the Office of the State Comptroller and by the Office of the Attorney General. The contract may only be amended by means of a written signed agreement by the Office of the State Comptroller, the Contractor, and the Office of the Attorney General.
27. **Rights Reserved to the State**—the State reserves the right to award in part, to reject any and all proposals in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
28. **Receipt of Summary of State Ethics Laws.** The Contractor must acknowledge that is has received a summary of State Ethics Laws by submitting a signed receipt with its bid. **See Attachments C and D hereto.**

Attached Document(s): [Attachment C contractors guide to the code of ethics revjan2019.pdf.docx](#),  
[Attachment D Affirmation of Receipt of State Ethics Laws.docx](#)

## 4.2 STANDARD CONTRACT, PARTS I AND II

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

Part I of the standard contract will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract.

Part II of the standard contract includes the mandatory terms and conditions, may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

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 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.

Attached Document(s): [2022 OSC Template Contract \(PSA\)-last updated 7-27-22.pdf](#)

## 4.3 ASSURANCES

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

**4.3.1 Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

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

**4.3.3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

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

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

## 4.4 Additional Procurement Requirements

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

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

- Secretary of State recognition - Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

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>.

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

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

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

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

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

## 4.5 RIGHTS RESERVED TO THE STATE

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

**4.5.1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by OSC.

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**4.5.2. Amending or Canceling RFP.** OSC reserves the right to amend or cancel this RFP on any date and at any time, if OSC deems it to be necessary, appropriate, or otherwise in the best interests of the State.

**4.5.3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, OSC may reopen the procurement process, if it is determined to be in the best interests of the State.

**4.5.4 Award and Rejection of Proposals.** OSC reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. OSC may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. OSC reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

**4.5.5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

**4.5.6. Contract Negotiation.** OSC reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. OSC further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, OSC may seek Best and Final Offers (BFO) on cost from proposers. OSC may set parameters on any BFOs received.

**4.5.7. Clerical Errors in Award.** OSC reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void ab initio and of no effect as if no contract ever existed between the State and the proposer.

**4.5.8. Key Personnel.** When OSC is the sole funder of a purchased service, OSC reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. OSC also reserves the right to approve replacements for key personnel who have terminated employment. OSC further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by OSC.

## 4.6 STATUTORY AND REGULATORY COMPLIANCE

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

**4.6.1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are



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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, and identifies the applicable exemptions from the state FOI Act, 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.

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

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

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

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

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- (1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;
- (2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and
- (3) That the Contractor is submitting bids or proposals without fraud or collusion with any person. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

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

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

**4.6.8. Access to Data for State Auditors.** The Contractor shall provide to OPM access to

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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.

Attached Document(s): [OPM-Form1-CampaignContributionCertification-8-18-Final.pdf](#)

## 5 Health Enhancement Program Administration, Healthcare Navigation Program Clinical Care Management Confirmations

**Below are the specific confirmations for submitting a proposal. By checking “Confirmed”, Proposer represents the proposal submitted adheres to these confirmations, unless otherwise noted in the proposal. Failure to agree to any of these confirmations may result in disqualification of proposal. If Proposer takes exception to any of these confirmations, it must be so noted in the Bid Exceptions and Deviations Document (Attachment E) of their proposal response. These confirmations will also explicitly apply to any subcontractors used by the Proposer to deliver services to the State.**

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

*Single, Radio group.*

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

5.2 Confirm you will notify the State and each affected individual directly if a breach of unsecured protected health information is discovered, as required under the Health Information Technology for Economic and Clinical Health (“HITECH”) Act, enacted as part of the American Recovery and Reinvestment Act of 2009, and in accordance with the HIPAA/HITECH Comprehensive Final Rule.

*Single, Radio group.*

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

5.3 Confirm that you agree to provide reporting to the State's data warehouse vendor, details to be determined.

*Single, Radio group.*

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

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

*Single, Radio group.*

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

5.5 Confirm that you have the ability to interface, at a minimum, with OSC, the medical and dental carriers, the PBM, and data warehouse vendors for data and file sharing at a frequency requested by OSC.

*Single, Radio group.*

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

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5.6 Confirm that you have administered the requested programs for a minimum of five (5) years;

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

5.7 Confirm that you have been administering such programs to at least one governmental client with a minimum of 100,000 lives for a minimum of two (2) years.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

5.8 Occasionally, new administrative tasks and programs are assigned to the Office of the State Comptroller. Historically, we have asked our Health Enhancement Program administrator and/or our Centralized Benefit vendor to assist in rolling out items that were not initially anticipated or noted in the contract. Confirm your willingness and capacity to amend and add items to the contract should the need arise.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

## 6 General Questionnaire

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

### 6.1 Organization, Legal Status and Ownership

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

*100 words.*

6.1.2 How long has your organization been operational?

*10 words.*

6.1.3 How long has your organization been licensed to operate?

*10 words.*

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

*Single, Radio group.*

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

2: No

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

*Single, Radio group.*

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

2: No

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

6.1.9 Please provide references, including the names, addresses, email addresses and telephone numbers of three Public Sector clients that currently use your organization. If none, provide other references.

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

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

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

6.1.11 Will you use any subcontractors for this engagement?

*Single, Radio group.*

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

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

100 words.

6.1.13 Does any health plan or pharmaceutical company have equity ownership in your organization? If so, please explain why and how these organizations obtained equity in your company.

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*Single, Radio group.*

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

2: No

6.1.14 Does your firm partner with one or more Private Equity firms as a source of funding?

*Single, Radio group.*

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

2: No

## 6.2 Implementation

6.2.1 The anticipated effective date is March 1, 2023. Please provide an implementation plan that includes both a project overview and details on specific tasks, timeliness, and responsibilities.

