

RFP: Marketing Research

Questions & Answers

Updated: 3/17/2016

General:

1) Thinking about the research Access Health has done in the past, is there anything that could have been improved upon?

- Research and recruitment of Spanish speakers should not come as an afterthought. When executing any type of research or analysis, it's critical to conduct them in both English and Spanish.
- Access Health CT has developed a new data warehouse containing over 2 years' worth of data, which has helped us gain a better understanding of our target populations. We anticipate that this historical data, and the learning gained from it, will allow us to better target our population, improve the efficiency/effectiveness of survey questioning, and enable us to model our insured and uninsured populations more accurately.

2) RFP Appendix C, "The Enrollee/Leaver Satisfaction and Understanding Study", dated July 2015 does not appear to be present. Can The Connecticut Health Exchange provide a copy of this report or direct us to where it can be found? Note: Duplicates of "Enrollee Census and Understanding Study" and the "Website UX and Value Understanding" are presented beginning on page 70.

The past research studies have been reposted along with this Q&A document. Each study is now a separate attachment to make downloading easier.

3) What information on data security and compliance with Public Act 15-142 does the Connecticut Health Exchange expect or require bidders to provide with their RFP response?

Please provide written confirmation that your company will comply with Public Act 15-142 and other applicable laws with respect to privacy and data security. If your company is the selected Respondent, specific information regarding your company's information security and data privacy policies and practices will be requested, reviewed and assessed as part of a review (which may include a site visit) conducted by Access Health CT's information security manager. The selected Respondent must pass this review prior to contract execution.

4) Are components of bidder responses to be scored or given points. For example, are aspects such as proposed methodology, experience, price, data security, to be scored equally or differently? Can you provide insights into bid scoring or evaluation?

The official score sheet we will use to evaluate proposals is now posted on our website along with this Q&A document and our past research studies.

- 5) We are assuming that Appendix A-Standard Contract does not need to be completed and submitted until after the study is awarded. Is that correct?

Correct, the Standard Contract is included so respondents are aware of Access Health CT's contractual requirements. The forms we need you to complete and submit together with your proposal are:

- Certificate of Insurance [Requirements in Appendix A]
- W-9 [Appendix B]
- Ethics Form 5 [Appendix B]
- SEEC Form 10 [Appendix B]

Retention and current membership – Section II, B1:

- 6) Do you have information on all of the below demos for all of your active members (116,000) OR just your primary account holders (81,090)?

- Name/age/phone: Name & age for all. Phone for primary account holders and authorized representatives only
- Income ranges: Income range is at the household level and is only available for the subsidized population (approximately 80% of QHP population)
- Family size: Yes
- Gender: Available for all
- Enrollment channel: We are able to determine whether an application was submitted and/or changed by the website or call center.
- Level of enrollment assistance: We are able to determine call center utilization by members and whether or not they utilized a Certified Broker

- 7) Can additional demographic and psychographic information that you have captured in the past on your active members and/or primary account holders be appended to the sample for this study?

Yes, as long as the information was captured in an Access Health CT application. If you are unfamiliar with our enrollment application, we recommend you create an account on AccessHealthCT.com and go through the application.

- 8) When you reached out to your members in the past, did you reach out to all active enrollees OR just primary account holders?

In the past, we only contacted primary account holders.

- 9) Was the past short survey you conducted among 6,015 members made up of all current enrollees OR just primary account holders?

Primary account holders.

10) Was the past long survey you conducted among 1,363 members made up of all current enrollees OR just primary account holders?

Primary account holders.

11) When doing modeling in the past, did you model all the active enrollees OR just primary account holders?

In the past, we modeled all active enrollees.

12) Scope of Work II B2 requires information about uninsured Connecticut residents. Does Access Health CT have a sample of uninsured residents from whom data can be gathered or does Access Health CT expect the vendor to obtain a sample of uninsured residents?

AHCT has uninsured status for the 2015 member census which covered 1,143 recipients. There is a question on prior insurance status in the application; however it is not consistently reliable.

Uninsured or potentially uninsured – Section II, B2:

13) How do you define “Potentially Uninsured”?

The “potentially uninsured” include individuals who may lose COBRA or employer-sponsored coverage, those who will age out of their parent’s plan and need their own coverage, and possibly those who will lose HUSKY coverage due to change in eligibility.

14) Have you ever quantitatively studied this uninsured or potentially uninsured group?

