

REQUEST FOR PROPOSALS

ISSUING AGENCY:	State of Connecticut The Office of the Healthcare Advocate 153 Market Street – 7 th Floor P.O. Box 1543 Hartford, CT 06144
TITLE:	REQUEST FOR PROPOSAL SustiNet Health Plan: Model Benefit Packages
RFP NUMBER:	MCO_0729_011

Request for Proposals must be received no later than **Friday – August 27, 2010**.
All Request for Proposals must conform to the requirements as identified in this request.

SEND ALL REQUEST FOR PROPOSALS DIRECTLY TO:

AGENCY:	The State of Connecticut Office of the Health Care Advocate Victoria Veltri, General Counsel
MAILING ADDRESS:	P.O. Box 1543 Hartford, CT 06144
OFFICE ADDRESS:	153 Market Street – 7th Floor Hartford, CT 06103

OFFICE ADDRESS must be used for all express or special delivery mail or for hand-delivery of any documents.

REQUEST FOR PROPOSAL TIMELINE

ACTION	DAY	DATE	TIME
RFP Issue Date:	Monday	August 2, 2010	10:00 a.m.
Question Cut-Off Date: <i>Questions regarding the Proposal must be submitted by to:</i> SustiNet@ct.gov	Friday	August 13, 2010	04:00 p.m.
Responses to Questions Date: <i>Responses to questions will be posted on the State of Connecticut – Office of the Health Care Advocate website</i> www.ct.gov/oha	Friday	August 20, 2010	04:00 p.m.
RFP Submission Due Date:	Friday	August 27, 2010	04:00 p.m.
RFPs to be Opened	Monday	August 30, 2010	09:00 a.m.
RFP Candidates Presentations: <i>(if applicable)</i>	Friday	September 10, 2010	Appointment
Contract to be awarded no later than:	Friday	October 1, 2010	

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Appendix B	Connecticut General Statute 368cc – Section 19a-710 to 19a-723 http://search.cga.state.ct.us/dtsearch_pub_statutes.html	12
Appendix C	Guide to the Code of Ethics for Current or Potential State Contractors http://www.ct.gov/ethics/lib/ethics/publications/contractors_guide_09.pdf	12

The following attachments are to be completed and submitted by the dates indicated, if applicable.

ATTACHMENTS		PAGE
Attachment 1	Notification of Intent to Submit a Request for Proposal (<i>due August 13, 2010</i>)	13
Attachment 2	Affirmation of Bidder (<i>due August 27, 2010 with original and five copies of RFP</i>)	14
Attachment 3	Statutory Information: Office of the Healthcare Advocate (<i>Contractor Information Only</i>)	15
Attachment 4	Sample Purchase of Service Contract (<i>Contractor Information Only</i>)	15

The following attachments are provided for informational purposes only.

The winning Proposer will be required to submit these documents with the executed contract.

The links listed below are provided for your convenience. It is your responsibility to ensure that you are compliant with the most current laws, regulations, rules & policies.

ATTACHMENTS		PAGE
Attachment 5	SEEC Form 11: Notice to Executive Branch State Contractors / Prospective State Contractors of Campaign Contribution and Solicitation Ban. http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_11.pdf	16
Attachment 6	Ethics Form 1: Gift and Campaign Contribution Certification http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform1_020110.doc	16
Attachment 7	Ethics Form 5: Consulting Agreement Affidavit http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform5_020110.doc	16
Attachment 8	Form C: Nondiscrimination Certificate – Affidavit by Entity (<i>Contracts ≥ \$50,000</i>) http://www.ct.gov/opm/lib/opm/finance/psa/oag_formc_entaffidavit070809final.doc	16

SECTION I: OFFICE OF THE HEALTHCARE ADVOCATE INFORMATION

The State of Connecticut Offices of the Healthcare Advocate (OHA) is an independent state agency. The OHA is headed by the Healthcare Advocate, Kevin P. Lembo. Two management level employees report directly to Mr. Lembo: the Director of Consumer Relations and the General Counsel, who also acts as a legislative liaison. OHA, located in Hartford, provides services throughout the State. Most individual assistance is provided by telephone, facsimile and e-mail. Systemic work is conducted throughout the state at outreach presentations and primarily during the legislative session. More information about the office can be found at www.ct.gov/oha.

