STATE OF CONNECTICUT

OFFICE OF HEALTH STRATEGY

REQUEST FOR PROPOSAL (RFP)

FOR

BIENNIAL STATEWIDE HEALTHCARE FACILITY UTILIZATION STUDY AND STATEWIDE HEALTHCARE FACILITIES SERVICES PLAN

FIRST Addendum

RELEASE DATE 6/8/2022

The Office of Health Strategy's official responses to questions submitted as of 5:00 PM, May 27, 2022

Questions	Response
1. Who are going to be the primary consumers of the results (scientists, administrators etc.)? a. What is the level of their technical skills?	The primary consumers of the results will be the public and interested stakeholders, including the administration, policymakers, related industries, advocates, and consumers. a. As a result, the level of expertise and technical skills will be varied. Results should be able to be easily understood by the public.
2. How many data sources will there be?	OHS data include hospital and outpatient surgical facilities utilization data (I.e., inpatient discharge, emergency department, and outpatient surgery encounter data), healthcare facilities inventory, hospital financial data and All Payer Claims Data (APCD), and analytic results from the CT Healthcare Benchmark Initiative. Internal staff will work with chosen contractor to facilitate data sharing which may include executing a data use agreement if data needed include protected health information. Other sources of CT publicly available data include those from the RAND hospital price transparency studies, the National Academy for State Health Policy NASHP hospital cost tool, US Census,

	CT Department of Labor data, CT Data Center, CT Department of Public Health data, CT Open Data
3. Do we request the type of data we need to do research, or do you already have data that you want us to use to do research? a. What type of data sources are used? b. What is the size of each data set and how much data will be needed for the analysis? c. What are the scales for the different datasets (nominal, ordinal, interval, ratio)?	OHS has a data compendium which provides an exhaustive list and details of data available. OHS may also make summary available analytic data for the Healthcare Benchmark Initiative. Chosen contractor must sign a data use agreement if the data required contains personal health information. Other public sources of CT analytic data available are from the RAND hospital price transparency studies, the National Academy for State Health Policy NASHP hospital cost tool US Census data, CT Department of Labor, CT Department of Public Health, CT State Data Center, CT Open DataCT Open Data a. Research Data sources include internal hospital patient, all-payer claims and hospital financial data which are listed in the OHS data compendium and may be limited to the last five years. b. The data are approximately as follows: -Hospital inpatient discharges – 2 GB/year (2000-2021); -ED – aggregated data in Excel (2000-2021); -All payer claims data – ~commercial, Medicare, and potentially Medicaid (2015- 2021); and -Hospital financial data - Data for all 27 CT acute care hospitals in Excel and may vary in size c. Patient and claims data are nominal, financial data are a mix of ordinal and ratios
4. Will the data require qualitative or quantitative analysis (or both)?	Both
5. What are some examples of metrics that would be helpful to include?	Please refer to the Scope of Work on pages 7 and 8. Market needs by type of provider, facilities, including future projections, market oversight recs including dollar amounts and types of transaction values for review, market concentration recommendations, price considerations, best recommendations for quality and patient satisfaction.
6. What are the reporting requirements? a. Can reporting include interactive data visualization (using a tool such as Power BI or Tableau)?	The report will need to include visual mapping, charts, indices, and other visuals as needed. The preferred tool is Power BI.