We completed a quantitative study on this group in July 2015. That study is posted along with other past research studies on the RFP page:

<http://ct.gov/hix/cwp/view.asp?a=4298&q=506870>

15) Do you have any state information/data about the uninsured or potentially uninsured population?

- What percentage is projected as currently uninsured after the latest open-enrollment period?

The current projection is that 4% of the current Connecticut population is uninsured.

- Is there access to listed information about these individuals/households?

There is the potential to link individuals who have stated they were uninsured from last year’s member survey. In the event this is plausible, we would have data on approximately 500 individuals who did not previously have insurance, but were newly covered at the time of last year’s survey.

Small business – Section II, B3:

16) What population of small businesses have you conducted research with to date?

- What was the company size range?
- Did you include all small businesses whether offered insurance or not?
- Have you reached out to businesses in any way other than door to door?

We have not conducted research on small businesses yet. It may be useful to note that the majority of small businesses enrolled through Access Health CT work with an independent insurance broker certified by Access Health CT.

17) How do you define small business (i.e. <x number of employees)? [Page 4, B-3]

An eligible Small Business is defined as a company located in CT and with a CT Tax ID#, with 50 or fewer full-time equivalents (excluding sole proprietors, who are not eligible for the Small Business program).

18) Are there any types of small businesses you would like us to exclude? [Page 4, B-3]

No eligible small businesses should be excluded. The AHCT Small Business program is a viable option for all types of small businesses, due to the choice options available (i.e., Single Plan, Vertical Choice (one insurance company, all coverage levels) or Horizontal Choice (all insurance companies, one coverage level), and the option of offering dental coverage). In the past, Access Health CT's initial focus was on companies with fewer than 25 FTEs, and average annual salaries below \$50,000, due to the Tax Credit that has been available. We have found that we are an attractive option to non-profits, medical provider offices, and manufacturing companies.

19) Scope of Work II B3 requires information about small businesses in Connecticut. Does Access Health CT want to obtain information from small businesses purchasing through the exchange or a random sample of small businesses obtained by the vendor?

We would look to the vendor to obtain a random sample of eligible small businesses throughout Connecticut.

Cost:

20) Is there any information about the anticipated budget for this research project that you can share?

Please see the answer to Question #23, we include the cost of our two previous enrollee census projects and the main differences in scope between the two. We are looking for a competitive cost and a comprehensive approach to accomplish the goals in the current RFP.

21) The Total Cost table does not show line items by the four research components, Retention: Current QHP membership, Acquisition: Remaining Uninsured or Potentially Uninsured, Small Business Owner, Health Insurance Literacy. Please describe the level of detail expected or confirm that only one total price is necessary.

Only one total, all-inclusive price is necessary.

22) If a bidder has ideas for additional research or research options can these be provided at an optional amount, that is, presented separately from the one all-inclusive price on the Total Cost table on page 6 of the RFP?

Yes.

23) Can provide the contract amount for the previously conducted "Enrollee Census and Understanding Study", as reported on 9/17/2014, and for the "The Enrollee/Leaver Satisfaction and Understanding Study", dated July 2015?

- **2014: \$140,000**

- Quantitative phone survey
- Consisted of a demographic survey/member census with sample size of 6,015 customers, with 1,363 of those completing an additional survey on perceptions and attitudes.
- Total of 6,015 completes
- **2015: \$88,000**
 - Quantitative phone survey among primary enrollees, including “Leavers”
 - Modeling analysis of the remaining uninsured population
 - Total of 1,020 English and 122 Spanish surveys conducted
 - Total of 1,142 completes

Timing:

- 24)** In terms of Access Health’s timeline, are there any key dates/deadlines you need certain components of the project to be ready by?
 -For example, do you need the final analysis by a certain date to inform your communications or targeting efforts?

Access Health CT would like to have the entire project completed in early Q2, 2016

- 25)** Is there a specific date on which you need to have the results?

Early Q2, 2016

- 26)** Which of the research components does The Connecticut Health Exchange prefer to have complete in time to make adjustments for the 2017 Access Health Enrollment period?

Access Health CT would like to have the entire project completed in early Q2, 2016

- 27)** Is there a preferred time for completion of all or specific components of the research?

- Retention: Current QHP membership
- Acquisition: Remaining Uninsured or Potentially Uninsured
- Small Business Owner
- Health Insurance Literacy

Early Q2, 2016