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December 6, 2013

ADDENDUM # 1

RFP#7537373

Title: Total Cost of Care / Drivers of Medical Spending

Bid Closing Date & Time: December 17, 2013 @ 10:00 AM

Notice to Vendors: Attention All Bidders

ATTACHED ARE VENDOR QUESTIONS WITH STATE RESPONSES.

NO FURTHER QUESTIONS WILL BE ANSWERED.

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Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.

Vendor Questions for RFP # 7537373: Total Cost of Care / Drivers of Medical Spending

Question 1: What specific data will the state make available to the vendor for use in this project? At what time during the contract will these data be available? What time period(s) will these data cover, for example, will they be supplied for historical as well as current periods?

Answer to question 1:

Analysis and findings for this report will be based on claims-level data from multiple payers and other publicly-available datasets for benchmarking and comparison purposes. Data the state intends to provide for use in this report will include the following:

- (1) Claims data for Commercial, Medicaid FFS and Medicare/Medicaid Managed Care: Claims database currently used for the state's patient centered medical home (PCMH) project. This database includes utilization statistics, site of care, provider location, dates of service, diagnoses and procedure codes, and select other claims details. Patient identifiers are not included.
 - a. Note that payment data is not currently included in this dataset. OHIC intends to require carrier submission of spending data by March 1, 2014
 - b. The dataset is also currently limited in use to the PCMH project. OHIC intends to negotiate its data use agreement with the payers to allow for use in this report.
 - c. Bidders should budget for data aggregation and cleaning (in addition to analysis) and minimal (supplementary) primary data collection. OHIC does not intent for the bidder to complete the majority of data collection.

Question 2: Should bidders budget for any primary data collection to support this project?

Answer to question 2:
See response to Question #1

Question 3: Does the scope of work for this contract include only analysis, or also data collection?

Answer to question 3:

See response to Question #1

Question 4: Several times in the RFP, patient attribution is mentioned. Could you clarify to what you would like the patients attributed?

Answer to question 4:

OHIC would like the vendor to recommend a feasible, robust patient attribution (to which primary care physician or site does each patient “belong”) method for Medicare and Commercial payers for use in future analyses. We do not anticipate the vendor would complete patient attribution for this study.

Question 5: What data will OHIC provide to the contractor in support of this project?
Page 7: Scope of work

Answer to question 5:

In addition to data outlined in Question #1, OHIC would provide a dedicated project manager to supervise the execution of the project and coordinate logistics for site visits, presentations, meetings, and consultations with agency leads and HCPAAC members.

Question 6: Of the data to be provided by OHIC, please describe the nature of the data in detail. For example, is the data claim-level data or aggregated data? Page 7: Scope of work

Answer to question 6:

Data will be claim-level. See response to question #1 for further details

Question 7: Will the contractor have access to RI data bases, e.g. the DHS data warehouse, or will data be provided in the form of extracts? Page 7: Scope of work

Answer to question 7:

Bidder will have access to extracts from the respective data sources. See response to question #1 for further details

Question 8: How many years of health spending data does RI have in these data warehouses? Page 8: TASK 1

Answer to question 8:

The database includes 3+ years of utilization data and will include up to 2 years of payment data. See response to question #1 for further data details.

Question 9: Has OHIC had discussions with payers and providers regarding data to be submitted for this project? Page 8: TASK 1

a. If no, will the consultant be responsible for engaging these stakeholders?

If yes, please describe the nature of the data to be collected providers and payers, e.g. claims-level, aggregated by geographic area, aggregated by provider type, etc.

Answer to question 9: OHIC has begun conversations with payers through the PCMH program (all payers are involved in this program) regarding the data to be submitted. The consultant will be responsible for responding to reasonable payer and OHIC requests for further information on data privacy and coordinating the vendor's legal department with the legal needs of the payers and OHIC. See response to question #1 for further data details.

Question 10: Does OHIC or another state agency have statutory or regulatory authority to collect the data from providers and payers that would be required for this analysis? Page 8: TASK 1

Answer to question 10:

Yes, OHIC has regulatory and statutory authority to collect this data.

Question 11: If the OHIC does not have regulatory authority to collect the data, have payers and providers agreed, in writing, to provide this data? Page 8: TASK 1

Answer to question 11: Please see answer to question 9.

Question 12: Will OHIC provide risk-adjustment tools to the contractor or will payers and providers be required to risk-adjust the data as part of the submission process? Page 8: TASK 1

Answer to question 12:

Vendor will provide risk adjustment tools.