7. What is the security/confidentiality considerations for the data?	OHS will provide limited data sets (claims and patient), if the vendor provides information that its storage data server is Health Insurance Portability and Accountability Act of 1996 (HIPAA) and National Institute of Standards and Technology (NIST) compliant and possibly HITRUST certified; on the technical safeguards to protects access and use to the data limited to the goals of the contract; and signs a data use agreement with OHS. If the vendor is unable to demonstrate the above, then OHS will provide public use files and require the execution of a data use agreement for the claims and patient data. All hospital financial data are publicly available on OHS's website.
8. What credentials, licenses, and accreditation are relevant for this project?	We are open to varied qualifications that you can include in the staffing plan. From the RFP: Minimum Qualifications of Proposers. To qualify for a contract award, a proposer must have the following minimum qualifications: a) Expertise in healthcare analytics b) Expertise in analyzing healthcare utilization data c) Experience reporting on healthcare utilization data using tables, charts, and maps d) Experience with healthcare quality measures and metrics e) Experience with health equity measures and metrics f) Expertise contracting with other government agencies to provide services like those the State of CT is seeking g) Expertise in presenting analytic results to and obtaining input from stakeholders, advisory bodies, and the public h) Expertise in developing web-based analytic reports i) Experience as healthcare economists or demonstration of ability to contract with healthcare economists for market impacts and analysis j) Experience with large-scale health systems planning and analysis k) Experience in developing large scale plans and issuing public report. We are open to having economists as part of your staffing, however it is not required.
9. Please confirm that offerors can utilize a smaller font type for exhibits – such as 8 or 10 pt – as is common practice in presenting graphics and tables.	Yes, it is fine to use a smaller font such as 8pt or 10pt for graphics and tables and exhibits.

10. Please identify any vendors/partners who have supported contracts in the last three years related to CT OHS' objectives for this effort. a) Have there been other contracts or grants within the last three years that address the same or similar objectives? Did these contractors perform satisfactorily and are they eligible to bid on this new contract? b) Please confirm that the number of incumbents (indirect or direct) who are eligible to pursue this contract.	a) OHS has not retained a contractor for this work in the last three years. b) OHS plans on choosing one awardee for this contract. Under this RFP the proposer is allowed to subcontract if needed.
11. Please confirm that there are no offeror evaluation points given or other advantages to submitting a letter of intent, and that by submitting questions into the portal,the bidders are to be included on any and all procurement-related communications.	There is no letter of intent required in this process and therefore, will not be attributed any points in our evaluation of proposals. Answers to questions will be posted on the following sites: Agency's RFP Web Page: Contracts and RFPs • State Contracting Portal (go to CTsource bid board, filter by Office of Health Strategy https://portal.ct.gov/DAS/CTSource/BidBoard Please check these sites for updates. Just by you submitting questions does not mean that you are now included on all procurement related communications. You must check the online web pages for updates.
12. On page 8 of the RFP, under Phase 2, a bullet references that the contractor will hold engagements with stakeholders and (an) Advisory body. For pricing purposes, we would like the clarify the following: For subcontracting/SME planning, can OHS please share the names of individuals/entities on this Advisory body? Please confirm that offerors are not to include any travel or event planning costs in proposed budgets.	As of now, we do not have a specific Advisory Body in place. We will work with the contractor to determine which meetings the contractor will be asked to attend to ensure input and feedback from all stakeholders. We do not anticipate any in-person meetings, so there is no need to include travel or event planning costs in your proposed budgets.

13. Can you please provide the location of, or send the budget template that is referenced in the RFP? Can you provide a list of all documents and attachments associated with this RFP?	The budget template is listed under mandatory Documents here: CTsource Bid Board The Budget template is also located here: Contracts and RFPs Currently, there are no other attachments. Please check both links for updates.
14. *Section 2 - Scope of Services - d. Describe proposer's plan to complete project deliverables.* What should the proposer address in this *Section 2(d)* versus in *Section 6 - Work Plan - c. Methodologies* which seems also asking about project management?	You are correct, these sections are both asking for similar information. However, in the Methodology section we were looking for a rationale for how you developed your approach to complete the project.
15. On page 13, under 4(a) Email/Internet Capabilities, please provide additional information on what you are asking the offeror to provide.	This is to confirm that the proposers can communicate via email, attend Teams and or zoom meetings.
16. Could you please confirm the attached Notification to Bidders form is the latest version to use to upload to the Portal?	Please use this form: NotificationtoBidderspdf.pdf (ct.gov). It is the most current form.
17. Could you please provide the Secretary of State recognition form? We searched on the ct.gov but could not find the form.	The Secretary of State recognition isn't a specific form, but rather a field that the vendor/provider marks as "Yes" in their CTsource supplier profile when registering.
18. We understand that the Executive Summary and the Main Proposal must be max 8 pages total, not including the Appendix. Would the state consider increasing the max limit for the Main Proposal?	We are not increasing the max limit for the Main proposal. Please keep that section to the 7 pages allowed.
19. In Section I. General Information, subsection B. Instructions, 4. Procurement Schedule (page 4). the RFP states that the start of the contract is "Approximately August 31, 2022". This is repeated in Section VI. Appendix, subsection C. Proposal	Due to variable timelines in processing of statewide contracting, we can only estimate the start time of this procurement to approximately late August. As far as the timeline goes for the outputs, we did state that those timelines may change and are not firm. Since the Office of Health Strategy needs to send