Mission

OHA's mission is to assist consumers with healthcare issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of managed care plans. The office focuses on assisting consumers to make informed decisions when selecting a health plan; assisting consumers, through direct consumer advocacy, to resolve problems with their health insurance plans; and conducting systemic advocacy on issues, trends and problems that may require executive, regulatory or legislative intervention.

Vision

OHA works to preserve and expand the rights of healthcare consumers with access to quality and timely healthcare.

General Information

OHA assists consumers with health insurance issues, generated \$6.7 million in savings for Connecticut healthcare consumers in calendar year 2009 and nearly \$1.4 million in savings in the first quarter of 2010. The savings figure represents the costs of healthcare services, procedures and claims that had been denied by health insurers, and would have been borne directly by consumers of healthcare had the agency not intervened.

Each year, OHA provides the highest level of services to Connecticut residents who are trying to access the health insurance coverage they've worked and paid for. In 2009, the case volume increased to over 2,600, which is an increase of 23% over 2008. In the first quarter of 2010, OHA opened over 500 cases and closed 1,169 cases.

OHA also experienced an increase in calls from consumers with questions about: how to get or keep insurance; hang onto their COBRA; understand changes in insurance laws; and, state and federal healthcare reform. OHA prides itself on "real-time" services, which can mean the difference between receiving necessary and appropriate care, or going without – leading to serious consequences.

The OHA staff is dedicated to the service of Connecticut residents and continues to enhance our ability to handle a wide variety of complicated cases, and to advocate effectively for Connecticut residents. In addition, OHA has emerged as a trusted resource for state policymakers and our federal delegation on healthcare reform.

SustiNet

Connecticut's road to Health Care Reform began with Public Act 09-03 and continued with Public Act 09-148, establishing the SustiNet Health Plan, a self-insured health care delivery plan that is designed to ensure that plan members receive high-quality health care coverage without unnecessary costs. The SustiNet Health Plan's development is under the guidance of the SustiNet Board of Directors consisting of eleven elected and appointed officials, subject matter experts, and community liaisons. The State Comptroller and the State Healthcare Advocate are the co-chairs of the SustiNet Health Plan Board of Directors. Each director provides support and consultation to one of five advisory committees (Health Disparities and Equity, Health Information Technology, Healthcare Quality and Provider, Patient Centered Medical Home, and Preventive Healthcare) or one of three taskforces (Childhood / Adult Obesity, Healthcare Workforce, and Tobacco / Smoking Cessation). For more information about SustiNet, please visit: www.ct.gov/sustinet. PA 09-148 requires OHA to model healthcare benefit packages for the SustiNet Health Plan.

SECTION II: PURPOSE

The Office of the Healthcare Advocate (OHA) desires to contract with a professional consultant or firm to develop initial comprehensive model healthcare benefit packages for the Sustinet Plan as described in Sections 1, 10 and 12 of Public Act 09-148: *An Act Concerning The Establishment of the Sustinet Plan* and Connecticut General Statutes Sections 19a-710 to 19a-723: *Sustinet Plan*. OHA is interested in the development of a healthcare benefit package and guidelines that would allow for easy adjustments of all relevant factors to predict costs and coverage of variable populations, benefits and/or cost sharing.