*Single, Radio group.*

1: Attached,

2: Not provided

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

*Single, Radio group.*

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

2: No

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

*500 words.*

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

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

6.2.5 Will an implementation manager be assigned to lead and coordinate the implementation activities with the State?

*Single, Radio group.*

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

2: No

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

*500 words.*

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6.2.7 What type of custom branded communications materials and support do you provide with respect to onboarding and throughout the program? Is there an additional cost?

500 words.

## 6.3 Account Management

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

50 words.

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

	Account Representative #1	Account Representative #2	Account Representative #3
How long has this person been with your organization?	10 words.	10 words. Nothing required	10 words. Nothing required
How many years of relevant experience does this person have?	Decimal.	Decimal. N/A OK.	Decimal. N/A OK.
What experiences do they have working with public sector clients?	500 words.	500 words. Nothing required	500 words. Nothing required
How many clients will the account manager be responsible for?	Integer.	Integer. N/A OK.	Integer. N/A OK.

6.3.3 Describe how you monitor and measure customer satisfaction and quality assurance.

500 words.

6.3.4 Indicate your overall staff turnover rate for the past 6 months, and for calendar year 2021.

Position	Turnover 2021	Turnover 2022
All Staff	Percent.	Percent.
Account Management Staff Only	Percent.	Percent.
Customer Service Staff Only	Percent.	Percent.

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

Single, Radio group.

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

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

500 words.

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## 6.4 QUESTIONNAIRE HEP ADMINISTRATION

### 6.4.1 Health Enhancement Program Support

6.4.1.1 Do you offer Web-based Lifestyle Behavior Change Programs that could be modified and/or customized to assist participants in compliance with the requirements of HEP?

*Single, Radio group.*

- 1: Yes,
- 2: No

6.4.1.2 Are these structured programs? Please describe the curriculum for the programs.

*Single, Radio group.*

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

6.4.1.3 Are the programs dynamic and interactive? Define what that means for your offering.

*Single, Radio group.*

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

6.4.1.4 Describe how the programs are tailored to the needs of the member through ongoing participation in the program.

*500 words.*

6.4.1.5 How does an individual access the programs?

*500 words.*

6.4.1.6 How do you propose to track compliance with annual HEP requirements?

*500 words.*

6.4.1.7 Can participants track their own progress?

*Single, Radio group.*

- 1: Yes,
- 2: No

6.4.1.8 How would you propose increasing member engagement in service throughout the year?

*500 words.*

6.4.1.9 What types of reports can your system generate, and how often are these reports produced? Please provide samples of standard reports. Specifically, reports related to program compliance and member engagement (phone, email, other contact points)

*500 words.*

6.4.1.10 How do you measure participant satisfaction within your program?

*500 words.*



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6.4.1.11 What is the average participant satisfaction with your program for the past 12 months?

*100 words.*

6.4.1.12 Describe any Web-based or online services (including applications for cellular phones or tablets) provided to members and physicians, and if they are customizable to the state's needs. Please provide dummy ID login information and/or screen shots for review purposes.

*500 words.*

6.4.1.13 Can specific age-based HEP basic compliance be programmed into an online tool so employees can monitor compliance for themselves and their enrolled dependents?

*Single, Radio group.*

1: Yes,

2: No

6.4.1.14 How do you measure the success in administering the HEP program, which KPIs would you track?? Explain.

*500 words.*

6.4.1.15 Describe your approach to quality assurance (accurate administration and data) and the process of reporting to OSC.

*500 words.*

## **6.4.2 Call Center Operations & Staff**

6.4.2.1 What are your call center hours of operation in terms of hours per day and days per week? Identify the process for members/physicians to contact clinicians after hours.

*500 words.*

6.4.2.2 Can you administer both inbound and outbound calls. For example, the HEP administrator currently assists members by confirming compliance by directly outreaching to providers to confirm required services have been received. They also assist with making appointments. Would you provide these services and or propose other methods for assisting members in complying with the program?

*500 words.*

6.4.2.3 Is the member's clinical information available during each call with that member or the member's physician? Explain.

*Single, Radio group.*

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

2: No

6.4.2.4 Explain how member clinical information is captured and stored.

*500 words.*

6.4.2.5 Describe your process for tracking member calls and written correspondence and how member calls and correspondence are logged.

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500 words.

6.4.2.6 Describe your call center technology.

500 words.

6.4.2.7 Where are the members of your call center and management team located?

200 words.

6.4.2.8 For the first three years of the contract please provide the estimated number (by function/and Full Time Equivalent [FTE]) of the following personnel to be assigned to the State of Connecticut:

Position	Year 1	Year 2	Year 3
Account Management	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
Call Center Employees	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
IT Staff Members	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

6.4.2.9 What performance measures are in place for your company's inbound automatic call distribution ("ACD") call center as well as your telephonic outreach functions?

500 words.

6.4.2.10 Due to the nature of the HEP program, which applies monetary penalties for participants who don't comply with the program requirements, call volume related to HEP compliance can vary drastically throughout the year with typical volume between 200 and 400 calls a week, jumping to over 5,000 calls a week as deadline for imposition of non-compliance penalty approaches. How would you propose handling such variation in call volume? What opportunities do you have to train and leverage additional staff to avoid long wait times? Please note average call time during peak periods is about 7 to 8 minutes a call currently.

500 words.

## 6.4.3 Data Exchange

6.4.3.1 What data (e.g., claims, eligibility) do you require from the health plan to support program components? What is the frequency required for each data set? What is the typical time frame from receipt of such data to it being loaded and available in your system?

500 words.

6.4.3.2 How are you able to receive these data sets? Describe your system for collecting and maintaining member and physician data.

500 words.

6.4.3.3 Confirm that you will generate a reconciliation eligibility file monthly or on demand and that this file will be reconciled to the billing.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

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6.4.3.4 Describe your data warehouse.

