



Request for Information

On providing Digital Therapeutic (Point Solution) behavioral health services, oncology/cancer treatment, and fertility services to members of its State Medical Plan and Partnership Medical Plan

Released by:

Office of the State Comptroller

December 6, 2024

Closing Date Extended to:

2:00pm ET January 9, 2025

State of Connecticut Digital Therapeutics / Point Solutions Services RFI

To participate in this RFI and submit a response, follow the process below: Go to

<http://www.proposaltech.com/home/app.php/register>.

Enter vendor's email address into the field provided. No registration code is necessary. Click "Begin Registration." If Vendor has already had an account with Proposal Tech, it will be listed on the registration page, if Vendor does not, it will be asked to provide company information. Once Vendor's account has been confirmed, check the appropriate box for the RFI Vendor is registering for and click the "Register" button. An invitation will be emailed to Vendor within fifteen minutes. If Vendor has any questions regarding the registration process, contact Proposal Tech Support at 877-211-8316 x84.

1. Introduction

The State of Connecticut ("State"), Office of the State Comptroller ("Comptroller"), acting through the State's Health Care Cost Containment Committee ("HC4"), is releasing this Request for Information ("RFI") to solicit responses from organizations interested and qualified to provide certain Digital Therapeutic (Point Solution) services to members of its State Medical Plan and Partnership Plan.

This is not a Request for Proposal ("RFP") and there will not be an award directly as a result of this RFI, however, this RFI may be used as the basis for a future RFP. PLEASE NOTE: Only organizations that respond to this RFI for Digital Therapeutic (Point Solution) services will be eligible to participate in any subsequent RFP.

Through this RFI, the State is seeking information about Digital Therapeutic / Point Solutions addressing the following topics:

1. Mental Health Treatment
2. Oncology / Cancer Treatment
3. Fertility Treatment

The State's goals are:

- Improved clinical outcomes
- Better access to care
- Increased member satisfaction
- Cost containment (hard dollar savings and prevention of unneeded spending)

Interested organizations may provide information for one, two, or all three services. The Comptroller appreciates and welcomes your organization's feedback and input.

Based on the information gleaned in this RFI, the Comptroller may issue a subsequent RFP including all, some, or none of the topics listed above. If the Comptroller elects to award a contract to an organization pursuant to a future RFP, its anticipated start date will be July 1, 2025. Such contract will be for a three-year period with two optional one-year extensions. Implementation will be expected to start three months earlier (i.e., on April 1, 2025.)

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2. General Information

2.1 STATE PLAN MEMBERS

Pursuant to Connecticut General Statutes (“C.G.S.”) §5-259 the Comptroller is responsible for procuring and administering group hospitalization, medical, pharmacy, and dental benefits for State employees, retirees, their eligible dependents (the “State Plan”). The State Plan also provides coverage to employees in the probate court system, current and former members of the General Assembly, and other groups, as authorized by statute.

There are approximately 65,000 active employees and non-Medicare retirees covered by the State Plan. An additional 53,000 Medicare retirees have coverage under an MA-PD plan.

2.2 PARTNERSHIP PLAN MEMBERS

The Comptroller is also responsible for procuring and administering group hospitalization, medical, pharmacy, and dental benefits for groups pursuant to C.G.S. §3-123bbb (the “Partnership Plan”).

Non-state public employers may choose to obtain coverage for employees, retirees, and their eligible dependents under the Partnership Plan. <http://www.osc.ct.gov/ctpartner/index.html>. There are approximately 60,000 individuals covered under the Partnership Plan who will also be included in this RFI. A listing of these groups can be found here: <https://www.osc.ct.gov/ctpartner/members.html>

2.3 ADMINISTRATION OF THE PLANS

The Healthcare Policy & Benefit Services Division (“Division”) of the Office of the State Comptroller administers the healthcare insurance coverage for both the State Plan and the Partnership Plan.

Medical benefits are currently administered by Anthem Blue Cross and Blue Shield coordinated through Quantum Health, Inc. The Pharmacy Benefits Manager is CVS Caremark. Dental benefits are administered by Cigna Health and Life Insurance Company. Medicare Retiree benefits (MAPD) are administered by Aetna Life Insurance Company. These benefit services are not part of this RFI.