The Request for Proposal response must address, at a minimum, the following information:

1. A proposal to develop and update on an ongoing basis, model healthcare benefit packages described/outlined in Public Act 09-148:

Section 1: DEFINITIONS - (Effective July 1, 2009) As used in sections 1 to 14, inclusive, of this act and section 17b-297b of the general statutes, as amended by this act:

- (1) "Sustinet Plan" means a self-insured health care delivery plan, that is designed to ensure that plan members receive high-quality health care coverage without unnecessary costs;
- (2) "Standard benefits package" means a set of covered benefits as determined by the public authority, with out-of-pocket cost-sharing limits and provider network rules, subject to the same coverage mandates described in chapter 700c of the general statutes and the utilization review requirements described in chapter 698a of the general statutes that apply to group health insurance sold in this state. The standard benefits package includes, but is not limited to, the following:
 - (A) Coverage of medical home services; inpatient and outpatient hospital care; generic and name-brand prescription drugs; laboratory and x-ray services; durable medical equipment; speech, physical and occupational therapy; home health care; vision care; family planning; emergency transportation; hospice; prosthetics; podiatry; short-term rehabilitation; the identification and treatment of developmental delays from birth through age three; and wellness programs, provided convincing scientific evidence demonstrates that such programs are effective in reducing the severity or incidence of chronic disease;
 - (B) A per individual and per family deductible, provided preventive care or prescription drugs shall not be subject to any deductible;
 - (C) Preventive care requiring no copayment that includes well-child visits, well-baby care, prenatal care, annual physical examinations, immunizations and screenings;
 - (D) Office visits for matters other than preventive care for which there shall be a copayment;
 - (E) Prescription drug coverage with copayments for generic, name-brand preferred and name-brand non-preferred drugs;
 - (F) Coverage of mental and behavioral health services, including tobacco cessation services, substance abuse treatment services, and services that prevent and treat obesity with such services being at parity with the coverage for physical health services; and
 - (G) Dental care coverage that is comparable in scope to the median coverage provided to employees by large employers in the Northeast states; provided, in defining large employers, consideration shall be given to the capacity of available data to yield, without substantial expense, reliable estimates of median dental coverage offered by such employers;
- (3) "Electronic medical record" means a record of a person's medical treatment created by a licensed health care provider and stored in an interoperable and accessible digital format;
- (4) "Electronic health record" means an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed and consulted by authorized clinicians and staff across more than one health care organization;
- (5) "Northeast states" means the Northeast states as defined by the United States Census Bureau;
- (6) "Board of directors" means the Sustinet Health Partnership board of directors established pursuant to section 2 of this act;
- (7) "Public authority" means a public authority or other entity recommended by the Sustinet Health Partnership board of directors in accordance with the provisions of subsection (b) of section 3 of this act;
- (8) "Small employer" has the same meaning as provided in subparagraph (A) of subdivision (4) of section 38a-564 of the general statutes; and
- (9) "Non-state public employer" means a municipality or other political subdivision of the state, including a board of education, quasi-public agency or public library.

Section 10: ADVERSE SELECTION - (Effective July 1, 2009)

- (a) As used in this section "adverse selection" means purchase of Sustinet Plan coverage by employers with unusually high-cost employees and dependents under circumstances where premium payments do not fully cover the probable claims costs of the employer's members.

SECTION II: PURPOSE (continued)

1. A proposal to develop and update on an ongoing basis, model healthcare benefit packages described/outlined in Public Act 09-148:

Section 10: ADVERSE SELECTION - (Effective July 1, 2009) - (continued)

