



Green Mountain Care Board
89 State Street
Montpelier, VT 05620-3101

[phone] 802-828-2900
[fax] 802-828-2949

Anya Rader Wallack, Ph.D., Chair
Alfred Gobeille
Karen Hein, MD
Con Hogan
Allan Ramsay, MD
Georgia Maheras, Executive Director

GMCB ANALYTIC PLAN RFP QUESTIONS:

Question: Will the GMCB entertain revisions to the standard contract attached to the RFP as Exhibit A. Specifically, will a limitation of liability clause be considered.

Answer: No, the State cannot agree to any limitation of the contractor's liability for claims of a third party.

Question: Please confirm whether the RFP is requesting only the development of an analytic plan, timelines, priorities and identifying other analysis that may be of value to the GMCB, or whether the selected vendor will also perform the studies and analytical analysis identified in the plan. If the RFP is for only the development of the analytic plan, will the winning bidder be ineligible to bid on future RFPs related to performing the actual analysis?

Answer: The RFP is only for the analytic plan. The winning bidder will be eligible to bid to perform the analysis outlined in the plan.

Question: Please provide the anticipated timeline for the work and any dates for project deliverables. The RFP indicates that the contract will begin approximately January 1, 2012 and will be for 6 months. Will the final deliverable be due approximately July 1, 2012? Are there any interim due dates that can be shared?

Answer: The final deliverable will be due June 30, 2012. Receipt of a draft analytic plan by March 31 would be highly desirable.

Question: The RFP appears to indicate that the selected vendor will have access to the VHCURES database, as well as other State data sets. Can more information be provided about these other data sets that the vendor will have access to?

Answer: The VHCURES data set contains data from about 85% of commercial claims paid on behalf of Vermonters and contains data for 2007-2010. We expect that Medicaid and Medicare data for that same time period will be incorporated in that data set during the first quarter of 2012. For more information on VHCURES, see http://www.bishca.state.vt.us/health-care/health-insurers/vermont-healthcare-claims-uniform-reporting-and-evaluation-system-vhcure#VHCURES_Reports. Relevant health and payment reform studies can be found at:

Act 128 - Report to Legislature on Payment Reform -

http://hcr.vermont.gov/sites/hcr/files/2011_02_01_payment_reform_leg_report_FINAL_0.pdf

□ Vermont Blueprint for Health Annual Report

http://hcr.vermont.gov/sites/hcr/files/final_annual_report_01_26_11.pdf

□ Legislative Joint Fiscal Office: <http://leg.state.vt.us/jfo/healthcare.aspx>

□ Vermont's Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA) collects and analyzes data from a variety of sources including health insurance carriers and managed care plans licensed by the State, Vermont's acute care hospitals, home health agencies, the Health Care Financing Administration and surveys. See various reports at

<http://www.bishca.state.vt.us/health-care/research-data-reports/research-data-reports>

Question: Please clarify if the sole deliverable requested in this RFP is just an analytical plan to complete all of the work specified in the Scope of Work, or does the contract also include completion of this work?

Answer: The sole deliverable is the analytic plan.

Question: Regarding the VHCURES database, to what extent has the database been used for comprehensive analyses?

Answer: See Onpoint analyses at http://www.bishca.state.vt.us/health-care/health-insurers/vermont-healthcare-claims-uniform-reporting-and-evaluation-system-vhcure#VHCURES_Reports.

Question: Regarding the VHCURES database, has the database been subject to examination for completeness, validity and accuracy?

Answer: The State's contractor, OnPoint, performs these QC functions.

Question: Regarding the VHCURES database, which payers in the State have submitted claims to the database and which, if any, are missing?

Answer: All major commercial payers, including BCBSVT, MVP and Cigna submit claims data to the dataset. Currently missing are claims from carriers with fewer than 200 Vermont covered lives that are not required to submit data. Medicaid and Medicare are in the process of being added to the dataset.

Question: Regarding the VHCURES database, among those payers that have submitted claims, are there any known gaps?

Answer: No, there are not any known gaps.

Question: Are we correct in interpreting the statement in Section 2.1 to mean that bidders that are not selected at the time of the scheduled award (12/20/2012) could still be awarded a contract up to 1/1/2013?

Answer: No. There will be one award for this contract, awarded on 12/20/2011.

Question: Regarding Evaluation Criteria 2.2.1 (Completed work of similar type and experience working for State regulatory systems): will a bidder's prior experience be evaluated exclusively based on work and experience for State regulatory systems, or could experience for State Medicaid, Exchange Planning entities, and other public health care agencies also be considered relevant?

Answer: Experience with other public or private health care entities and agencies could be relevant to this bid.

Question: With respect to cost, is the State seeking: A total price as implied in Section 2.3 and as outlined on page 13 in Exhibit A, Attachment B, item 1? Or Simply hourly rates as stated in Section 5.6.1 from which a total contract price will be negotiated?

Answer: The State requires a total fixed-cost budget by project, section, and subsection. Bidders must also include a chart that shows estimated hours for each staff person, including subcontractors, assigned to the project, and hourly rates for each person. The chart should show a breakdown by section and subsection.

Question: If the State is seeking a total price, is the State seeking one price for each Scope of Work item in Section 4?

Answer: The State requires a total fixed-cost budget by project, section, and subsection. Bidders must also include a chart that shows estimated hours for each staff person, including subcontractors, assigned to the project, and hourly rates for each person. The chart should show a breakdown by section and subsection.

Question: Does the State have a specific amount budgeted for this project? If so, what is the amount?