Checklist, Key Dates. However, in Section I. General Information, subsection B. Instructions, 5. Contract Awards (page 4), the RFP states that the contract term is "Approximately, August 1, 2022-December 1, 2023" and the Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description table of Key Outputs and Timeline Grid states the Final Report to OHS is due December 31, 2023. Would the state please confirm what the period of performance is for this RFP? Does it start August 1 or August 31, 2022, and does it end December 1 or 31, 2023?	final reports to the State Legislature by 12/31/2023 we do anticipate requiring the awardee to submit their final reports to us at least two to three weeks before the end of the calendar year. We can confirm that the contract end date will be 12/31/2023, however as stated, the final output will be due earlier.
20. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description heading for Phase 1 states the phase should be completed by December 15, 2022; however, the Key Outputs and Timeline Grid in the same section states the final draft is due December 31, 2022. Can you please confirm the completion date of Phase 1? Is it December 15 or December 31, 2022?	Again, the timeline grid was just an estimate and is most likely subject to change. At this point, we envision that phase 1 reports should be due by December 15, 2022.
21. In Section VI. Appendix, subsection C. Proposal Checklist, Proposal Content Checklist, a Table of Contents is listed. Please confirm that both the Cover Sheet and the Table of Contents is not included in the 8-page limit.	The Table of Contents in this section was included in error. You do not need to include a Table of Contents in your submission and if you chose to include this it will not count toward the 8-page limit.
22. In Section III. Proposal Submission Overview, Subsection A. Submission Format Information, 6.	Yes, a smaller font is allowed for tables, graphics and exhibits.

Style Requirements, the RFP requires Times New Roman font size 12 point, 1-inch margins, and 1-1/2 line spacing. Would the state permit smaller font size and single-spacing for information contained in tables, charts, graphics, etc.?	
23. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 2 states the contractor will "Hold engagements with stakeholders and Advisory body to ensure input and feedback on the plan". Will the contractor or the state be responsible for assembling the Advisory body and organizing these input sessions? Or will the contractor only be expected to participate in Advisory bodies coordinated by the state?	The Office of Health Strategy will work in partnership with the contractor chosen to identify an appropriate Advisory Body. The agency will coordinate meeting times. We expect the contractor chosen to help organize and facilitate meetings with stakeholders, gather information from stakeholders and present findings when necessary.
24. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 2 states the contractor will "Hold engagements with stakeholders and Advisory body to ensure input and feedback on the plan". Does the state expect these meetings to be in person and should the contractor plan on and budget for travel to participate in these meetings?	We do not anticipate any in-person meetings, so there is no need to include travel costs in proposed budgets.
25. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 1 states the contractor will review data from the OHS All-Payer Claims Data. Can you describe how the contractor will get access to these data? Will APCD data be transferred to the	OHS will transfer the APCD data a secured method if the contractor's security and technical provisions for protecting the data meet OHS or national industry standard requirements for data security and integrity, and technical safeguards for data that contains personal health information Including signing a data use agreement.

