STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY

REQUEST FOR PROPOSAL (RFP)
FOR
DATA ANALYTIC SERVICES FOR COST GROWTH BENCHMARK AND PRIMARY CARE TARGET INITIATIVE AND OHS ANALYTIC NEEDS

THIRD Addendum

RELEASE DATE – June 30, 2021

The Office of Health Strategy's official responses to questions submitted as of 5:00 PM, June 28, 2021

1. **Question:** Does OHS have a strict preference for Azure cloud or would they be willing to consider other cloud vendors such as AWS or Google cloud?

   Answer: OHS will utilize the state Azure environment but OHS' primary focus is on development.

2. **Question:** Can OHS provide more detail on the level of effort sought, such as estimates of numbers of FTE staff dedicated to the project, to ensure that proposed responses align with available resources? How many users do you envision for the web-based reports and dashboards?

   Answer: The analytic vendor for OHS has five to seven staff working on an hourly basis when analyses are requested. For OHS' in-house analyses, there are two to three staff dedicated to the project and six to eight internal analytics users for web-based reports and dashboards.

3. **Question:** If possible, please provide additional specifications for the healthcare services pricing tool? How does this relate to the pricing tool that is already available in CT? https://healthscorect.com/

   Answer: This is to upgrade the pricing tool at https://healthscorect.com/, show potential pricing and out of pocket payment ranges based on payer: for bundled or episodes of services; for additional services not just the top 25 services; and for more providers than currently listed. The upgrade should also allow consumers to find service availability by, for example, town and/or zip codes or provider address, depending on state and federal cell suppression policies.

4. **Question:** Can OHS provide more details of its vision for potential web-based access to the reports or measures that the public could access?

Answer: Reports may include dashboards depicting healthcare utilization, spending, cost, payments, quality, and access trends within Connecticut: by region, county, or towns in comparison with statewide or New England; and/or national trends. Reports/dashboards should also allow for related data downloads, if feasible, and in line with state and federal requirements such as the Health Insurance Portability and Accountability Act (HIPAA).

5. **Question:** Does OHS plan to host the cloud-based Azure solution where the contractor will build data visualizations, etc.? Or does OHS expect the contractor to host and operate the environment and regular uploads of refreshed data? (Or some other approach?)

   Answer: OHS would host the cloud-based Azure solution.

6. **Question:** The qualifications and project management section is limited to two pages. Which elements are included/excluded in the page limit? Are the resumes excluded from this limit? Is the project plan excluded from this limit?

   Answer: The page count for this section has been extended to 5 pages. Resumes are excluded from this limit. The project plan is not.

7. **Question:** For the demonstration (show us your solution), what is OHS looking for -high-level concepts or a minimum viable product? Will OHS be providing data for the respondents to use in the demonstration, or should respondents plan to draw on their own data?

   Answer: For the demonstration, a high-level concept would be preferred, but if the respondent cannot offer that then a minimum viable product is acceptable. Respondents should plan to draw on their own data.

8. **Question: RFP Section 3 ("Required Service Components and Scope of Work - Analytic Framework"), Page, 11:** The RFP mentions "episodes of care" in the Extensions column of the "Analytic Framework" table. As there are commercially available episode groupers that can be applied depending on use case, does OHS want the vendor to include the commercially available episode groupers in our proposal scope and budget?

   Answer: A health status grouper is not included in the project; , the vendor may include commercially available episode grouper options in the proposal scope and budget.

9. **Question: General Question:** The RFP does not specify use of a health status grouper (e.g., CRG, ACG, HCC) on claims data. Does OHS anticipate the use of a specific health status grouper for this project? Should the vendor assume this will already be provided in the data?

   Answer: The vendor may include commercially available episode groupers in the proposal scope and budget.

10. **Question:** What is the rationale for the current target mentioned for calendar year 2025 regarding targeting "increased primary care spending as a percentage of total health care

expenditures to reach a target of 10%"? What is the current percentage? Is similar secondary/specialty care data available for same/similar data analytics and reporting?