- (b) The board of directors shall offer recommendations concerning:
 - (1) The use of new and existing channels of sale to employers, including public and private purchasing pools, agents and brokers;
 - (2) the offering of multi-year contracts to employers with predictable premiums;
 - (3) policies and procedures to be established that ensure that employers can easily and conveniently purchase SustiNet Plan coverage for their workers and dependents, including, but not limited to, participation requirements, timing of enrollment, open enrollment, enrollment length and other subject matters as deemed appropriate by said board;
 - (4) policies and procedures to be established that prevent adverse selection and achieve other goals specified by the board;
 - (5) the availability of SustiNet Plan coverage for small employers on and after July 1, 2012, with premiums based on member characteristics as permitted for small employer carriers, as defined in subdivision (16) of section 38a-564 of the general statutes;
 - (6) the availability of SustiNet Plan coverage for employers who are not small employers with premiums charged to such employers to prevent adverse selection, taking into account past claims experience, changes in the characteristics of covered employees and dependents since the most recent time period covered by claims data, and other factors approved by the board of directors; and
 - (7) the availability of a standard benefits package to employers purchasing coverage under this section, provided no such benefit package provide less comprehensive coverage than that described in the model benefits packages adopted pursuant to section 12 of this act.

Section 12: MODEL HEALTHCARE BENEFIT PACKAGES - (Effective July 1, 2009)

- (a) Within available appropriations, the Office of the Healthcare Advocate shall develop and update the model benefit packages, based on evolving medical evidence and scientific literature that make the greatest possible contribution to member health for a premium cost typical of private, employer-sponsored insurance in the Northeast states. Not later than December 1, 2010, and biennially thereafter, the Office of the Healthcare Advocate shall report to the board of directors on the updated model benefit packages.
 - (b) After the promulgation of the model benefit packages, as provided in subsection (a) of this section, the board of directors may modify the standard benefits package if said board determines that: (1) Such modification would yield better outcomes for an equivalent expenditure of funds; or (2) providing additional coverage or reduced cost-sharing for particular services as provided to particular member populations may reduce net costs or provide sufficient improvements to health outcomes to warrant the resulting increase in net costs. Any such modification of the standard benefits package by the board shall ensure compliance with the coverage mandates described in chapter 700c of the general statutes and the utilization review requirements described in chapter 698a of the general statutes.
 - (c) The Office of the Healthcare Advocate shall recommend guidelines for establishing an incentive system that recognizes employers who provide employees with health insurance benefits that are equal to or more comprehensive than the model benefit packages. Such incentives may include public recognition of employers who offer such comprehensive benefits. Not later than December 1, 2012, the Office of the Healthcare Advocate shall report, in accordance with section 11-4a of the general statutes, on such guidelines and recommendations to the board of directors, the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health, labor and public employees, and appropriations and the budgets of state agencies.
2. Develop and update on an ongoing basis, model healthcare benefit packages described/outlined throughout in Chapter 368cc, Section 19a-710 to 19a-723;
 3. Develop the model healthcare benefit packages under the direction of the Office of the Healthcare Advocate and with the input of experts from the SustiNet Board of Directors, advisory committees or task forces that OHA chooses;
 4. Develop the model healthcare benefit packages with certain assumptions provided by OHA that cannot be altered;
 5. Prepare (after modeling and development) model healthcare benefit packages with involvement of OHA;
 6. Provide a gross estimate of the cost and timeframe in which to develop the model benefit packages, and an estimate of the cost of providing discrete updated model healthcare benefit packages semi-annually until adoption of the SustiNet Board of Directors recommendations, and annually thereafter.

The overall objective is to provide quality healthcare to Connecticut residents beginning July 1, 2012. The contractor shall provide several options of standard healthcare benefit packages that simultaneously supports the patient-centered medical home, reduces healthcare disparities, addresses public health issues (obesity, smoking cessation, etc.), increase the efficiency of healthcare workforce, and promotes the use of healthcare technology. OHA, in conjunction with the chosen contractor, shall develop a quality educational presentation explaining the model healthcare benefit packages to consumers, providers, employers, etc.