*500 words.*

6.4.3.5 Provide a listing of reports that are available to the health plan and the provider.

*500 words.*

6.4.3.6 How flexible is your system in meeting ad hoc reporting needs? Is there an extra charge for these reports?

*500 words.*

6.4.3.7 What is your process to grant access, and how does your company respond to access-related technical issues?

*500 words.*

6.4.3.8 In what format does your system accept lab data? (EHR direct from physician practices via an electronic feed?)

*100 words.*

6.4.3.9 Can you load union codes and utilize for reporting purposes?

*Single, Pull-down list.*

1: Yes,

2: No

6.4.3.10 Has an independent consulting firm reviewed your database system? If so, provide details.

*Single, Radio group.*

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

2: No

## 6.5 QUESTIONNAIRE HEALTHCARE NAVIGATION

### 6.5.1 General

6.5.1.1 Describe any unique strategies or services (or customizations to current products and services) that you would recommend specific to our organization that are not explicitly requested in the scope of this RFP.

*500 words.*

6.5.1.2 Please describe what differentiates you and your proposed model from other marketplace competitors.

*500 words.*

6.5.1.3 What is your NPS score?

*Integer.*

6.5.1.4 Please describe your philosophy and approach to healthcare navigation services and how it improves the member experience.

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500 words.

6.5.1.5 Please describe the team that will service the client in the following questions in the chart below:

	Details
a) Proposed location(s) for care coordination and consumer navigation team	100 words.
b) Proposed customer service hours	20 words.
c) How are calls outside of business hours handled?	100 words.
d) What is your turnaround time for responding to calls received after hours?	20 words.
e) Number of team members that will service the client's account in total	Integer.
f) Number of team members per team if co-located together	Integer.
g) Job title of each team member per team	100 words.
h) Total number of clients served	Integer.
i) Number of clients serviced by each team	Integer.

6.5.1.6 Are all the individuals who will service the client's members co-located? If so, please described how this differs from other organizations. What percent of the team will work at home and/or offshore?

500 words.

6.5.1.7 What is the constitution of the team that will service our account in total? What are the roles of the member services and clinical teams and how many of each?

500 words.

6.5.1.8 Is this a "dedicated team" or "designated team"? For the purpose of this RFP, "Dedicated" is defined as the Vendor's staff members are solely assigned to perform Services in furtherance of this Contract, which means the Vendor does not assign them to work for any other client or customer. "Designated" is defined as the Vendor's staff members are assigned to perform Services in furtherance of this Contract but may also be assigned to work for other clients or customers.

*Single, Radio group.*

- 1: Dedicated,
- 2: Designated

6.5.1.9 If this a "designated team, how many other clients will they serve?

*Single, Radio group.*

- 1: Yes: [ Integer ],
- 2: No

6.5.1.10 What are your required credentials/experience for team members?

500 words.

6.5.1.11 Once you hire a team member, please detail the training they undergo, including: whether they receive coaching/feedback based on role play and how and how you determine whether a new hire is ready to start handling member calls.

500 words.

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6.5.1.12 Please describe the qualities that your most effective team members possess. On an ongoing basis, what evaluation criteria are used to determine the effectiveness of your staff? How often are evaluations conducted and by whom?

500 words.

6.5.1.13 Please explain what happens once a member calls into the call center with an inquiry for the first time.

	Response
Who answers the call and are they routed to other team members?	100 words.
How many team members might the member be handed off to?	100 words.
How does a call typically end? Is the member provided a written summary?	500 words.
Also describe the answer to these questions for repeat callers.	500 words.

6.5.1.14 Describe the process, tools, resources, approach to getting the member to the right care and right place.

500 words.

6.5.1.15 Please describe what happens if team members are not able to resolve the member's inquiry.

500 words.

6.5.1.16 Please describe your interaction/process for working with family members of an employee if they are ill.

500 words.

6.5.1.17 Please describe your process for obtaining HIPAA releases to contact other vendors, providers or facilities on the members' behalf.

500 words.

6.5.1.18 Please complete the following table for each care coordination and consumer navigation feature.

PROGRAM NAVIGATION AND EDUCATION	Response
a) Answer benefit coverage questions	Single, Radio group. 1: Yes, 2: No
b) Educate members about new or changing health plan benefits	Single, Radio group. 1: Yes, 2: No
c) Assist in finding a PCP, Specialist or in-network facility or lab	Single, Radio group.

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	1: Yes, 2: No
d) Locate physicians, hospitals, Centers of Excellence (medical and behavioral)	<i>Single, Radio group.</i> 1: Yes, 2: No
e) Seek local and community support groups	<i>Single, Radio group.</i> 1: Yes, 2: No
f) Educate members about programs such as HEP, Point Solutions, DPP	<i>Single, Radio group.</i> 1: Yes, 2: No
g) Arrange for home-care equipment following discharge from the hospital	<i>Single, Radio group.</i> 1: Yes, 2: No
h) Help to identify and coordinate a range of services such as preventive screenings and other covered services	<i>Single, Radio group.</i> 1: Yes, 2: No
i) Provide information for obtaining or renewing prescriptions	<i>Single, Radio group.</i> 1: Yes, 2: No
j) Obtain referrals for required services such as specialist, EAP or Behavioral Health referrals	<i>Single, Radio group.</i> 1: Yes, 2: No
k) Assist members in locating in-network providers and outreach to members if referred to an out-of-network provider	<i>Single, Radio group.</i> 1: Yes, 2: No
l) Help members understand the processing for obtaining coverage for medical equipment, devices, and supplies	<i>Single, Radio group.</i> 1: Yes, 2: No
m) Coordinate homecare needs and services to facilitate hospital discharge	<i>Single, Radio group.</i> 1: Yes, 2: No
n) Coordinate benefits with spouse's plan or between health and ancillary health vendors	<i>Single, Radio group.</i> 1: Yes, 2: No