Answer: The state does not have a specific amount budgeted for this project, but it should not exceed \$50,000.

Question: With respect to Section 4.1.a: Please explain "explore alternative approaches". Are hospital service areas currently defined?

Answer: Yes, there is a methodology in place for defining hospital service areas in Vermont, which relies on patterns of use of hospital inpatient care. We are interested in the applicability and relevance of other methodologies for Vermont.

Question: Does the State really mean “all providers” in the statement “a common service area for *all* providers”? Or does the State have in mind a more limited set of provider types that may be included in a common service area? If the latter, what is the set of provider types?

Answer: The State means all provider types.

Question: With respect to Section 4.2: In “a”, does the State have any specific “additional data” that it would like to see linked to expenditures?

Answer: The State is interested in working with the selected vendor to determine appropriate additional data.

Question: With respect to Section 4.2: Please explain what the State is seeking in “b”: “Full measurement of funds flow, not just at payment point”.

Answer: Full measurement of funds flow includes cost, discounts, and out-of-pocket expenses as well as premium costs.

Question: In Section 2B, when you refer to “full measurement of funds flow” do you include payment of insurance premiums, or the final distribution of payments within a provider organization (e.g., physician compensation models)? If so, is this data available in sufficient granularity?

Answer: Full measurement of funds flow includes cost, discounts, and out-of-pocket expenses as well as premium costs.

Question: In Sections 4.3 and 4.4 the State uses the phrases “controlling for health” and “distinguishing population health.” Is the State anticipating the use of risk grouper algorithms to establish population health?

Answer: Potentially in the future.

Question: If so, does the State have a preference for a particular grouper?

Answer: No.

Question: If the State does not have a preference for a particular grouper, how would the State anticipate that “health” be established?

Answer: Through standard methodologies at use in the field.

Question: In Section 4.3.b, when specifying “coverage-driven access issues” is the State defining “coverage-driven” in terms of: a. whether a subset of the population has or does not have credible health insurance?; or b. the specific coverage (benefits) provisions of the insured population? And if the latter, is the State aware of a data source that would provide the specific coverage provisions for the population?

Answer: Coverage-driven access issues are when a subset of the population is uninsured or underinsured.

Question: Will the State add more specificity to the Task in Section 4.6 “Development of special population / attribution models that might support other reform efforts”? That is, can the State provide examples of both “special population / attribution models” and of “other reform efforts” that it would like to have developed?

Answer: One example of an attribution method is the one that Medicare has developed an attribution method for ACOs in the recently released ACO regulations. Other reform efforts refer to efforts undertaken by the State in Act 48 of the Acts of 2011 including payment reforms and the expansion of the Blueprint for Health.

Question: Please explain the meaning of “Cost attribution methodologies” in Section 4.7.

Answer: Cost attribution methodologies are the process by which costs are attributed to or the responsibility of a particular provider.

Question: Is the State anticipating actuarial support for the Tasks included in Section 4.8 and 4.11?

Answer: No.

Question: Does the State have specific “provider sectors” that it wishes to include in the development of global budget options for Section 4.9?

Answer: The State does not have specific provider sectors that it wishes to include in the development of global budget options, however we will focus on providers that account for a significant percentage of health care costs.

Question: In Section 9, have you selected the provider sectors or do you envision the consultant will help select? If already selected, what are the sectors?

Answer: The State does not have specific provider sectors that it wishes to include in the development of global budget options, however, we will focus on providers that account for a significant percentage of health care costs.

Question: Is there an existing “plan that would provide capital funding...” that the contractor is to examine in Section 4.10? If so, can that plan be shared with the bidders?

Answer: This plan is currently under development and would be shared with the selected vendor.

Question: Must a bidder make an offer for all of the Tasks specified in Section 4, or may a bidder submit a “no bid” for some of the Tasks?

Answer: A bidder must make an offer for all of the Tasks as specified in Section 4.

In Section 1B, do you envision developing these measures or using standardized measures? If you envision developing measures, are there principles in place for the development of measures, or do you need the consultant to help create these principles?

Answer: We anticipate using recognized standardized measures.

Question: In Section 5, is the scope limited to information systems or does it require policy work, such as legislation or regulation development to obtain necessary data?

Answer: The scope is limited to information systems.

Question: In Section 6, what are the “other reform” efforts beyond the Blueprint?

Answer: Other efforts include payment reform pilots.

Question: In Section 8, is your vision that you will create VT-specific standards or adopt national standards once they are issued?

Answer: We will rely primarily on national standards.

Question: In Section 10, can you clarify how this connects to the development of the analytics plan?

Answer: Our assumption is that the GMCB seeks a vendor to help devise an analytic plan: that is, understand and examine the data that is available and recommend design structure for an analytic platform that supports the duties of the GMCB. This would not however, involve analysis of the data. In other words, the vendor will not be expected to onboard data from the all –payer claims database and/or VHCURES for analytic purposes as part of the proposed scope of work.

Question: Presumably it is GMCB intention to use the plan that comes out of this Scope of Work to develop the pathway for the analytic work. Is that an accurate assessment?

Answer: The vendor will develop an analytic plan and will not engage in analysis of data under this RFP.

Question: If we submit a response to this RFP does that preclude us from serving as Vermont’s version of the CO SDAC should that be the direction the State pursues?

Answer: No.

Question: Are you aware of whether the Green Mountain Care Board plans to procure an Information System as a result of the Data Analytic Plan? If so, would an RFP be released?

Answer: We do not anticipate procurement for an information system.