Both Plans’ health benefits offerings include diabetes management by Virta Health (through Quantum) and orthopedics/musculoskeletal treatment through Hinge Health (through Quantum). Obesity management services and medications are covered under Intellihealth Inc.’s “Flyte” program.

Current Plan Design: Plans are described on the OSC website at <https://carecompass.ct.gov/>

2.4 OBJECTIVES AND REQUIREMENTS

The State seeks to provide high quality, cost-effective benefits to its employees, retirees and their eligible dependents under both Plans (the “Plan Members”). The Comptroller is interested in exploring digital therapeutics or point solution services that offer mental health services, oncology/cancer treatment, and fertility services. The State is interested in programs that drive Plan Member engagement with a robust ROI which will improve Plan Members’ clinical outcomes, enable better access to care, increase Plan Member satisfaction, and contain healthcare costs.

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The Comptroller wants to investigate how different point solutions could meet the afore-mentioned interests. To that end, the State wants to receive and assess a wide variety of proposals which provide virtual and/or in-person care including any interactive mobile applications and understand how the service supports Plan Members through different states from prevention, assessment, diagnosis, treatment, recovery, and post-recovery care. This RFI offers organizations the opportunity to highlight their point solution programs and potential to assist the State in reducing overall healthcare costs.

2.5 SCOPE OF SERVICES

This RFI seeks to solicit information and proposals for mental health services, oncology/cancer treatment, and fertility services as described below. The bullet points listed below suggest topics which are meant to be illustrative, not definitive. The State acknowledges that the marketplace may offer successful services and products that are not yet widely in use and would like to consider such innovative ideas even though not specifically listed.

The State's broad goals are to and improve the quality of life for Plan Members through innovative and effective interventions resulting in improved clinical outcomes, better access to care, increased Plan Member satisfaction, and cost containment (hard dollar savings and prevention of unneeded spending).

Mental Health Services (may include but not be limited to):

- Access to licensed mental health professionals for individual and/or group therapy
- 24/7 access to mental health support through hotlines or virtual counseling
- Resource library of articles, videos, and interactive tools for common mental health issues
- Regular workshops and webinars on various mental health topics
- Other services not specifically mentioned but which the State should consider

Oncology / Cancer Treatment (may include but not be limited to):

- Provide access to medical professionals specializing in oncology and related fields
- 24/7 access to clinicians
- In-home care (virtual and/or in-person)
- Mental health therapy and specialized support groups (virtual and/or in-person)
- Specialized nutrition counseling (virtual and/or in-person)
- Other related services not specifically mentioned but which the State should consider

Fertility Services (may include but not be limited to):

- Comprehensive fertility services, including OB/GYN and menopausal care
- Post-birth resources
- Virtual clinical support
- Member education resources
- Other related services not mentioned but which the State should consider

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2.6 PLANNED SCHEDULE OF ACTIVITIES

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

Date	Activity
December 6, 2024	Release RFI
December 18, 2024 December 27, 2024	Respondent Questions Deadline Responded Questions Deadline Extended to
December 20, 2024 January 3, 2025	Respondent Questions Answered Original Respondent Questions Answered Extended to
December 31, 2024 January 9, 2025	CLOSING DATE: Electronic Responses Posted to Proposal Tech by 2:00 PM ET Closing Date for responses posted by 2:00pm ET
January 23, 2025	Proposed Release Date – if RFP is required
February 17, 2025	Proposed Closing Date – if RFP is released
March 31, 2025	Proposed Selection of Respondent(s)
April 1, 2025	Proposed Implementation Start
July 1, 2025	Proposed Contract Effective Date

- These dates represent a **tentative** schedule of events. The State reserves the right to modify these dates at any time, with appropriate notice to respondents.

2.7 RESPONDENT QUALIFICATIONS

Any person, group, business, organization, or combination thereof with relevant knowledge and/or expertise is welcome to respond to this RFI. Respondents do not need to be located in the State of Connecticut and do not need to currently have an existing contract with the State.

3. Response Instructions

3.1 INSTRUCTIONS FOR SUBMITTING INFORMATION

The State has retained The Segal Company (“Segal”) to assist with this RFI. Representatives of the Segal Company are the sole points of contact for this RFI.

Name: Ms.Terry DeMattie
E-Mail: tdemattie@segalco.com

All communication concerning this RFI should be made using the messaging feature in the software platform “ProposalTech”. To message in ProposalTech: click on the Messaging/History in the left-hand side menu and on the following page create a "New" message and select "Individual User" to send an email.

