



STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
REQUEST FOR PROPOSAL (RFP) FOR CONSULTING SERVICES
FOR HEALTHCARE CABINET STUDY OF COST CONTAINMENT MODELS
THIRD Addendum
RELEASE DATE 11-13-2015

The Office of the Healthcare Advocate's (OHA's) official responses to questions submitted by November 9, 2015 are as follows:

1. With what frequency does OHA anticipate the Health Care Cabinet will meet during 2016?

Response: The Healthcare Cabinet meets on the second Tuesday of each month.

2. How many work groups are anticipated to form as part of this work and with what frequency are the work groups anticipated to meet?

Response: OHA anticipates that one study workgroup, comprised of a subset of Cabinet members, will be formed, to work more directly with OHA and the contractor. Meeting frequency will be determined by mutual agreement among workgroup members and OHA, but it is anticipated that that the work group would meet no less than once a month.

3. Please describe what the Respondent's role will be relative to "identifying and engaging necessary stakeholders" beyond the Health Care Cabinet.

Response: OHA expects that the engaged contractor will develop a plan to identify and engage stakeholders to solicit input and feedback and to inform efforts of the Cabinet to undertake its role and to prepare the required report. The contractor may utilize the Cabinet Work group, the Cabinet, and others and to assist it in developing and implementing a plan to identify and engage stakeholders, including consumers, providers, state agencies, legislators, employers, and health plans, among others. The Cabinet membership is available at:

<http://healthreform.ct.gov/ohri/lib/ohri/healthcarecabchart.pdf>. The Cabinet membership includes members of other stakeholder groups, including but not limited to the Medical Assistance Program Oversight council, community organizations, and the

SIM governance structure, among others. The state expects the contractor to utilize the Consumer Advisory Board to assist in reaching consumer stakeholders.

4. With what frequency does OHA require the Respondent to meet in person with OLG/OHA staff for routine project management meetings?

Response: OHA expects the selected Respondent to meet at least weekly by teleconference or otherwise with OHA for routine project management meetings. OHA expects at least one weekly meeting per month to be in person. OLG staff will join weekly meetings as available.

5. Will OHA or other agencies within the state have resources available to identify legal and regulatory barriers to implementing new health care payment strategies that the Respondent can draw from when assessing barriers to implementing cost-containment policies?

Response: The selected Respondent is expected to identify legal and regulatory barriers to implementing new health care payment strategies. The extent to which state resources, other than the membership of the Cabinet work group or the Cabinet itself, will be available is unknown at this time.

6. Will the state be providing any project management support, such as scheduling Health Care Cabinet meetings, inviting participants to meetings, posting materials to the Health Care Cabinet website, or is the Respondent expected to do these tasks?

Response: Healthcare Cabinet meetings are scheduled for the second Tuesday of every month by the state. The state will assist in scheduling regular meetings with the Cabinet work group. The state will post materials prepared for the Cabinet or the Cabinet work group to the state's website.

7. Page 20 reads "the submission must be compatible with Microsoft Office Word." Can you confirm the State prefers the technical proposal to be in Word not pdf? If yes, what version of Word is being used?

Response: As stated in Section IV.B. of the RFP, the submission **must be** compatible with Microsoft Office Word 2003 or later. The technical proposal must be in such format. Required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format. Responses that are not in the correct format will be rejected.

8. On Page 8-9, Section 11.B, Providing Support for the Health Care Cabinet, the RFP describes attendance to regularly scheduled meetings with OLG and OHA staff progress, timelines and deliverables, schedule TBD. It also mentions

attendance to legislative meetings, executive branch officials or community groups to support the Cabinet.

- a. Does the OHA have requirements with regard to what percentage of recurring and ad-hoc meetings are in-person versus virtual?**

Response: All Healthcare Cabinet meetings are in person. There is no requirement on the percentage of Cabinet work group scheduled meetings to be conducted in-person versus virtually. OHA expects that the contractor will participate in meetings in the manner that best suits all parties to the meetings.

- b. Does the OHA have a preference on the schedule and frequency of meetings with the Cabinet and OHA staff? Can you please provide a more detailed estimate of the amount of onsite time that will be required during the course of this project (i.e. monthly, b-monthly, etc.)?**

Response: See answers #1, #2, #4 and #8a above. OHA expects the contractor to be onsite for the monthly Cabinet meetings and at least once monthly for one of the weekly meetings with OHA and/or OLG staff.

