

**STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY
Payment Parity and Behavioral Health Coverage by Private Insurers**

RFP# 22OHS335

SECOND Addendum

RELEASE DATE – 10/5/22

Question 1: How would OHS suggest the contractor infer or obtain rates paid by third-party administrators?

Answer: The Contractor will work with OHS and the Connecticut Insurance Department on obtaining rates paid by third party administrators.

Question 2: Can OHS provide any additional information on how it would anticipate the contractor would assess the feasibility of implementing a sliding scale of reimbursement rates?

Answer: This study includes all payers including Medicaid, Health Exchange plans and other commercial payers. The Contractor and OHS in collaboration with the Connecticut Insurance Department and the Department of Social Services will determine what is considered “reimbursement” for the purposes of the viability of implementing a sliding scale of reimbursement rates.

Question 3: Generally, will it be the contractor’s responsibility to propose data sources for this work or whether OHS will provide data sources, and if so, what data sources is OHS considering?

Answer: The Contractor and OHS in collaboration with the Connecticut Insurance Department and the Department of Social Services will mutually agree upon data sources for this study.

Question 4: The RFP notes that in conducting the study, coordination and consultation with other state agencies such as the Connecticut Insurance Department, Connecticut HUSKY Health and the APCD may be necessary. To what extent would OHS staff facilitate those connections with other state agencies? Would OHS serve as the requesting agency for data requests? Should the contractor anticipate fees related to obtaining data from the CT APCD or other CT state agency data sources would be waived or paid by OHS?

Answer: OHS will facilitate connections with other state agencies such as the Connecticut Insurance Department and the Department of Social Services. Since this is an OHS project, there will be no cost associated with accessing the APCD data, however the successful vendor will be required to sign a data use agreement limiting the data use to this project only or as OHS permits.

Question 5: In creating the project timeline, what is the estimated time between submitting an APCD data request, obtaining approval and then receiving the data?

Answer: Since this an OHS project, once there are a fully executed services agreement contract and data use agreement, it will take up to two weeks for access to the data.

Question 6: Are there additional approval processes for obtaining access to HUSKY data in the APCD? If so, what is the estimated timeframe for review and approval? According to the CT APCD website, “For entities outside the State of CT, OHS releases a deidentified data extract containing commercial data only.” Does that apply to this project? <https://portal.ct.gov/OHS/HIT-Work-Groups/APCD-Data-Release-Committee/Data-Request>

Answer: The APCD includes HUSKY data but we will require the Department of Social Services’ approval to utilize the Medicaid data for this project.

Question 7: What is known about APCD data submitters’ redaction of behavioral health claims data re 42 CFR? (is the data that is in the APCD complete?)

Answer: Carrier submissions of SUD data to CT APCD are inconsistent, hence the data available is incomplete, however there may sufficient information to support the study. The winning contractor will have to carry out an in-depth gap analysis to determine sufficiency of the APCD for the relevant parts of the study.

Question 8: The RFP requests a comparison of Connecticut to other New England states. This may necessitate obtaining data from those New England states. Should the contractor plan for those fees in its budget? Would OHS serve as the data requestor?

Answer: The contractor will be expected to utilize publicly available data. If there is no publicly available data, the Contractor and OHS develop a mutually agreeable recommendation on how to obtain the data.

Question 9: Please provide additional information about the report that is due on 1/1/23, one month after the contract start date. For example, can OHS provide some examples of the types of information the contractor should anticipate would be included in the first interim legislative report? Should the contractor assume the deadline for that report

would be extended, if the vendor selection process or project kick off is delayed for any reason.

Answer: The deadline for this report has not been extended at this time. The 1/1/23 report shall include any and all information on the status of the study.

Question 10: Can OHS provide examples of the types of key data and or other metrics OHS would request or collect, as described in Section E. Contract Management/Data Reporting?

Answer: If additional key data and other metrics may be required, the Contractor and OHS shall develop a mutually agreeable recommendation on additional key data and metrics.

Question 11: Will OHS want the contractor to manage data collection, storage and reporting using our in-house IT infrastructure. Does OHS have any requirements for data acquisition, transmission, security and storage? Could the data be stored in a secure private cloud, or does it need to be on-premises?

Answer: Yes, the contractor will use their in-house IT infrastructure. OHS will provide a de-identified or limited data set of the All Payer Claims Data (APCD) to the contractor upon execution of a services agreement contract and a data use agreement (DUA). As part of the DUA process, OHS will require the contractor to fill out the data request application at https://portal.ct.gov/healthscorect/data-request?language=en_US. On the application form, the contractor must demonstrate that their IT environment, either on-prem or cloud-based, follows the guidance set by NIST SP 800-53 - Security and Privacy Controls for Information Systems and Organizations.

Question 12: Would OHS anticipate the contractor would create analytics that they would host on OHS infrastructure, or should the contractor anticipate using its own Tableau server or other similar tool? Does OHS have specific analytic tools that they want the contractor to use, or can the contractor propose its own?

Answer: The contractor will host the analytics (preferably Tableau or Power BI), but OHS will require as part of the project deliverables, for the contractor to provide the technical notes for the analysis, and a copy of the packaged Tableau/Power BI workbook. If the contractor proposes a different analytic tool it must be one that is easily accessible to OHS and the contractor must provide the technical notes and programming codes or script utilized for the analysis.