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Detailed instructions for the completion and submission will be found in the electronic RFI/RFP (eRFP) on ProposalTech. ProposalTech will be available to assist with technical issues. All sections must be answered using ProposalTech.

Final submissions must be posted via ProposalTech at www.proposaltech.com before the Closing Date and Time, **December 31, 2024 at 2:00 pm ET**. Access to the eRFP will be locked after that time. Respondents will not be able to post or change their responses after the Closing Date and Time.

The State reserves the right to ask Respondents follow-up questions through ProposalTech as needed.

3.2 FREEDOM OF INFORMATION AND CONFIDENTIAL RESPONSES

The Comptroller must comply with Connecticut's Freedom of Information Act, C.G.S. §§ 1-200 et seq., ("FOIA") which requires the State to disclose documents in its possession 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). Responses to RFIs and RFPs are generally subject to FOIA with possible exemptions for trade secrets and commercial or financial information given in confidence, not required by statute. See C.G.S. §§ 1-210(b)(5)(A) and (B).

To more easily identify information submitted under this RFI which may meet an exemption to FOIA, ProposalTech offers a feature to mark "confidential responses". If a response to a question contains possible proprietary/confidential information, click the "Disclosure" tab located underneath the question and check the box for "Exemption from Disclosure." Provide a reason for the exemption in the text field provided. If a reason for exemption is not provided, the question will not be considered answered. **DO NOT** make every response confidential. If there are questions regarding this process, please contact ProposalTech Support at 877-211-8316 x84.

3.4 RESPONDENT QUESTIONS AND REQUESTS FOR DATA

Any questions regarding content or requests for data should be submitted directly to Segal using the "Ask Questions" feature on ProposalTech's main page by **December 18, 2024, at 2:00 P.M. ET**. Questions submitted via ProposalTech from any Respondent considering a response to this RFI 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 for this RFI will be posted by **December 20, 2024**, on ProposalTech; and n

the State's website at: <https://portal.ct.gov/DAS/CTSource/BidBoard> DAS; and

the Comptroller's website at <http://www.osc.ct.gov/vendor/index.html>.

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

4. General Questionnaire – All Respondents

The questions in this Section 4 must be completed by all Respondents to this RFI.

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4.1 ORGANIZATION, LEGAL STATUS AND OWNERSHIP

4.1.1 Please state your organization's legal name, address, and state of incorporation.

100 words.

4.1.2 How long has your organization been operational?

100 words.

4.1.3 What is the name and title, telephone number, email address, and postal address of the main contact person for this RFI?

100 words.

5. Mental Health Services Questionnaire

The questions in this Section 5 must only be completed by Respondents submitting information on Mental Health Services.

5.1 SERVICES AND CAPABILITIES

5.1.1 Service Offerings: What specific mental health services does your organization provide (e.g., therapy, counseling, self-guided programs)?

500 words.

5.1.2 Technology Platform: Please describe the technology platform used to deliver your organization's services. What are its key features and functionalities?

500 words.

5.1.3 Integration: How does your technology platform integrate with other systems (e.g., HR systems, EHRs)?

500 words.

5.1.4 Customization: Can your mental health services be customized to meet the State's specific needs?

5.2 ACCESSIBILITY AND USER EXPERIENCE

5.2.1 User Accessibility: How does your organization ensure services are accessible to all users, including those with disabilities?

500 words.

5.2.2 Mobile Access: Are your organization's services available on mobile devices? Please describe the user experience on mobile platforms.

500 words.

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5.2.3 Multilingual Support: Does your organization offer services in multiple languages? If so, which languages are supported?

500 words.

5.2.4 User Onboarding: Please describe your organization's onboarding process for new users.

500 words.

5.3 CLINICAL AND PROFESSIONAL EXPERTISE

5.3.1 Clinician Credentials: What are the qualifications and credentials of your organization's mental health professionals?

500 words.

5.3.2 Service Delivery: Please describe how therapy and counseling sessions are delivered (e.g., video, phone, chat, other).

500 words.

5.3.3 Quality Assurance: How does your organization ensure the quality of the clinical services provided?

500 words.

5.3.4 Crisis Management: What protocols does your organization have in place for handling mental health crises?

500 words.

