

**STATE OF CONNECTICUT
OFFICE OF HEALTH STRATEGY**

**REQUEST FOR PROPOSAL (RFP)
FOR
HEALTH CARE COST GROWTH AND QUALITY BENCHMARKS AND PRIMARY
CARE SPEND TARGET CONSULTING SERVICES**

FIFTH Addendum

RELEASE DATE 2/24/2020

The OHS's official responses to questions submitted as of noon, February 24, 2020 are as follows:

1. Please describe OHS's expectations for the contractor's role in assisting with Hearings in terms of creating presentations and supporting materials, securing experts and framing their testimony and/or creating a transcript.

Response: A Contractor will be expected to provide support with the preparation of materials, coordinating participants' needs and/or attendance, and producing hearing transcripts, as directed by OHS.

2. How will OHS assist the contractor in obtaining data in contractor-specified formats from APCD, Medicaid, Medicare, OCS and DPH?

Response: OHS will coordinate the aggregation of any data a Contractor will be expected to use, including identifying available data formats, and directly authorize access to or the release of any data within its authority.

3. Should the contractor expect to submit a formal data request to the CT APCD?

Response: No, OHS will provide a Contractor with access to any data needed for the Project.

4. Will the contractor be required to pay a fee for the CT APCD data?

Response: No.

5. Should the contractor anticipate having to receive and hold a full APCD data extract?

Response: OHS will provide a Contractor with access to a HIPPA compliant custom data set(s) that will be utilized to fulfill Project deliverables. Use of the dataset will be governed by data use agreements consistent with regulations or policies and procedures regarding those data sets.

6. The RFP states that OHS may contract with one or more vendors. Should the proposed cost for each task be a standalone price?

Response: A Contractor may craft its proposal based on the task or tasks for which it submits a proposal.

7. The OHS budget suggests \$577,414 will be allocated to support the cost benchmarking process. The budget notes \$189,414 of the dollars will go toward budget analysts. Is it correct to assume these services would be performed by the contractor? Should the contractor assume some of the \$577,414 will be needed to cover OHS costs related to management and oversight of the work? If so, has this amount been determined?

Response: Contractors may review the publicly available [OHS proposed budget for FY 2021](#), HB 5005, for the correct figures. Contractors should note that this is a budget proposal and has not been enacted into law. It is incorrect to assume that the referenced figures for analysts would be performed by the contractor.

8. Does OHS envision its existing internal or contracted consumer engagement expertise would or could take the lead on the consumer engagement aspect of this work with support from the contractor?

Response: The contractor is expected to undertake the lead on consumer and stakeholder engagement, though there will be some contribution from OHS staff and the stakeholder advisory board appointed to advise the technical team on the cost growth benchmark and primary care targets.

9. Does OHS have an existing Data Strategy that can be shared? a. If not, does OHS expect the contractor to assist in creating a data strategy as part of this project?

Response: Please see the RFP which requires the contractor to undertake a data gap analysis. Yes, OHS expects the contractor to assist in creating a data strategy for this project, based at least in part on data already in the possession of OHS, as detailed on page 5 of the Request for Proposals RFP.

10. How are the data sources listed in the RFP compiled and integrated in current state?

Response: The APCD and other data are not fully integrated at this time.

11. Can OHS provide an Architecture diagram showing the major components of existing data architecture including any data model diagrams or mapping?

Response: The OHS will provide such information to the winning bidder. Data diagrams for in house data are available at in the OHS Data Compendium. APCD data diagrams are not available for public viewing because of the nature of the information. However, the data dictionary for the APCD is available at <https://healthscorect.com/wp-content/uploads/2019/08/CT-APCD-Data-Dictionary.pdf>

12. Has OHS performed similar analysis in the past that would be relevant for this project? If so, can OHS share any analysis, insights, and lessons learned as part of that exercise?

Response: OHS has performed limited analyses related to primary care spending that will be available to the selected vendor. OHS will make such analyses available to the selected vendor. Any preliminary insights, etc., learned from such exercises are available to a limited degree at the OHS website and on HealthScoreCT.com.

13. Are there existing advanced analytics models (artificial intelligence, machine learning, predictive/forecasting) that should be considered?

Response: The contractor should bring its experience to bear in suggesting models.

14. Are there existing third-party partners (i.e. data service providers) with whom the contractors would need to work to complete this project?

Response: The contractor may be required to work with OHS' third party agents to access certain tools available to OHS that may be useful for this project, e.g., risk scoring tools.

15. What are the required toolsets and platforms to be leveraged for this project?

Response: The Contractor may be required to use any combination of the following:

- a. Analytics tools (e.g. SAS, SPSS, R, Python.)
- b. Reporting tools (e.g. Cognos, PowerBI, Tableau, Business Objects)
- c. Export, Transfer, and Loading tools for data transfer
- d. Database Platforms
- e. Data Enclaves
- f. Cloud based platforms—FedRAMP 3PAO assessment completed

16. Will contractors have a sandbox environment in which analytic approaches can be explored?

Response: OHS will work with the selected Contractor to identify data requirements for the project, which will inform the options for Contractor's access to the data.

However, OHS expects that the contractor will be available to work onsite at OHS, with access to a HIPAA compliant minimum necessary extract, using the analytic environment provided on an OHS server, if available. At all times, the data must be secured in a HIPAA compliant environment; AES -256 encrypted. If it is stored in a cloud-based environment, it must be FEDRAM Approved.

Depending on data parameters and available capacity, OHS may have the capacity to provide a Contractor with access to certain data, or the Contractor

may be expected to receive and store data, consistent with applicable data privacy law.

17. Is OHS looking to re-platform or to enhance its existing database?

Response: OHS is not seeking to re-platform existing databases. OHS expects that it may supplement existing databases with additional data collected as an outcome of this initiative.

18. Does OHS have use cases that this benchmarking effort is intended to prove/disprove?

Response: Not currently.

19. Which data sources is OHS aware of that are incomplete and/or problematic based on experience to date?

Response: OHS does not currently receive self-funded data as part of the APCD.

20. What is the volume of data that will be made available to contractors to create the desired models?

a. Years of historical data

Response: The APCD contains claim data from Commercial, Medicaid, and Medicare payers for this project. Please see the dates below:

Description	Available Dates
Commercial	1/1/2012-9/30/2019
Medicaid	1/1/2012-9/30/2019
Medicare	1/1/2012-12/31/2017 (Medical) 1/1/2012-12/31/2015 (Pharmacy)

Additional Data for each of the plan types is added once available.

b. Number of records

Response: The APCD contains in excess of 960 million records of claims data from commercial payers, Medicaid, and Medicare.

21. Does OHS have existing data governance policies to which this project should adhere? a. i.e. data protection, retention, access, transparency

Response: Yes, OHS has existing data governance policies.

22. Has OHS established an estimated budget for this project and, if so, what is the amount (or range)?

Response: See question 7.

23. Does OHS anticipate using multiple benchmarks, such as from other states or nationally?

Response: The question is unclear – please see Executive Order No. 5 and proposed bill [HB 5018](#).

24. Does OHS expect to obtain more recent Medicare medical and pharmacy data beyond 2017 and 2015, respectively?

Response: Yes, OHS will receive an update of Medicare Medical and pharmacy data once it becomes available. Please see proposed [HB 5018](#).