Question 13: Should bidders format the budget according to the two separate studies (Behavioral Health Coverage by Private Insurers Study separately from the Payment Parity Study)? Are the funds fungible between the studies, if needed?

Answer: The budgets should be complete and separate from one another. The funds *are not* fungible between the studies.

Question 14: Can the Connecticut Office of Health Strategy provide information on invoicing instructions (e.g., monthly, where to send invoices via a portal or mailing, etc.)

Answer: Detailed invoices shall be **prepared and submitted monthly to ohs.fiscal@ct.gov by the 15th day of every month** by the Contractor. Invoices shall, at a minimum, include the Contractor name, the Contract Number, the Contractor's Federal Employer Identification Number, the billing period, and an itemization of direct expenses by line item.

Monthly invoices for personnel and fringe shall include the name and title of the individual and the total cost of that individual's work during the billing period.

Monthly invoices for services for each subcontractor shall include:

- Name and title
- Dates worked
- Number of hours for the month
- Contracted hourly rate
- Total cost for the work during the billing period

The Contractor shall submit within 30 days of the end of the project period all outstanding invoices as specified above. The State shall review and take action within 30 days.

Question 15: For budgeting purposes, can the Connecticut Office of Health Strategy provide guidance on the expected frequency of attendance for in-person meetings and frequency of in-person public or legislative testimony?

Answer: OHS will use a Hybrid approach to meetings. The majority of internal meetings and presentations at various committees will be virtual. There will be approximately 3 meetings that will be in person to report/present the findings of this project.

Question 16: On page 9, Item 8 under Section A (Submission Format Information) indicates that proposals are to be mailed in a sealed envelope and provides additional instructions on labeling the mailed package. Can the Connecticut Office of Health Strategy confirm that a hard copy of the proposal is not required, and only electronic submission is necessary as described on page 6?

Answer: Applications and all attachments are to be electronically submitted to laura.morris@ct.gov. No hard copy applications are required.

Question 17: Can the Connecticut Office of Health Strategy clarify the types of ‘Accreditation/Certification/Licensures’ that need to be included in Section 4.10 (Organization Description and History)?

Answer: The Contractor should provide any additional information on accreditation, certification or licensure that the Contractor believes would be relevant to their experience and knowledge to submit this proposal.

Question 18: Can the Connecticut Office of Health Strategy clarify the type of information requested to describe our organization’s ‘Governance System’ in Section 4.10?

Answer: The Contractor should provide information on how it’s organization is governed.

Question 19: Can the Connecticut Office of Health Strategy provide a copy of the ‘Memorandum of Agreement’ that is referenced in Section E? We do not see a document with this file name.

Answer: The applicant should attach any memorandum of agreements that they have with any service partners or agencies.

Question 20: Can the Connecticut Office of Health Strategy provide a copy of ‘Appendix VI, COI Disclosure Statement’? We do not see a document with this file name.

Answer: The disclosure statement is on page 22 of the RFP entitled “Statement of Assurances”.

Question 21: Can the Connecticut Office of Health Strategy elaborate on the first research question for the Payment Parity Study related to the ‘viability of implementing in this state a sliding scale of reimbursement rates’? For example, does the State consider coinsurance to be a component of ‘reimbursement’ (vs. premiums or copayments)? In addition, is the question about viability limited to Medicaid only, or to all payers (including the Health Exchange and commercial payers for non-Medicaid enrollees)?

Answer: This study includes all payers including Medicaid, Health Exchange plans and other commercial payers. The Contractor and OHS in collaboration with the Connecticut Insurance Department and the Department of Social Services will determine what is considered “reimbursement” for the purposes of the viability of implementing a sliding scale of reimbursement rates.

Question 22: Does the Office of Health Strategy have agreements with the other New England states to provide access to their all payer claims databases (APCDs), or should the offeror’s budget include data acquisition costs to access these data? Likewise, should the budget include costs to access the CT APCD? If data acquisition costs are to be

included in the budget, can they be considered in addition to the total funding amount from the RFP?

Answer: CT does not have agreements with other New England states to provide access to their all payer claims databases. Since this an OHS project, once there are a fully executed services agreement contract and data use agreement, it will take up to two weeks for access to the data.

Question 23: Payment Parity Study, Item (6): Does the Office of Health Strategy have a source for data on the number of children who are referred for services but do not receive them?

Answer: The Contractor and OHS in collaboration with the Connecticut Insurance Department and the Department of Social Services will mutually agree upon data sources for this study.

Question 24: Are audited financial statements required for private businesses that have been incorporated for more than two years?

Answer: Yes, audited financial statements are required to be submitted.

Question 25: On page 8 it states the interim report of high quality is to be submitted to the General Assembly on 1/1/2023 but the project start date is anticipated on 12/1/2022, is that date a typo?

Answer: Statutorily, a report is required to be submitted to the General Assembly on 1/1/23.

Question 26: Is there a proposed methodology for conducting the studies the state prefers or is this up to vendor discretion?

Answer: The Contractor shall propose a methodology for conducting these studies. The Contractor and OHS, in collaboration with the Connecticut Insurance Department and Connecticut Department of Social Services will agree upon the final methodology.

Question 27: Can you provide prior similar studies the state has conducted in the past?

Answer: The State has not conducted similar studies in the past.