SECTION III: INSTRUCTIONS TO POTENTIAL CONTRACTORS

1. This Request for Proposal is being sent to known healthcare benefit vendors and posted on the State's Contracting Portal. The potential contractor must submit the Notification of Intent to Submit a Request for Proposal (Attachment 1) by Friday – August 20, 2010 at 4:p.m.; this notification is a non-binding expression of interest and does not obligate the sender to submit a proposal.
2. Proposals will be received from each contractor **(with one original and five copies)**. The original shall be signed and dated by an official who is authorized to bind the organization. All proposal copies and cost information copies must be individually and separately sealed before being submitted to OHA.
3. Proposals must be received by the OHA not later than the date and time specified on the cover sheet of this Request for Proposal.
4. The proposal from each contractor will be opened on the date specified on the cover sheet.
5. At the option of the OHA, a presentation of proposals by contractors may be scheduled before this contract is awarded. Such schedule would be provided by the OHA.
6. Proposals will be evaluated according to the criteria outlined in Section VIII of this RFP. The award of a contract to one vendor does not mean that the proposals of other contractors lack merit, but that, with all factors considered, the proposal selected was deemed to be in the best interest of the OHA and the people of the State of Connecticut.
7. Contractors are cautioned that this document is a **request for a proposal, not a contract**, and that the OHA reserves the unqualified right to reject any or all proposals and offers for any contract, when such rejection is deemed in the best interest of the OHA and the people of the State of Connecticut. The OHA shall have authority to award contracts to vendors who offer acceptable proposals to the state, cost and other factors considered. Proposal Bids from vendors which are related to, or associated with, a managed care organization or health insurer will not be considered.
8. Any proposals or changes to a proposal, which are received **after** the closing date on the cover sheet, may not be considered. Please be advised that late responses will be considered at the discretion of the OHA if three (3) or fewer responses are received.
9. The initial contract for services will be at least one and one-half years (1.5) years with provision for annual renewal.
10. All inquiries (submitted via postal or electronic mail) and final hardcopy (original and copies) proposals must be addressed to:

The State of Connecticut
Office of the Health Care Advocate
Ms. Victoria Veltri, General Counsel
1543 Market Street – 7th Floor
P.O. Box 1543
Hartford, CT 06144
SustiNet@ct.gov

11. All inquiries (submitted via postal or electronic mail) **must be received** no later than **4:00 pm on Friday, August 13, 2010**.
12. Responses to all submitted inquiries (via postal or electronic mail) will be posted as an addendum to this RFP on OHA's Web Portal by **4:00 pm on Friday, August 20, 2010**.
13. The final Request for Proposal should state the name, address and telephone number of the person(s) having the authority to bind the contractor and answer any questions regarding the proposal.
14. The State of Connecticut will not be liable or responsible for any costs incurred by any contractor in preparing or submitting a proposal, or in meeting with the OHA, or answering the OHA's questions about its proposal and prior to issuance of contract.
15. Proposals should be prepared simply and economically, providing a straightforward, concise description of the contractor's offer to meet the requirements of this Request for Proposal.
16. Contractors should give specific attention to the identification of those portions of their proposals which they deem to be confidential, proprietary information, or trade secrets, and provide any justification of why such materials, upon request, should not be disclosed under the provisions of the State's public information act.
17. After a contract is awarded, all original Request for Proposals shall be retained for five years at the Office of the Healthcare Advocate and all copies to the original shall be properly destroyed.

SECTION IV: SPECIFIC REQUIREMENTS

The purpose of this RFP is to gather responses to the RFP to develop and annually update model healthcare benefit packages for the Sustinet Plan as described in Sections 1, 10 and 12 of Public Act 09-148: *An Act Concerning The Establishment of the Sustinet Plan* and throughout Chapter 368cc of the Connecticut General Statutes, Sections 19a-710 to 19a-723: *Sustinet Plan*. OHA is interested in the development of a package and guidelines that would allow for easy adjustments in all relevant factors to predict costs and coverage of variable benefits and/or cost sharing. The packages must be consistent with the parameters outlined in the Sustinet legislation, which allows for flexibility in design in terms of coverage and/or cost-sharing.