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o) Outreach to and coordinate with primary care physician groups for care coordination and member HEP requirements	<i>Single, Radio group.</i> 1: Yes, 2: No
p) Educate and coordinate use of telemedicine	<i>Single, Radio group.</i> 1: Yes, 2: No
q) Educate and coordinate use of specialty networks	<i>Single, Radio group.</i> 1: Yes, 2: No
CLAIMS ASSISTANCE	
r) Explain how to read an EOB	<i>Single, Radio group.</i> 1: Yes, 2: No
s) Research a member's outstanding out-of-pocket responsibilities and resolve errors with providers and/or member's health plan	<i>Single, Radio group.</i> 1: Yes, 2: No
t) Review questionable bills to catch duplicate or erroneous charges	<i>Single, Radio group.</i> 1: Yes, 2: No
u) Resolve questions over whether services are condition specific or related to preventive care	<i>Single, Radio group.</i> 1: Yes, 2: No
v) Resolve incorrect plan procedure interpretations such as hospital procedures denied for lack of pre-certification	<i>Single, Radio group.</i> 1: Yes, 2: No
w) Resolve errors in the application of deductible and/or co-payments	<i>Single, Radio group.</i> 1: Yes, 2: No
x) Resolve questions about denial of benefits deemed to be non-covered, not medically necessary or ineligible	<i>Single, Radio group.</i> 1: Yes, 2: No
y) Provide payers with additional information required to correctly pay a claim or apply a benefit	<i>Single, Radio group.</i> 1: Yes, 2: No
z) Retroactive audit of bills and statements	<i>Single, Radio group.</i>

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	1: Yes, 2: No
aa) Provide appeals and grievance support	<i>Single, Radio group.</i> 1: Yes, 2: No
FEE NEGOTIATION	
bb) Negotiate fees with out of network healthcare providers to possibly lower the member's out-of-pocket costs PRIOR to service	<i>Single, Radio group.</i> 1: Yes, 2: No
cc) Negotiate fees with out of network healthcare providers AFTER service has been rendered	<i>Single, Radio group.</i> 1: Yes, 2: No
CLINICAL GUIDANCE	
dd) Explain a diagnosis	<i>Single, Radio group.</i> 1: Yes, 2: No
ee) Explain the recommended treatment	<i>Single, Radio group.</i> 1: Yes, 2: No
ff) Provide quality and outcomes data to help decision making	<i>Single, Radio group.</i> 1: Yes, 2: No
gg) Arrange for second opinions	<i>Single, Radio group.</i> 1: Yes, 2: No
hh) Assess whether member has gaps in care (Rx or preventive) and triage to appropriate clinical program	<i>Single, Radio group.</i> 1: Yes, 2: No
ii) Discuss potential alternative options with provider on member's behalf	<i>Single, Radio group.</i> 1: Yes, 2: No
jj) Provide clinical information requested by members	<i>Single, Radio group.</i> 1: Yes, 2: No
kk) Clinical telephone support by a nurse for non-urgent health issues (Nurseline)	<i>Single, Radio group.</i>



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	1: Yes, 2: No
ll) Help members identify alternative treatment for specific conditions	<i>Single, Radio group.</i> 1: Yes, 2: No
mm) Help members understand results from a biometric screening or other lab tests	<i>Single, Radio group.</i> 1: Yes, 2: No
nn) Help members understand drug interactions if there are any	<i>Single, Radio group.</i> 1: Yes, 2: No
oo) Troubleshoot pharmacy issues involving tiered pharmacy benefits, mail order, formularies, or point-of-sale eligibility problems at the pharmacy	<i>Single, Radio group.</i> 1: Yes, 2: No
SPECIAL SERVICE SUPPORT	
pp) Assess family unit needs as a result of the patient's condition and provide resources and referrals	<i>Single, Radio group.</i> 1: Yes, 2: No
qq) Assess barriers to treatment and make recommendations on how to remove barriers	<i>Single, Radio group.</i> 1: Yes, 2: No
rr) Locate homemaker, adult day care and rehabilitation services not covered by the member's health plan	<i>Single, Radio group.</i> 1: Yes, 2: No
ss) Locate inpatient private duty nursing or home health aids	<i>Single, Radio group.</i> 1: Yes, 2: No
tt) Help members complete qualification applications for individual coverage options, including Medicaid	<i>Single, Radio group.</i> 1: Yes, 2: No
uu) Provide members with access to experts for consultations and second opinions	<i>Single, Radio group.</i> 1: Yes, 2: No
vv) Help members find an appropriate mental health provider; educate members on what mental health services are	<i>Single, Radio group.</i> 1: Yes, 2: No

# State of Connecticut HEP Administration, HealthCare Navigation, Clinical Care Management RFP

ww) Arrange hospice and other services for terminally ill patients	<i>Single, Radio group.</i> 1: Yes, 2: No
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6.5.1.19 What percentage of the member population and/or member households contacts your call center annually?

*500 words.*

6.5.1.20 Is your primary model an inbound, outbound or some mixed approach to connecting with members/families?

*500 words.*

6.5.1.21 Do you provide a solution that will support the member's caregiver/family and/or those who are not part of the client benefits (i.e., family member mother, father, sister, brother)?

*500 words.*

6.5.1.22 What is your average talk time with members?

Prefix: ""

Suffix: "minutes"

*Integer.*

6.5.1.23 What percentages of inbound and outbound contact do you have with members? Please describe how you balance the goals of resolving the member's concern with helping the member to become a better health care consumer.

*500 words.*

6.5.1.24 What is the range of member inquiries that customer service representatives are trained to respond to? If customer service representatives are trained to respond to clinical questions, please describe how.