contractor via a secure method, or will the contractor remotely access APCD data in CT systems using a remote, secure connection? If remotely accessing APCD data, can the state make known what programs and tools are available for analysis within their environment?	The second option is to provide remote access the Amazon Web Services (AWS) analytic enclave. Tools and programs available include SQL Workbench, R , R Studio, Python 3.6, Notepad++, Anaconda.
26. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 1 states the contractor will review data from the OHS All-Payer Claims Data (APCD). Is it expected the contractor will be reviewing and analyzing raw claims from the APCD dataset or aggregated statistics based on prior assessments of the APCD?	The contractor will have access to a limited (raw) dataset of the APCD if the contractor provides evidence that its technical safeguards and storage data server are Health Insurance Portability and Accountability Act of 1996 (HIPAA) and National Institute of Standards and Technology (NIST) compliant and HITRUST certified. The contractor must also sign a data use agreement to access this data for this project. The contractor will also have access to aggregate statistics available in-house.
27. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 1 states the contractor will review data from the OHS All-Payer Claims Data (APCD). Does the APCD include claims from Medicaid, Medicare FFS, Medicare Encounters (Medicare Advantage), and Private Commercial Insurance or only a subset of these payers? And if any of these payers are not available in the APCD, would the state like the contractor to seek alternative sources of claims data to supplement the APCD analyses?	The CT APCD includes claims for commercial (fully insured, state employees and partnership self-funded) plans; Medicare Advantage; Medicare FFS (with a two-year lag) and Medicaid (OHS must obtain permission from Department of Social Services to utilize the data for this purpose). The CT APCD does not include self-funded claims (except for those covered by the State employee and municipal plans). The contractor may propose related cost or no cost options to gap fill data for self-funded claims.
28. The Section II. Purpose of RFP and Scope of Services, subsection C. Scope of Service Description for Phase 2 states the contractor will make recommendations on dashboards or data visualizations.	The Contractor chosen will need to develop and create dashboards/data visualizations with Power BI and transfer ability to State analysts to continuously update the dashboards/visualizations.

Will the contractor be expected to assist in developing and creating these dashboards or just providing feedback on the state's development of these visualizations?	
29. The Section II. Purpose of RFP and Scope of Services, subsection A. Agency Overview makes reference to the (1) "Statewide Healthcare Facilities and Services Plan (the Plan)", (2) an inventory of all Connecticut healthcare facilities, and (3) a biennial utilization study. In a subsequent section a link to the 2012 Statewide Healthcare Facilities and Services Plan was provided. The state makes clear that the (2) is not part of the scope of this RFP. Can the state confirm, is the scope of this RFP to develop and publish the entirety of both the (1) Statewide Healthcare Facilities and Services Plan and (3) the biennial utilization study in similar formats and length to the 2012 example? Or is this RFP to perform a set of economic and market analyses as independent reports that will assist OHS in the production of these larger plan and utilization study products?	The scope of this RFP contains two phases. The first phase includes a market impact analysis of horizontal and vertical acquisitions in the Connecticut market over the past five years. The intent is for this information to inform a more comprehensive deliverable in the second phase, which will be used as OHS' statewide healthcare facilities and services plan and biennial utilization study. This deliverable does not need to be in similar formats or length to the 2012, but it needs to include all the components included in the Phase 2 project description. The 2012 report is used as an example for your reference, but the deliverable for this RFP is intended to be a more robust plan with recommendations, with an additional focus on the market.
30. For the proposed Budget, are there any limitations related to the application of our DCAA approved indirect billing rates? If so, can you please provide detailed guidance related to the requirements?	Indirect is a negotiated rate. Please suggest your intended rate and if awarded the contract, this will be a negotiated rate.
31. For the Budget Narrative, can the state confirm it must be included in the 7-page main proposal document? Can the Budget Narrative be included in the Line-Item Budget Template that has been provided?	Yes, bidders can use the line-item budget template provided and this must be included in the 7-page main proposal document. Bidders may also include their narrative on this template if that is helpful.