- 9. The state contracting portal says the due date is December 1, 2015 at 12:00 PM, but the RFP and the Addendum states that the application is due 11/24/2015 at 3 PM. Which is the correct due date?**

Response: The correct due date for proposals is **November 24, 2015**. The contracting portal has been updated.

- 10. Page 21 of the RFP indicates that Respondents with experience in promoting VBID programs will be given preference. Does that stated preference in OHA's RFP indicate that Connecticut Health Care Cabinet anticipates that VBID will be a major focus of the work of the consultant it seeks?**

Response: No, the language in the RFP referencing VBID was in error and has been corrected with the issuance of a second addendum on November 10, 2015. There is no preference for Respondents with experience in promoting VBID.

- 11. Is the scope of the work to be done by the successful bidder to include cost containment models that are applicable to the commercial, as well as public sectors of the health care economy?**

Response: Yes

- 12. Does the state have any expectations regarding a repository for the index of cost containment models? For example, should the repository be searchable?**

Response: The state has not yet articulated expectations of a repository, but the state expects that it be searchable.

13. Does the OHA expect the scope of work to include additional stakeholder engagement activities with Connecticut healthcare organizations and leaders outside of the OLG, OHA and Cabinet members? If so, please describe.

Response: Yes. See answer # 3 above.

14. Does the OHA expect the regularly scheduled meetings with OHA and OLG staff to be conducted in-person or remotely via telephone or webinar?

Response: See answer #4 above.

15. Have any successful programs or reports been developed on cost containment methods in the past?

Response: Yes. Previous reports include, among others, recommendations/reports by the Health First CT Authority, the Healthcare Cabinet, Access Health CT, the legislature's Program Review and Investigations (PRI) Committee. All are available in the public domain.

15. What is the formal relationship between this project and Connecticut's SIM scope of work, and how does OHA envision their interface for this project?

Response: The SIM project management office is housed in OHA for administrative purposes. The SIM's scope of work is specifically addressed in the project narrative for the model test grant and revisions to that narrative. Documents related to SIM are available at www.healthreform.ct.gov. The contractor is expected to interface with the SIM Project Management Office, the Department of Social Services and the Department of Public Health, to ensure alignment and avoid duplication with SIM initiatives, including those under the auspices of the Medicaid program and those included within DPH's Healthy Connecticut 2020. Through engagement with Cabinet membership, the contractor will be expected to ensure alignment with other health reform efforts.

16. On page 20, the State lists Response Contents. Component One (Transmittal Letter) has a 2 page requirement; Component Two has page requirements for the Proposed Approach and Organizational Qualifications (8 and 3 pages respectively). Does the State have any overall or other page requirements that the respondent should adhere to? Do you have any page limits or other format requirements in mind for the final deliverable?

Response: The only page requirements are those included in Section V, "Response Contents," beginning on page 20. Note that under "Organizational Qualifications," resumes are not counted toward the page limit, but resumes are limited to two (2) pages each. See answer #7 above.

17. On page 24, the State requests both hourly rates and fixed costs. Will the State allow a fixed cost submission, only?

Response: No, hourly rates must be provided.

18. On page 25, the State lists the evaluation criteria. Can the State share the weighting methodology which applies to that criteria? At a minimum, the breakdown of the weighting and/or points available for the broad categories (Proposed Approach, Organization Qualifications, and Cost) would be helpful.

Response: The state does not disclose weighting criteria in an RFP for personal services agreements.

19. On page 29 it states that “The Contractor and funding state Agency shall comply with the Cost Standards issued by OPM, as may be amended from time to time.” Can the State comment on this requirement? Specifically, does this require the contractor to submit a “cost-plus” Cost Allocation Plan?

Response: OPM’s cost standards only apply to contracts involving direct health and human services to clients. Therefore, the cost standards will not apply to a personal services agreement resulting from this RFP. A cost allocation plan is not required.

20. On page 31, in the Terms and Conditions, the Audit Requirements states at #6(a), “The Contractor shall comply with Federal and State single audit standards as applicable.” Do Federal and/or State single audit standards apply to this contract?

Response: State single audit standards will apply to a contract that may result from this procurement. Federal audit standards will not apply.