*500 words.*

6.5.1.25 Describe how you would assist members with prescription questions or challenges.

*500 words.*

6.5.1.26 What is your approach to specialty pharmacy support?

*500 words.*

6.5.1.27 How do you support the member's financial issues and assist them to make better financial healthcare decisions?

*500 words.*

6.5.1.28 How will your organization integrate with the client's vendor partners?

*500 words.*

6.5.1.29 Do you collect and report race and ethnicity data?

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*Single, Radio group.*

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

2: No

6.5.1.30 How does your program address health equity?

*500 words.*

6.5.1.31 How does your program address social determinants of health that may contribute to the manifestation or severity of chronic diseases?

*500 words.*

## **6.5.2 Technology and Security**

6.5.2.1 Please describe the system (purchased, internally customized, proprietary) used by your health care navigation team during calls with the client's members.

*500 words.*

6.5.2.2 Do claims, customer service and clinical staff have access to the same systems or have access to each other's systems?

*500 words.*

6.5.2.3 Please describe how the system setup helps address member issues holistically. Are there alerts or notifications that direct the concierge to discuss any programs or benefits that may be applicable to the member?

*500 words.*

6.5.2.4 Describe your member website and/or app.

*500 words.*

6.5.2.5 Please describe your ability to integrate with third-party vendors. Be specific about referral/transfer processes, back-end view capabilities, access to tools on desktops, etc.

*500 words.*

6.5.2.6 Have you integrated with and supported other non-traditional plan design models and vendors such as Reference Based Pricing, narrow networks, direct contracting, and if so, please describe.

*500 words.*

6.5.2.7 Please confirm your ability and willingness to refer out to other benefit resources and point solutions and partner with us to design what benefits should be shared with members and when.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.5.2.8 What is your experience with digital integrations with any third-party vendors (i.e., ability for single sign-on)?

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500 words.

6.5.2.9 Do you have preferred partners or pre-integrated partners that we could leverage under a single contract? If so, how do reporting and performance metrics factor into those relationships and contract obligations?

500 words.

6.5.2.10 Please list all of your partners and level of integration with each

	Point Solution Provided?	Vendor Partner and Integration	Fee Arrangement	Included in the Current Proposal
a. Weight Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. Physical Therapy	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
c. Physical Activity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. Diabetes Prevention Program	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
e. Diabetes	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
f. Hypertension	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
g. Behavioral Health / Substance Abuse	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Infertility / Maternity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. Other	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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6.5.2.11 What data do you track regarding referrals to third-party vendors? Please provide a sample  
*500 words.*

6.5.2.12 What increases in engagement have you documented from your BOB that can be shared.  
*500 words.*

6.5.2.13 Please detail how you ensure that member data is kept secure. Include all certifications, external audits etc. that you have regarding data security. Please state how many people in the organization have visibility to the client's member's data (Personal Health Information and Confidential Information).  
*500 words.*

6.5.2.14 Please describe how you will ensure no disruption in service to members in case of a disaster.  
*500 words.*

6.5.2.15 Please detail your process for systems user acceptance testing, ongoing system performance monitoring and systems issue resolution. If the website or telephone systems are down, what alternative methods are in place to minimize disruption for the client's membership?  
*500 words.*

## 6.5.3 Website/app and Lookup Tool

6.5.3.1 Does your benefits website/app have the flexibility to incorporate the state benefits branding "Care Compass"?

*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.2 Does your website/app allow for clients to directly access and update benefits information and messaging? Please define specific areas of the site that are adjustable. Can clients directly adjust content in these areas or is it require to be updated by your staff? If the latter, how quickly are updates processed?

*Single, Radio group.*

1: Yes, explain: [ 500 words ] ,

2: No

6.5.3.3 Can your website/app host benefit forms, rate information and other plan documents?

*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.4 Please provide a demo link to your website/app here.

*10 words.*

6.5.3.5 Do you host a provider lookup tool? If yes, please answer the following questions.

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*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.6 What is the source for plan benefit design for your lookup tool?

*200 words.*

6.5.3.7 What is the source of provider demographic information in your lookup tool?

*200 words.*

6.5.3.8 How often are provider demographics updated?

*200 words.*

6.5.3.9 What quality metrics are available in your tool?

*200 words.*

6.5.3.10 What is the source data for each quality metric?

*200 words.*

6.5.3.11 Is your lookup tool capable of displaying different copay levels based upon provider tiers in a tiered network?

*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.12 Can your provider lookup tool be augmented to include additional provider designations associated with client incentive program - see "Provider of Distinction" description above.

*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.13 Can your provider lookup tool show expected member out of pocket costs?

*Single, Pull-down list.*

1: Yes,

2: No

6.5.3.14 Can your provider tool show eligible member incentives?

*Single, Pull-down list.*

1: Yes,

2: No

## **6.5.4 Provider Relationship**

6.5.4.1 How do you engage directly with providers?

*500 words.*

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6.5.4.2 How do you support member interactions with providers or assist members to navigate the healthcare system?

*500 words.*

6.5.4.3 How often do you engage with providers?

*500 words.*

## **6.6 QUESTIONNAIRE Care Management and Clinical Services, including HEP Required Chronic Disease Education**

### **6.6.1 Population Health Management**

6.6.1.1 Please explain your delivery model for total population management.

*500 words.*

6.6.1.2 Describe your program that manages gaps in clinical care, beginning with the identification process and concluding with outcomes.

*500 words.*

6.6.1.3 Describe the range of products and services provided by your organization today and any products that are currently in development. Please address the conditions covered under each of your clinical programs and identify how long the programs for each condition you are managing have been operational? List each diagnosis separately.