5.3.5 Please describe any experience and/or capabilities of working or partnering with brick-and-mortar facilities or provider groups (including but not limited to bidirectional reporting capabilities, experience and engagement as a referral resource, and other coordination or engagement experiences).

5.3.6 Please describe your organization's approach to working with network primary care provider groups and your organization's capabilities to collaborate as an additional resource to current efforts for value-based contracts.

5.4 OUTCOMES AND EFFECTIVENESS

5.4.1 Outcomes: What is the typical utilization for your organization's program?

500 words.

5.4.2 Engagement: How does your organization define engagement?

500 words.

5.4.3 Measurement and Evaluation: How does your organization measure and evaluate the effectiveness of your program?

500 words.

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5.4.4 Success Stories: Please provide examples or case studies of successful outcomes from past participants in your organization's program.

500 words.

5.5 INNOVATION AND FUTURE PLANS

5.5.1 Innovation: How does your organization stay ahead of industry trends and continuously improve your services?

5.5.2 Future Developments: What new features or services is your organization planning to introduce in the next 12-24 months?

5.6 ADDITIONAL QUESTIONS

5.6.1 Partnerships: Does your organization have any partnerships with other organizations that enhance your service offerings?

5.6.2 Awards and Recognition: Has your organization received any industry awards or recognition for your services?

5.6.3 Sustainability: Please describe your organization's initiatives to ensure the sustainability and ethical practices, if any.

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

5.7 COST STRUCTURE

5.7.1 Please provide an overview of the pricing model for your mental health services solution (e.g., per member per month, flat fee, performance-based pricing).

5.7.2 Please explain any additional costs for implementation, support, or customization.

5.7.3 Please share information on any available pricing tiers based on the size of the population served.

5.8 FEES

5.8.1 Please describe any preliminary fees, communication fees, set-up fees, any "one-time only" fees, and other fees.

500 words.

5.8.2 Please indicate if your organization provides an allowance for communications support.

500 words.

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5.8.3 Please indicate any data feed fees to and from external vendor partners and list any standard or common data files required or recommended to optimally execute your organization's program.

500 words.

5.8.4 Will your organization commit to a multi-year guaranteed rate? If so, please describe.

Single, Radio group.

1: Yes, describe: [500 words] ,

2: No

5.9 OTHER

5.9.1 What is the recommended timeline for implementation of your program(s).

500 words.

5.9.2 What type of custom branded communications materials and support are provided with respect to onboarding and throughout the program? Is there an additional cost? Note the State seeks to cobrand materials with its CareCompass benefits branding whenever possible.

500 words.

5.9.3 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.

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

Single, Radio group.

1: Yes, explain: [500 words],

2: No

6. Oncology / Cancer Treatment Questionnaire

The questions in this Section 6 must only be completed by Respondents submitting information on Oncology / Cancer Treatment.

6.1 PROGRAM OVERVIEW

6.1.1 Please provide a detailed description of your organization's cancer care program, including key features, services, and technology utilized.

6.1.2 Please provide information on clinical pathways, support services, and patient education provided throughout your organization's cancer care continuum.

6.1.3 Please describe your organization's member experience, including access to resources, navigation support, and/or telemedicine services, if any.

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6.2 CLINICAL AND MEMBER OUTCOMES

6.2.1 Please provide an overview of clinical outcomes and success metrics for your organization's program (e.g., survival rates, quality of life improvements, patient satisfaction).

6.2.2 Please provide metrics or data demonstrating the effectiveness of your organization's program in reducing hospital admissions, emergency room visits, and overall healthcare costs.

6.2.3 Please describe how your organization measures, tracks, and reports outcomes.

6.3 INTEGRATION AND IMPLEMENTATION

6.3.1 Please provide details on how your organization's program integrates with existing health platforms, EHR systems, and member portals.

6.3.2 Please provide an overview of the implementation process of your organization's program including timeline, resources required, and ongoing support provided.

6.4 PERSONALIZATION AND MEMBER ENGAGEMENT

6.4.1 Please describe how your organization's program personalizes care plans based on individual plan member needs, preferences, and clinical data.

6.4.2 Please provide an overview of your organization's engagement strategies to keep plan members actively involved in their care and treatment adherence.

6.4.3 Please provide information on communication channels your organization uses to engage plan members and their caregivers (e.g., mobile apps, chat, phone support, other).

