
Request for Proposal: Vermont Health Care Expenditures and Low-value Care Comparative Analyses

Questions and Answers:

1. Has the GMCB engaged in similar comparative analyses recently?

Answer: The most recent related engagement was completed in 2014 (<https://healthcostinstitute.org/hcci-research/2007-2011-vermont-health-care-cost-and-utilization-report?highlight=WyJ2aGN1cmVzIl0=>). Note that this engagement was limited to commercial insurance. The current scope of work includes Medicare and Medicaid.

2. Does the GMCB have external consultants performing similar work currently?

Answer: No.

3. Have the data sources referenced in the RFP been used for similar types of analytic assessments?

Answer: See answer #1. Vermont also provided commercial VHCURES data to be included in the RAND Corporation's next iteration of their Evaluation of Health Care Prices project (https://www.rand.org/pubs/research_briefs/RBA1144-1.html). Note that the project was not commissioned by or for the State of Vermont.

4. DK Healthcare Consulting noted that "Evaluation of quality and health data available was not part of the scope of this work" in their December 2021 report. Has the GMCB performed any completeness and/or quality reviews of the datasets referenced in the RFP?

Answer: The GMCB regularly assesses the completeness of the health care data set. The quality and reasonableness of the data are also reviewed with submitters and providers on a periodic basis – usually related to a specific initiative.

5. To better match our proposed response to the GMCB's expectations, is there a projected budget for this scope of work?

Answer: The Green Mountain Care Board expects to be allocated an amount not to exceed \$500,000 for the scope of work included in this RFP (see section 4.6 Price Schedule).

6. Related to the request to provide results of individuals on a risk-adjusted basis, does the Board have a preference as to the risk stratification methodology or the software used to



apply risk stratification?

Answer: The APCD currently includes risk scores from the John Hokins ACG® System. The GMCB also has access to some groupers available through 3M (e.g. Clinical Risk Groups). The GMCB would expect to evaluate potential methods and solutions with the vendor to determine a mutually agreed upon plan.

7. If specific software for risk stratification is preferred, does the Board hold a license to use this software, or should Bidders assume the cost of this license in their cost proposal?

Answer: The GMCB APCD includes licenses for some 3M groupers and the John Hokins ACG® System.

8. Related to the request to provide results of individuals with potentially avoidable utilization, does the Board have a preference as to the methodology applied or the software used to identify potentially avoidable utilization?

Answer: The GMCB would expect to evaluate potential methods and solutions with the vendor to determine a mutually agreed upon plan. Methods that have been adopted by other states would be preferred.

9. If specific software for potentially avoidable utilization is preferred, does the Board hold a license to use this software, or should Bidders assume the cost of this license in their cost proposal?

Answer: The GMCB APCD includes licenses for some 3M groupers and the John Hokins ACG® System. If the vendor envisions other potential licensing or software needs, they should be included in the cost proposal. Any expected costs for additional software or licenses should be included in a dedicated line item. The [price schedule](#) has been amended to capture these costs. Please see below for revised schedule and the addendum to the RFP.

Price Schedule – Revised 3-15-22

Deliverable Description	Fixed Price
Deliverable A:	\$
Deliverable B:	\$
Total Deliverables Cost	\$

Software/License fees	\$
Other data fees	\$
Total Cost	\$

10. Section 2.b: Are there any particular specifications, software, or methods that Vermont expects the vendor to utilize to identify and define low-value clinical services?

Answer: The GMCB would expect to evaluate potential methods and solutions with the vendor to determine a mutually agreed upon plan. Methods that have been adopted by other states would be preferred.

11. Section 2.1.A.1.i and A.1.ii: Will the State of Vermont, Green Mountain Care Board (GMCB) provide risk adjustment scores at the member-level as part of the data made available to the vendor or will the vendor be responsible for developing member-level risk scores?

a. Is there a particular risk adjustment approach, model, or software that Vermont expects the vendor to utilize?

Answer: The APCD currently includes risk scores from the John Hopkins ACG® System and Clinical Risk Groups from the 3M grouper. The GMCB would expect to evaluate potential methods and solutions with the vendor to determine a mutually agreed upon plan.

12. Is there a data source that Vermont uses to estimate expected expenditures by patients?

Answer: Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) is Vermont’s All-Payer claims database (APCD). The VHCURES database contains medical and pharmacy claims and demographic information for 85 percent of commercially insured Vermonters and 100 percent of Medicaid and Medicare enrollees, allowing for population-based analyses of health care system performance. This dataset is used to estimate patient expenditures.

13. Subsection 3.6.2 Evaluation Criteria, specifies “Experience and Qualifications”, “Understanding of Work”, and “Accessibility and Responsiveness” as evaluation criteria; however, subsection 4.3 Technical Response does not specifically include these sections.

Please confirm which sections within the Technical Response these evaluation criteria should be discussed. Or will responses be considered as long as they are included in the proposal?

- Would “Experience and Qualifications” worth 40%, be evaluated based on the response under Section 4.3.2?
- Would “Understanding of Work” worth 30%, be evaluated based on the response also under Section 4.3.2?
- Would “Accessibility and Responsiveness” worth 10%, be evaluated based on the response under Section 4.3.3 and 4.3.4?

Answer: The bid review team will rate each proposal in it’s entirety using the evaluation criteria. Proposals will be considered as long as responses to the evaluation criteria are included in the proposal.

14. Will GMCB be purchasing the comparison data from other states’ all-payer claims databases for purposes of the comparative analysis or will the vendor?
- a. If the vendor, should these cost estimates be included in the bid (separate from hours) or listed as separate expenses to be determined?

Answer: Any expected costs for additional data should be included in a dedicated line item. The [price schedule](#) has been amended to capture these costs. See revised price schedule in question #9 and the addendum to the RFP.

15. Is the expenditure comparison deliverable limited to comparing hospitals or does it include other provider types as well, e.g. skilled nursing facilities, home health, physicians, etc.?

Answer: The GMCB would expect to mutually agree upon logical comparisons with the vendor, including provider, payer, and population level.