*500 words.*

6.6.1.4 Are any of the above programs outsourced? Please identify which one(s).

*Single, Radio group.*

1: Yes: [ 500 words ],

2: No.

6.6.1.5 What is the percentage of participants identified as candidates for population health management, how many of the identified are enrolled in the programs and how many of the enrolled are actively participating, with a minimum of semi-annual phone calls?

*200 words.*

6.6.1.6 Describe how you ensure that all services you provide are accessible to all members, inclusive of language barriers, and those with limited reading skills or with disabilities, or individuals with no access to computers.

*500 words.*

6.6.1.7 Do you have multi-lingual capabilities?

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*Single, Radio group.*

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

2: No

6.6.1.8 Describe the clinical guidelines or protocols that were used to develop each program and how often they are updated.

*500 words.*

6.6.1.9 How does your program address co-morbidities?

*500 words.*

6.6.1.10 Describe how you measure the results of the previous listed clinical management programs. Give examples of results achieved

*500 words.*

6.6.1.11 How are your health coaching, chronic condition and case management programs integrated?

*500 words.*

6.6.1.12 How do hand-offs/referrals occur between programs (e.g., from chronic condition to case management to primary care practices)?

*500 words.*

6.6.1.13 Describe how the effectiveness of your program differs when you do not have lab data. Also, please provide a solution for obtaining lab data.

*500 words.*

6.6.1.14 Does the absence of lab data have an impact on the approach you are proposing and the anticipated ROI? If so, please provide an estimate of that impact.

*Single, Radio group.*

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

2: No

6.6.1.15 How do you foresee integrating (collecting, storing, etc.)? EHR/lab data?

*500 words.*

6.6.1.16 Do you collect and report race and ethnicity data?

*Single, Radio group.*

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

2: No

6.6.1.17 How does your program address health equity?

*500 words.*

6.6.1.18 How does your program address social determinants of health that may contribute to the manifestation or severity of chronic diseases?

*500 words.*



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6.6.1.19 Do you offer telephonic counseling/coaching in-house? If not, what counseling/coaching organizations do you integrate with?

*Single, Radio group.*

1: Yes,

2: No, explain: [500 words]

6.6.1.20 Do the coaches/counselors specialize in different areas, such as weight loss, smoking cessation, etc.?

*Single, Radio group.*

1: Yes,

2: No

6.6.1.21 If a participant has multiple health risks, how do the coaches/counselors prioritize which area(s) to address first?

*500 words.*

6.6.1.22 What are the methods of accessing a coach/counselor?

*500 words.*

6.6.1.23 Do you provide an ongoing education/maintenance program to guide the participant to be self-sufficient?

*Single, Radio group.*

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

2: No

6.6.1.24 What platform do you currently leverage to deliver content/services?

*500 words.*

6.6.1.25 Does your company have the ability to facilitate member education via on-site workshops and/or seminars?

*Single, Radio group.*

1: Yes,

2: No

## **6.6.2 Care Management**

6.6.2.1 Describe your philosophy to case management.

*500 words.*

6.6.2.2 Describe how you identify members for case management and explain any predictive analytics used in the process.

*500 words.*

6.6.2.3 Do you exclude any members from participating (i.e., transplants, AIDS, non-compliance)?

*Single, Radio group.*

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

2: No

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6.6.2.4 Describe your method for stratifying members into risk groups based on their severity level. Provide your algorithm/criteria used for this model in detail.

*500 words.*

6.6.2.5 How often are members stratified?

*500 words.*

6.6.2.6 Do you utilize survey-based predictive modeling or is your predictive modeling claims-based?

*500 words.*

6.6.2.7 Can your company incorporate/provide a program to educate members on alternatives to ER treatment for non-life-threatening situations?

*Single, Radio group.*

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

2: No

6.6.2.8 Would your modeling be more effective if you received emergency room, hospitalization admissions, and related information in “real time” (within 24 hours) of the occurrence?

*Single, Radio group.*

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

2: No

6.6.2.9 What is your definition of engagement? Please include all modalities used (i.e., telephonically, mail, e-mail) and how often members are engaged via these modalities.

*500 words.*

6.6.2.10 What percentage of the total population are identified as candidates for case management, how many of the identified are enrolled in case management, and how many of the enrolled are actively engaged based on the above-mentioned definition?

*500 words.*

6.6.2.11 Describe how you educate members and what learning algorithms are built in your clinical decision support systems used to make recommendations based on previous successful treatments.

*500 words.*

6.6.2.12 How are your program interventions determined? How customized or individualized are your care plans?

*500 words.*

6.6.2.13 Is depression screening routinely performed for participants enrolled in the case management program? What is the process when a member screens positive?

*Single, Radio group.*

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

2: No

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6.6.2.14 Do you monitor potential drug abuse, prescribing errors, drug interactions and adherence with drug regimens?

*Single, Radio group.*

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

2: No

6.6.2.15 Attach sample communication and educational materials provided to members and physicians.

*Single, Radio group.*

1: Yes, attached,

2: No

6.6.2.16 Describe innovative strategies you have employed to increase member engagement in your clinical programs.

*500 words.*

6.6.2.17 Do you utilize resources including, web site visit history, blogs, forums, user-generated ratings of items, and evaluation of links to previously viewed web sites to help tailor patient education?

*Single, Radio group.*

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

2: No

6.6.2.18 Are your intervention programs protocols-driven or member needs-driven? Please describe.

*500 words.*

6.6.2.19 Is your organization certified or accredited by NCQA, URAC, and/or JCAHO?

*Single, Radio group.*

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

2: No

6.6.2.20 How often are your programs reviewed and updated and by whom?

*100 words.*

6.6.2.21 Please provide examples of your experience in utilizing real-time aggregated data from individual patients in web sites to support mobile health technology.