32. It is noted the contract cost is $400k. Is that the amount that the awardee would receive for the contract or is it the maximum cost and the state expects a bidding process in which proposers must also bid their contract cost within the Budget and Budget Narrative section?	The maximum contract amount will be $400,000. Proposals should include separate budgets for Phase 1 and Phase 2 separately.
33. For analysis of mergers/acquisitions, is the state to convey how to appropriately identify the entities – pre- and post-acquisition - that merged within the data? Example: hospital code, or TIN.	The contractor will have access to the CON portal to obtain facility name and proposal description of CON applications filed with the office. OHS will run reports as needed by the contractor if more detailed information is required on the CON applications filed.
34. Is the contract awardee responsible for drafting the Certificates of Need (CON) through their legal team? Or will the awardee work with the state's legal team to draft such documents?	The contractor will only be reviewing past Certificates of Need (CON) data to inform their analyses. Awardees are not required to draft certificates of need decisions. If this question is a reference to proposed changes to legislation, a detailed description of the proposed legislative concept will suffice. Drafting of potential legislation is not required.
35. Can any details be provided in regard to the inventory data that will provided to be used for this RFP: a. In what format will the data be provided i.e., csv, excel, sql database etc.? b. Can a data dictionary be provided to help proposers understand data elements present to help shape their proposal to the availability of data points and the need for supplemental data? c. What date range is applicable to the inventory data? d. It is noted the inventory data will be for all Connecticut healthcare facilities and services. Does this mean it will only reflect a	a) Patient and claims data will be made available as pipe delimited .TXT (text) tables that the contractor may upload into a relational database. For the claims data, the contractor may be provided access to an Amazon Web Services analytic enclave in which the tools and programs available include SQL Workbench, R, R Studio, Python 3.6, Notepad++, Anaconda. Hospital Financial data are available in Excel. Healthcare facilities and services inventory data are in Excel b) The OHS Data Compendium provides a list of data sets, data elements and dictionaries. c) The OHS Data Compendium provides information on the date range of the inventory data. d) Claims data reflect claims for CT residents at CT and out of state facilities. Patient data provides information on out-of-state residents utilizing in CT but not on CT residents seeking care at out of state sites.

view of claims that occurred at CT facilities? Will proposers have a view of key items like out-of-state residents utilizing services or in-state residents that did not utilize any services at all? These will be key data points in trying to understand the impact of consolidation on access and the changes in utilization patterns at the member level	
36. Proposers are expected to have expertise in developing web-based analytic reports. Does CT OHS already have a preferred platform or will they be looking to the awardee to provide a recommendation?	OHS' preferred web-based analytic reports platform is Power BI.
37. How many meetings are expected to be on-site during the course of this engagement?	All meetings will be held virtually.
38. Who is the incumbent contractor?	There is currently no incumbent contractor.
39. On page 5 of the RFP under "Minimum Qualifications of Proposers," there are 11 listed qualifications that proposers need to demonstrate. How would OHS recommend that proposers demonstrate their experience with all 11 of these qualifications? o Should they be explicitly addressed individually, with specific references and past experiences or team member expertise cited?	Proposers should present qualifications as they see best.