6.5 COST STRUCTURE

6.5.1 Please provide an overview of your organization's pricing model (e.g., per member per month, flat fee, performance-based pricing).

6.5.2 Please describe any additional costs for implementation, support, or customization.

6.5.3 Please provide information on any available pricing tiers based on the size of the population served.

6.6 CASE STUDIES AND REFERENCES

6.6.1 Provide case studies of your organization or organizations similar to yours that have successfully implemented your cancer care program.

6.7 DIFFERENTIATORS

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6.7.1 Please describe what sets your organization's program apart from others in the market.

6.7.2 Please highlight any unique features, partnerships, or services that differentiate your organization's offering.

6.8 FEES

6.8.1 Please describe preliminary fees, communication fees, set-up fees, "one-time only" fees, and any other fees.

500 words.

6.8.2 Please indicate if your organization provides an allowance for communication support.

500 words.

6.8.3 Please indicate any data feed fees to and from external vendor partners and list any standard or common data files required or recommended to optimally execute your organization's program.

500 words.

6.8.4 Is your organization willing to commit to a multi-year guaranteed rate? If so, please describe.

Single, Radio group.

1: Yes, describe: [500 words] ,

2: No

6.9 OTHER

6.9.1 What is the recommended timeline for implementation of your program(s).

500 words.

6.9.2 What type of custom branded communications materials and support are provided with respect to onboarding and throughout the program? Is there an additional cost? Note the State seeks to cobrand materials with its CareCompass benefits branding whenever possible.

500 words.

6.9.3 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.

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

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

7. Fertility Services Questionnaire

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The questions in this Section 7 must only be completed by Respondents submitting information on Fertility Services.

7.1 SOLUTION OVERVIEW

7.1.1 Please provide a detailed description of your fertility point program, including key features, services, and technology utilized.

7.1.2 Please provide information on clinical support provided, including any partnerships with fertility clinics, reproductive endocrinologists, or other specialists.

7.1.3 Please describe user experience, including access to resources, educational materials, and support services.

7.2 CLINICAL AND MEMBER OUTCOMES

7.2.1 Please provide an overview of clinical outcomes and member success stories.

7.2.2 Please provide metrics or data demonstrating the effectiveness of your organization's program (e.g., pregnancy success rates, member satisfaction, reduction in time to pregnancy, other).

7.2.3 Please describe how your organization measures and reports outcomes.

7.3 INTEGRATION AND IMPLEMENTATION

7.3.1 Please provide details on how your organization's program integrates with existing health platforms, EHR systems, and member portals, for example.

7.3.2 Please provide an overview of the implementation process, including timeline, resources required, and support provided during the rollout.

7.3.3 Please provide information on data security, HIPAA compliance, and any other relevant privacy considerations.

7.4 COST STRUCTURE

7.4.1 Please provide an overview of the pricing model for your solution (e.g., per member per month, flat fee, performance-based pricing).

7.4.2 Please provide any additional costs for implementation, support, or customization.

7.4.3 Please provide information on any available pricing tiers based on the size of the population served.

7.5 CASE STUDIES AND REFERENCES

7.5.1 Please provide case studies of your organization that have successfully implemented your fertility program.

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7.6 DIFFERENTIATORS

7.6.1 Please describe what sets your program apart from others in the market.

7.6.2 Please highlight any unique features, partnerships, or services that differentiate your organization's offering.

7.7 FEES

7.7.1 Please describe any preliminary fees, communication fees, set-up fees, "one-time only" fees, and any other fees.

500 words.

7.7.2 Please indicate if your organization provides an allowance for communication support.

500 words.

7.7.3 Indicate any data feed fees to and from external vendor partners and list any standard or common data files required or recommended to optimally execute your organization's program.

500 words.

7.7.4 Will your organization commit to a multi-year guaranteed rate? If so, please describe.

Single, Radio group.

1: Yes, describe: [500 words] ,

2: No

7.8 OTHER

7.8.1 What is the recommended timeline for implementation of your program(s).

500 words.

7.8.2 What type of custom branded communications materials and support are provided with respect to onboarding and throughout the program? Is there an additional cost? Note the State seeks to cobrand materials with its CareCompass benefits branding whenever possible.

500 words.

7.8.3 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.

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

Single, Radio group.

1: Yes, explain: [500 words] ,

2: No

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