Question 13: What is the funding source for this contract?

Answer to question 13:

The office was recently awarded a federal Rate Review Cycle III grant, which will fund this project.

Question 14: If the funds are provided through federal funds other than Medicaid funds, what is the CDFA number?

Answer to question 14:
95.311

Question 15: What is the funding source for this contract?

Answer to question 15:

See answer to question #13.

Question 16: If the funds are provided through federal funds other than Medicaid funds, what is the CDFA number?

Answer to question 16:

95.311

Question 17: Are there restrictions related to the funding source that we need to be aware of, such as if federal funds are used is there a capped indirect cost rate?

Answer to question 17: There are no restrictions on the indirect cost rate or other pertinent restrictions, so long as work completed falls within the vendor-agency agreed-upon scope.

Question 18: Does the 10-page limit on the Technical Proposal include resumes/CVs of key staff? Page 13:Response Contents

Answer to question 18: No

Question 19: Is there any page limit on resumes/CVs of key staff? Page 13:Response Contents

Answer to question 19: No

Question 20: What experience is required to meet the following qualification? “In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI) , the vendor hereby certifies that it is an ‘eligible entity,’ as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange.” Eligible contracting entities under §155.110 must have “demonstrated experience on a State or regional basis in the individual and small group health insurance markets and in benefits coverage.” Page 5: Number 16

Answer to question 20: N/A, does not apply

Question 21: Would a public university qualify as a “State agency that meets the qualifications of paragraph (a)(1)” of 45 C.F.R. §155.110? Page 5: Number 16

Answer to question 21: N/A, does not apply

Question 22: The Cost Proposal states: “When formulating the cost proposal, vendors should present their costs by position with a fully loaded hourly rate.” Are vendors required to submit Appendix A for each person listed in the proposal or are we to present fully-loaded hourly rates by position within our Budget Narrative? Page 11: Section 5

Answer to question 22:

Please provide, within the Personnel, Salary & Benefits line, the hourly rate and the estimated number of hours worked per month, per person on the project.

Question 23: Appendix B notes that the “Total must equal Personnel total from Cost Detail by Task Order worksheets.” Please explain what Task Order worksheets you are

referring to in order to ensure the total from Appendix B is equal to those worksheets.
Appendix B

Answer to question 23:

The total project cost must equal the sum of the costs for each task (“task order 1”, “task order 2”).

Question 24: Please explain what information you are looking for in the Vendor Lead column of the Project Workplan. Currently this column is populated with “FTE;”do you want the FTE’s hourly rate, number of FTEs etc.? Appendix C

Answer to question 24:

Please include the lead staff person’s (s’) title for that milestone and number of hours to complete the work per month

Question 25: Is the winning vendor precluded from responding to future APCD/EOHHS opportunities?

Answer to question 25:

The winning bidder is not precluded from participating in future APCD or EOHHS work on the basis on participating in this project.

Question 26: Should the response include a completed Appendix C?

Answer to question 26: Yes

Question 27: Regarding data from RI existing resources and projects (e.g., CSI-RI, the APCD, EOHHS data warehouse, and the State Healthcare Innovation Plan),

- a. Will the selected vendor be given access to data available from the mentioned resources/projects?
- b. Will the selected vendor be given access to RI current care (HIE) data, HealthSource RI (HBE) data, or any other State of RI public health data sets which may be of use in this initiative?

Answer to question 27:

- a. Please see response to question #1
- b. Depending upon demonstrated value of the additional datasets and agreement of the host entity, the vendor and OHIC may negotiate access to other data.

Question 28: Is the RI APCD currently collecting data from healthcare payers? If not, is there an anticipated timeline for the data collection to commence? If so, can RI please indicate how much data it is currently receiving, what percentage of the private health payer community it is receiving data from, and approximately how many of RI's covered lives this data contains?

Answer to question 28:

OHIC does not anticipate that the RI APCD will be a source of information for this report.

Question 29: Has RI engaged in any type of project in the past which may be similar in nature to this initiative (perhaps one or more of the reports listed)? If so, would RI be able to share the results/data/process leveraged as part of the initiative?

Answer to question 29:

OHIC and HCPAAC have led projects of similar scope and size in the past, most notably the inpatient hospital gap analysis (May 2013) and primary care gap analysis (May 2013), available on the HCPAAC website. The same staff who led these earlier reports will lead the Total Cost of Care report.