○ Should proposers attempt to demonstrate all 11 minimum qualifications organically throughout the body of their proposal? ○ Some other approach?	
40. On Page 7 of the RFP under "Scope of Service Description" in Phase 1 it states that the winning bidder will review OHS All-Payer Claims Database in addition to "other OHS data." Can you clarify what specific other OHS data sources this is referencing? • Can we see an exhaustive list of the data assets that OHS would make available for this SOW?	OHS data include hospital inpatient, emergency department and outpatient surgery data, healthcare facilities and services inventory, hospital financial data f and the all-payer claims data. Internal staff will work with chosen contractor to facilitate data sharing. OHS will transfer the APCD data via a secured method, provided that the contractor's security and technical provisions for protecting the data meet OHS or national industry standard requirements for data security and integrity, and technical safeguards for data that contains personal health information. Also, OHS will require the contractor to sign a data use agreement. The second option is for OHS to provide the vendor with secure remote access to the State's Amazon Web Services (AWS) analytic enclave upon executing a data use agreement with the vendor. Tools and programs available include SQL Workbench, R, R Studio, Python 3.6, Notepad++, Anaconda The OHS Data Compendium provides an exhaustive list of OHS databases, data elements/fields and definitions.
41. Phase 2 of the SOW (on page 7 of the RFP) requests that proposers conduct a healthcare market analysis from both economic and "legal" perspectives. a. Does OHS anticipate proposers to staff this SOW with healthcare attorneys to provide this legal analysis and perspectives? b. Or is this in reference to a more wholistic definition meaning that the winning proposer will review regulatory and	OHS is looking for more of a regulatory/legislative review and not necessarily an attorney or legal review.

legislative variables of note or consideration as part of this analysis (but not necessarily providing pure legal analysis that would traditionally be conducted by an experienced attorney)?	
42. The RFP makes reference to multiple meetings with various CT or OHS stakeholders (particularly in the "key outputs and timeline grid" on page 8). Ideally, how frequently would OHS hope to meet with the winning proposer in-person / onsite vs virtually?	All meetings will be held virtually, and we can negotiate a reasonable number of meetings based upon project timelines. At minimum, there will be a biweekly check-in.
43. Is $400,000 the absolute maximum the State will spend on Phases 1 and 2?	Yes.
44. What is the breakdown of the $400,000 between Phase 1 and 2?	Proposers should provide an estimated cost of doing each phase for a maximum total award of $400,000.
45. Will the payment be paid in full or partial, ahead or after each phase? Or will the vendor be paid monthly or per deliverable?	Payment on this contract will be monthly based upon time spent on the work and deliverables.
46. Are there additional budget allocations for travel and other expenses, if necessary?	No, all meetings will be held virtually.
47. How many OHS resources will be dedicated to this project?	OHS staff will support the awardee as needed but cannot determine at this time the exact number of staffing hours or other resources.
48. Please provide a list of stakeholders (Team, Title, etc.) that the vendor will be working with.	OHS staff will support the awardee, but we do not have specific details at this point. As of now we do not have a specific Advisory Body in place. We will work with the contractor to determine which meetings the contractor will be asked to attend to ensure input and feedback from all stakeholders.
49. Please provide an overview of the OHS project management, change management and continuous improvement approaches?	Each department at OHS has varied approaches to their projects. Beyond the scope of the RFP.
50. Describe your plans for growth over the next 3 to 5 years?	OHS' current budget and position count is available at the Connecticut General Assembly website. Please refer to this report for an answer to your question: CT-OHS-Strategic-Plan-2020-2023.pdf