The RFP response must address the following in a comprehensive format:

1. The development must take into account the coverage requirements of the legislation and potential for a variety of cost-sharing arrangements, including, but not limited to, co-payments, deductibles, out-of-pocket costs, and co-insurance.
2. The model healthcare benefit packages should include the standard or baseline plan described in the legislation and at least four more comprehensive packages that are modeled on:
 - a) a fully insured large group commercial plan in Connecticut;
 - b) an individual insurance plan in Connecticut;
 - c) a small group employer plan in Connecticut; and
 - d) a large self-insured employer plan in Connecticut.
3. The model for the standard healthcare benefit plan and a minimum of four comprehensive packages that **must** include mental health, dental, vision, and prescription coverage, as described in the legislation.
4. The individual insurance model healthcare benefit packages should be developed based on a guaranteed issue basis—no medical underwriting.
5. The vendor must be able to separately price the medical, mental health, dental, vision, and prescription model coverage and provide for various cost-sharing levels.
6. The model packages should incorporate adjustments for at least three cost-sharing options within each coverage package.
7. The estimated premium, cost-sharing and deductibles should assume the prohibition of gender rating and a maximum adjustment for age classifications of 4:1.
8. The vendor may develop model healthcare benefit package designs based on varying delivery designs, including HMO, PPO, indemnity managed care.
9. The vendor must consider the impact of varying provider reimbursement mechanisms upon plan cost and design. The vendor must describe the reimbursement methods used for the covered services in the development of its model benefit packages.
10. The model benefit package designs must be capable of relatively simple adjustments of cost shares or breadth of coverage or potential utilization assumptions, with corresponding changes in cost available in short order.
11. The model healthcare benefit packages should be contained in user-friendly software format that allows OHA to adjust multiple parameters simultaneously or one at a time in order to determine the impact of various benefit, cost-share and age adjustments. The model will allow users to select from a variety of the plan characteristics (*samples shown in number 19*). As an example, the model may use drop down menus to allow the user to “toggle” characteristics on and off or select from a range of options. Outputs include a schedule of premiums copayments, deductibles and the expected out of pocket maximums, as well as estimated total expenditure for state subsidies, consumer total out of pocket contributions.
12. The model benefit package design adjustments must be reportable and in a format that allows comparison to other benefit packages in hard-copy and/or soft-copy format.
13. Please include any and all Conceptual Alternatives briefly describing any alternative methods for the development of model healthcare benefit packages that have been utilized in other states. Describe quality improvements or cost savings that have been demonstrated in the development method.
14. For the method of development of model healthcare benefit packages described in response to this RFP, please include the software used and its history (positive and negative)—if applicable, user training and support provided and/or available, experience with software product installation, and other additional information you deem relevant not previously covered.
15. Please provide any other materials, information, suggestions and discussion you deem appropriate.

16. The vendor must demonstrate sufficient experience in the development of model healthcare benefit packages for comparable markets in the Northeastern United States.
17. The vendor should supply any additional information it thinks is necessary to support the development of model healthcare benefit packages as described herein.
18. The vendor should include a plan for training OHA staff on adjustment of parameters.
19. The actuarial firm will work with the state to identify key assumptions that the Sustinet Board may consider during its deliberations. Factors that may affect premium cost and total spending include, but are not limited to,
 - Covered services inclusions and exclusions, such as prescription medications, dental, vision, skilled nursing facility care
 - Subsidy amounts and tiers by income level
 - Single, couple and family premium amounts
 - Copayment tiers (office visits and RX)
 - Deductibles
 - Restricted networks vs. any willing provider
 - Effects of augmenting reimbursements depending on the base fee schedule used
 - Estimates of enhanced reimbursement amounts for patient centered medical homes
 - Geographic adjustments
 - Age bands of those expected to enroll
 - Inclusion or exclusion of mandated benefits
20. The state will provide cost and utilization data, to the extent possible, for covered services and related member information. The data will reflect relatively current service utilization patterns and fee schedules for low income CT populations.