Answer: The 10% primary care spending target is part of the Executive Order No. 5. https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-5.pdf

As referenced on page 9 of the RFP, the current percentage of primary care spend we estimate at 4.8%, with a goal to hit 5% spend this year. We do have secondary/specialty care available for similar data analytics and reporting. Currently, our focus is on primary care spend rather than specialty care per the mandate.

11. **Question:** What, if any, national benchmarking data resources, databases, etc. are already in use by OHS in addition to those specifically listed in the RFP?

    Answer: OHS is using the national benchmarking databases listed in the RFP, but that does not preclude OHS from using other sources of data.

12. **Question:** It is clear that benchmarking across US states occurs/exists already. What is the level of desire to benchmark internationally? What is the level of desire to benchmark internally in this solution for comparative performance analysis?

    Answer: OHS is not benchmarking internationally yet, although benchmarking internally is more likely.

13. **Question:** Is it permitted to extend, enhance or alter the quoted framework for Data Use Strategy Analyses if valuable to the project and/or stakeholders?

    Answer: OHS prefers to start with the quoted framework as there are recurring reports that are expected in the deliverables. If the analyses showed a reason to extend or enhance the framework, it would have to be driven by the quoted framework analyses and considered ad hoc.

14. **Question:** Have these data sets been linked and used before in Connecticut? If yes, what additional information can you share regarding the detail, existing structure, and/or access to the existing integrated data?

    Answer: OHS is currently working in-house to link the datasets together.

15. **Question:** OHS has defined the problem they are trying to solve and some of the requirements. Is it anticipated that OHS and the selected applicant will conduct specifications scoping and planning, or are specifications, features, etc. already decided and will be provided to the awarded applicant as a prepared requirements document? If the latter, can any details or drafts be shared in advance?

    Answer: Specifications of the analysis are provided on page 13 of the RFP under "Standard Reports." OHS has not developed a requirements document other than the analyses listed in the RFP.

16. **Question:** Could you provide examples of "Experience managing ad-hoc reporting that goes beyond the regularly scheduled standard reports."

    Answer: There may be ad hoc reports arising from the standard analyses and reports, where OHS would like a "deeper dive", or ones that fall outside the benchmark initiative but still need reporting (e.g., COVID claims monitoring or in- and out-of-network costs). Some reports may be at the request of the governor, legislature, or other governing bodies.

17. **Question:** In "Key Outputs and Timeline" one deliverable is to "Present findings of analyses to OHS staff, consultants, stakeholders, advisory bodies, and the public as OHS requests." Is it expected that the awarded applicant will provide this service, or ensures that is has provided the technical solution for other stakeholders or consultants to do so?

    Answer: Yes, it is expected either the awarded applicant will provide this service or enable other staff or consultants to do so.

18. **Question:** Is OHS already aware of potential issues regarding "Measuring and tracking unintended consequences of the benchmark initiative and recommending and implementing effective mechanisms for filling any data gaps required for successful implementation"? If yes, what are they? Is there a Risk Register in place for this initiative that we could access in advance of proposal submission (redacted where necessary)?

    Answer: The Cost Growth Benchmark Unintended Consequences Measurement Plan is provided here: https://portal.ct.gov/-/media/OHS/Cost-Growth-Benchmark/Reports-and-Updates/Unintended-Adverse-Consequences-Measurement-Plan.pdf. There is no Risk Register in place currently.

19. **Question:** If possible, we would appreciate a clarification concerning the State's answer to Question #31 in the Q&A below.
    Generally, any custom development peripheral to the Commercial Off The Shelf (COTS) product is the IP of the State. As the answer below would likely eliminate participation from COTS vendors (on-premise or offered as a service), would the State consider having ownership of any custom development external to the COTS software along with a perpetual license?

    31. Question: Will the state consider a vendor-owned SaaS solution?
    Answer: No, OHS will own the solution.

    Answer: Yes, OHS may consider having ownership of custom development external to COTS product with a perpetual license.