*500 words.*

6.6.2.22 Please describe how your customer service staff interacts with your clinical staff.

*500 words.*

6.6.2.23 Describe the process by which individuals are identified and stratified into risk levels for intervention. What does the outreach process consist of?

*500 words.*

6.6.2.24 How and at what point in care do you identify and/or intervene in high-cost or catastrophic healthcare events?

*500 words.*

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6.6.2.25 What differentiates your clinical program from competitors?

500 words.

6.6.2.26 Describe your precertification process.

500 words.

6.6.2.27 Do you perform the following utilization management services?

	Response
Pre-admission calls	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Concurrent Review	<i>Single, Pull-down list.</i> 1: Yes, 2: No
Post-discharge calls	<i>Single, Pull-down list.</i> 1: Yes, 2: No

6.6.2.28 What behavioral health services do you provide?

500 words.

6.6.2.29 How do you support members with opioid abuse issues?

500 words.

## 6.6.3 Physician Support

6.6.3.1 Does your program require physician consent? If so, how do you acquire physician consent?

*Single, Radio group.*

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

2: No

6.6.3.2 How does the program support the physician-patient relationship?

500 words.

6.6.3.3 Describe your process for engaging a member's physician whether local or outside the State of Connecticut in the program? Include in your response, the frequency and type of interaction your program employs to engage the physician.

500 words.

6.6.3.4 Do you provide in-market support to physicians? What is their role?

*Single, Radio group.*

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

2: No

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6.6.3.5 How do you communicate with physicians and other providers regarding member specific needs and interventions? Does your company communicate with physicians outside of the doctor/patient relationship (i.e., training/educational materials to doctors directly)?

*500 words.*

6.6.3.6 How do you incorporate physician feedback into the chronic condition program?

*500 words.*

6.6.3.7 As part of your physician engagement experience, what do you recommend to entice participation?

*500 words.*

6.6.3.8 Does your company have a dedicated Provider Relations Unit?

*Single, Radio group.*

1: Yes,

2: No

6.6.3.9 Please describe your program's approach to "primary care coordination." Including your willingness to engage with at risk primary care groups to co-manage identified HEP participants.

*500 words.*

### **6.6.4 Call Center Operations and Staff**

6.6.4.1 What are your call center hours of operation in terms of hours per day and days per week? Identify the process for members/physicians to contact clinicians after hours.

*500 words.*

6.6.4.2 Is the member's clinical information available during each call with that member or the member's physician? Explain.

*Single, Radio group.*

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

2: No

6.6.4.3 Explain how member clinical information is captured and stored.

*500 words.*

6.6.4.4 Describe your process for tracking member calls and written correspondence and how member calls and correspondence are logged.

*500 words.*

6.6.4.5 Describe your call center technology.

*500 words.*

6.6.4.6 4. 69 Describe the background, qualifications, and experience of the clinical staff (i.e., nurses, dietitians, etc.).

*500 words.*

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6.6.4.7 Describe the education level and overall level of experience of your care management staff and health coaches that interact directly with members and physicians (i.e., registered nurses, LPNs, non-clinical). How many nurses does your company employ?

500 words.

6.6.4.8 Is non-clinical staff used to deliver the chronic condition program? If so, please explain their role

Single, Radio group.

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

2: No

6.6.4.9 Are the care managers employed by you?

Single, Radio group.

1: Yes,

2: No

6.6.4.10 Describe the training and credentialing process for each level of non-clinical and clinical staff that will service the membership.

500 words.

6.6.4.11 Will clinical staff members be “dedicated” or “designated” or some mix to best meet fluctuating demand?” For the purpose of this RFP, “Dedicated” is defined as the Vendor's staff members who are solely assigned to perform Services in furtherance of this Contract, which means the Vendor does not assign them to work for any other client or customer. “Designated” is defined as the Vendor's staff members who are assigned to perform Services in furtherance of this Contract but may also be assigned to work for other clients or customers.

Single, Radio group.

1: Dedicated,

2: Designated

6.6.4.12 For the first three years of the contract please provide the estimated number (by function/and Full Time Equivalent [FTE]) of the following personnel to be assigned to the State of Connecticut:

Position	Year 1	Year 2	Year 3
Care Managers	Integer.	Integer.	Integer.
RN's	Integer.	Integer.	Integer.
LPN's	Integer.	Integer.	Integer.
Call Center Employees	Integer.	Integer.	Integer.
IT Staff Members	Integer.	Integer.	Integer.

## 6.6.5 Technology and Security

6.6.5.1 Please describe the system (purchased, internally customized, proprietary) used by your care coordination team during calls with the client's members.

500 words.

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6.6.5.2 Do claims, customer service and clinical staff have access to the same systems or have access to each other's systems?

500 words.

6.6.5.3 Please describe how the system setup helps address member issues holistically. Are there alerts or notifications that direct the concierge to discuss any programs or benefits that may be applicable to the member?

500 words.

6.6.5.4 Describe your member website and/or app.

500 words.

6.6.5.5 Please describe your ability to integrate with third-party vendors. Be specific about referral/transfer processes, back-end view capabilities, access to tools on desktops, etc.

500 words.

6.6.5.6 Have you integrated with and supported other non-traditional plan design models and vendors such as Reference Based Pricing, narrow networks, direct contracting, and if so, please describe.

500 words.

6.6.5.7 Please confirm your ability and willingness to refer out to other benefit resources and point solutions and partner with us to design what benefits should be shared with members and when.

*Single, Radio group.*

1: Confirmed,

2: Not confirmed: [ 500 words ]

6.6.5.8 What is your experience with digital integrations with any third-party vendors (i.e., ability for single sign-on)?

500 words.

6.6.5.9 Do you have preferred partners or pre-integrated partners that we could leverage under a single contract? If so, how do reporting and performance metrics factor into those relationships and contract obligations?