51. Please provide the advisory document or the study from the previous/last biennial utilization study/project. If it cannot be shared now, will the vendor be provided with it once the contract starts?	Please refer to this website: Facilities and Service Plan (ct.gov) The last full Facilities and Services Plan was conducted in 2012. However, subsequent reports were supplemental and built upon the 2012 report.
52. Can you please clarify if the previous biennial study was performed by the internal team or an external contractor? If an external contractor, can you list the name?	Internal Team
53. If there is a team currently responsible for an ongoing analysis/study, will there be a transition time allocated once the contract starts?	Currently there is not a specific team assigned to this analysis but OHS staff will work with awardee as needed. Product should include this study/plan.
54. Once the contract starts, will you be sharing any policy/sample deliverable from prior projects to level set or agree on project milestones and expectations?	As part of contract negotiations, a final scope of work will be agreed upon by all parties.
55. Will the project be remote or in-person? If remote, is your organization fully equipped to support remote work?	Remote. Yes, we use Teams and/or Zoom.
56. We understand the deadlines to be December 15, 2022, for Phase 1 and December 1, 2023, for Phase 2, is the State open to adjusted or accelerated timelines?	We are open to accelerated timelines, but awardee must meet deliverable timelines.
57. Are there any incentives in finishing the deliverables earlier than the listed due dates?	There are no other incentives provided for early deliverables.
58. Is there a penalty if the timeline is not met for the deliverables?	Awardee must adhere to agreed-upon deliverable dates under a personal services agreement (stated in agreed upon contract language).
59. How does OHS manage and respond to Vendor requests, complaints, concerns, and feedback during the engagement?	OHS usually communications via email, virtual meetings and phone calls if needed.
60. How quickly after the Start of Contract date will the data be made available to our team?	OHS staff will work with awardee to get appropriate data as needed, as timely as possible and after the execution of a data use agreement between the vendor and OHS.
61. Will the vendor receive a fully compiled data (excel extracts or database connection) that has required	OHS will provide the vendor access to hospital inpatient, emergency department and outpatient surgery databases, and all payer claims data (APCD

data from all the facilities, or does the vendor have to reach out to each facility to gather the data?	upon approval of the vendor's security and technical safeguards to protect personal health information and execution of a data use agreement. Also available are links to non-proprietary hospital financial data at OHS. Details of the data available are listed in the OHS Data Compendium
62. What are the data analytics and reporting tools that vendor will receive access to as part of this project? In other words, during the project, what tech suite will the vendor be working with that OHS or facilities use?	The vendor will have access to SQL and Power BI. OHS may provide the vendor with secure remote access to the State's Amazon Web Services (AWS) analytic enclave upon executing a data use agreement with the vendor. Tools and programs available include SQL Workbench, R, R Studio, Python 3.6, Notepad++, Anaconda.
63. Are there any risks to be aware of that would cause this project to be cancelled or put on-hold?	All state contracts have language that includes the right to cancel but OHS is not aware of any risks at this time.
64. How many healthcare facilities does the state have? And how many are managed by OHS?	OHS does not manage any healthcare facilities. Please refer to our website for more information about OHS. This link should help answer your questions: Facilities and Service Plan (ct.gov)
65. What is the payer market share in the state currently? And how has it changed in the past 5 years?	Based on information from 2019, payer market share was: Aetna (19%), Anthem (30%), Cigna (17%), Connecticare (10%), Harvard Pilgrim (2%), and United (22%). More recent data is unavailable. According to the State's Department of Insurance Consumer Report Cards, in 2015 enrollments in HMO & Indemnity plans were: Aetna (7%), Anthem (45%), Cigna (15%), Connecticare (11%), Harvard (1%), Oxford (2%) and United (5%). In 2020, Aetna (16%), Anthem (53%), Cigna (17%), Connecticare (7%), Harvard (1%), Oxford (4%) and United (2%). The consumer reports results do not include all enrollment in self-funded (or ERISA) plans. Source: https://portal.ct.gov/CID/Reports/Consumer-Report-Card-on-Health-Insurance-Carriers-in-Connecticut
66. How many horizontal and vertical acquisitions have occurred in the past 5 years?	Page 105 of the 2021 Hospital Financial Stability Report shows that since 2016, there has been about seven (7) horizontal integrations. Not all vertical integrations are captured through OHS reporting requirements, however in the

	same period there have been over 55 changes of ownership among hospitals and physician group practices.
67. Will the vendor be provided with any additional demographic data/market data for the analysis that is not publicly available?	The vendor will have access to patient (hospital inpatient discharge, emergency department, outpatient surgery) data which include patient race/ethnicity, gender, age, zip codes and all payer claims data which include subscriber gender, age, and zip code data. There is the ability to determine hospital and payer market share based on volume/utilization and revenue utilizing patient, claims and financial data.