500 words.

6.6.5.10 Please list all of your partners and level of integration with each

	Point Solution Provided?	Vendor Partner and Integration	Fee Arrangement	Included in the Current Proposal
a. Weight Management	<i>Single, Pull-down list.</i> 1: Yes, 2: No	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
b. Physical Therapy	<i>Single, Pull-down list.</i>	10 words. N/A OK.	10 words. N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

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	1: Yes, 2: No			
c. Physical Activity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
d. Diabetes Prevention Program	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
e. Diabetes	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
f. Hypertension	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
g. Behavioral Health / Substance Abuse	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
h. Infertility / Maternity	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No
i. Other	<i>Single, Pull-down list.</i> 1: Yes, 2: No	<i>10 words.</i> N/A OK.	<i>10 words.</i> N/A OK.	<i>Single, Pull-down list.</i> 1: Yes, 2: No

6.6.5.11 What data do you track regarding referrals to third-party vendors? Please provide a sample  
500 words.

6.6.5.12 What increases in engagement have you documented from your BOB that can be shared.  
500 words.

6.6.5.13 Please detail how you ensure that member data is kept secure. Include all certifications, external audits etc. that you may have regarding data security. Please state how many people in the organization have visibility to the client's member's data (Personal Health Information and Confidential Information).  
500 words.

6.6.5.14 Please describe how you will ensure no disruption in service to members in case of a disaster.  
500 words.



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6.6.5.15 Please detail your process for systems user acceptance testing, ongoing system performance monitoring and systems issue resolution. If the website or telephone systems are down, what alternative methods are in place to minimize disruption for the client's membership?

*500 words.*

## **6.7 Outcomes, Reporting and Results**

### **6.7.1 General**

6.7.1.1 How do you show evidence of the impact of your program with regard to identification, engagement, behavior change, clinical outcomes and financial outcomes? Provide sample reporting.

*500 words.*

6.7.1.2 How do you define engagement? How do you define and measure utilization? Number of calls, emails, cases, opened, number of closed cases, etc. What is your 2019 or 2020 book-of-business member identification, utilization, and engagement rate?

*500 words.*

6.7.1.3 Please describe your best practices for driving engagement.

*500 words.*

### **6.7.2 Product Roadmap & Innovation**

6.7.2.1 Outline your company's future growth plans general and specifically in the advocacy arena. Please include specifics related to your product and infrastructure roadmap.

*500 words.*

6.7.2.2 Please describe your firm's expected use of emerging solutions and technologies within the healthcare industry (e.g., Artificial Intelligence, Machine Learning, Natural Language Processing, Social Determinants of Health)

*500 words.*

6.7.2.3 What are your current and projected investments to keep up with the vendor marketplace on enhancing your data and technology? Include a separate attachment which outlines your roadmap enhancements for the next 2-3 years.

*500 words.*

### **6.7.3 HIPAA and Data Security Compliance**

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

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

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

500 words.

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

500 words.

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

Single, Radio group.

1: Yes, describe: [ 500 words ] ,

2: No, explain: [ 500 words ]

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

Single, Radio group.

1: Yes, explain: [ 500 words ] ,

2: No, explain: [ 500 words ]

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

500 words.

6.7.3.7 Is your system database encrypted?

Single, Radio group.

1: Yes, explain: [ 500 words ] ,

2: No, explain: [ 500 words ]

6.7.3.8 Are system data backups encrypted?

Single, Radio group.

1: Yes, explain: [ 500 words ] ,

2: No, explain: [ 500 words ]

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

Single, Radio group.

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

2: No, please explain: [ 200 words ]

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

500 words.

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

*Single, Radio group.*

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

2: No

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

*500 words.*

6.7.3.13 Please complete the following table regarding EDI transactions.

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

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

*Single, Radio group.*

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

2: No

## 6.7.4 Reporting

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

*500 words.*

6.7.4.2 Please send samples of the standard reporting package that would be provided to OSC.

*Single, Radio group.*

1: Attached,

2: Not provided

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

	Response
Please provide a standard client annual report showing recommendations.	<i>Single, Radio group.</i> 1: Attached, 2: Not provided
Do you have a self-reporting system?	<i>Compound, Pull-down list.</i> 1: Yes, please explain: [ 200 words ], 2: No
What metrics are including in your standard reporting?	<i>500 words.</i>

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Is reporting customizable per client?	<i>Compound, Pull-down list.</i> 1: Yes, please explain: [ 200 words ], 2: No
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6.7.4.4 What is the frequency of the standard reporting packages that will be provided to the Plan?  
500 words.

## 6.7.5 Performance Guarantees

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

*Single, Radio group.*

- 1: Attached,
- 2: Not provided

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

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

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

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

*Single, Radio group.*

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

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

*Single, Radio group.*

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

## 7 Fees

7.1 Describe how you charge for each component of the services, including what triggers a fee.  
500 words.

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7.2 List all services/enhancements included in the base fee/per participant rate.

*500 words.*

7.3 Describe any fees associated with customization.

*500 words.*

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

*500 words.*

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

*500 words.*

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

*500 words.*

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

*500 words.*

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

*Single, Radio group.*

1: Attached,

2: Not provided

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

*Single, Radio group.*

1: Yes, describe: [ 500 words ] ,

2: No

## 8 Bid Exceptions/Deviations

8.1 Completion of this proposal confirms authorization of your ability to duplicate requested services and administrative arrangements. If you are unable to meet ALL requirements and/or are not able to fully comply with the specifications in this Request for Proposal (RFP), please list ALL explanations, limitations, exceptions, and deviations in the attached.

*Single, Radio group.*

1: Completed and attached,

2: No deviations

Attached Document(s): [Bid Exceptions Deviations \(003\).docx](#)