SECTION V: SPECIFIC INFORMATION

RIGHTS RESERVED TO THE OHA: The OHA reserves the right to award in part, to reject any and all statements in whole or in part for misrepresentation or if the proposer is in default of any prior OHA contract , or if the proposal limits or modifies any of the terms and conditions and/or specifications of this RFP.

The OHA also reserves the right to waive technical defects, irregularities, and omissions, if, in its judgment, the best interest of OHA will be served. The OHA reserves the right to correct inaccurate awards resulting from its clerical errors; this may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the OHA shall not constitute a breach of contract on the part of the OHA since the contract with the initial proposer is deemed to be void *ab initio* and no effect as if no contract ever existed between the OHA and the proposer.

ORAL PRESENTATION: The Office of the Healthcare Advocate may request bidders who submit a proposal in response to this RFP may be required to give an oral presentation of their proposal to the OHA, in which the bidder must provide, at a minimum, a system and informational demonstration to Sustinet Staff. Original Submissions cannot be supplemented, changed, or corrected in any way. No comments regarding other bidders or proposals are permitted, and bidders may not attend presentations by their competitors.

The scope of the presentations will be determined by the OHA, based on the responses chosen. It is the OHA's sole option to determine which bidders, if any, will be invited to make an oral presentation. Bidders shall not construe the list of vendors invited, if any, to imply acceptance or rejection of any bid(s). The OHA will schedule the time and location of any such presentation(s).

PRICE CHANGES: All prices when established and agreed upon shall be firm and not subject to increase during the period of the contract.

DISCLAIMER: All information in response to this RFP that is marked "Proprietary" will be handled in accordance with the Connecticut Freedom of Information Act (§1-210 of the CT General Statutes). **Responses to the RFP will not be returned.** The original RFP Responses received will be kept and retained by OHA for a period not to exceed five years; all copies of the original response will be properly destroyed.

Responses to this notice are not an offer and cannot be accepted to form a binding contract. This solicitation of information should not be considered an opportunity to "market" to the Office of the Healthcare Advocate or to any entity for the State of Connecticut. Respondents are solely responsible for all expenses associated with responding to this RFP.

SECTION VI: COSTS

The OHA anticipates that the contractor's fees would be established for the first one and one-half years (1 year, 6 months) of the contract. The contractor must notify the OHA in writing six (6) months in advance of any anticipated fee changes and/or contractual charges, which are conditioned upon the OHA's written approval.

Please provide information concerning COSTS as follows:

1. Contractor's budget (*inclusive of staffing, administrative fees, and any other line item necessary to produce a model benefit package*)
2. Penalties for cancellation of contract.

SECTION VII: INFORMATION REQUIRED IN CONTRACTORS' BIDS- CONTENT / FORMAT

All instructions, terms, and conditions contained in the proposal must be met in order to qualify for consideration of award. Those proposals which do not meet the outlined conditions and specifications will be considered non-responsive. The Proposal must be submitted with the identifiable sections listed below:

TRANSMITTAL LETTER

A transmittal letter prepared on the contractor's business stationary must accompany the bid. The purpose of this letter is to transmit the bid. It should, therefore, be brief. The letter must be signed by an individual who is authorized to bind his/her firm to all statements, including services and prices contained in the bid.

SECTION VII: INFORMATION REQUIRED IN CONTRACTORS' BIDS- CONTENT / FORMAT (continued)

TWO VOLUME SUBMISSION (TECHNICAL AND FINANCIAL)

The evaluation procedure requires that the technical evaluation of the bids is to be completed before the cost data is distributed to a committee appointed by the Office of the Healthcare Advocate for the purpose of reviewing, ranking and recommending for the Office of the Healthcare Advocate's approval, the proposal or proposals which most closely meet the purposes of this Request for Proposals. Consequently, each bid must be submitted as two separate and sealed enclosures as indicated in Subsections 1 and 2 of Section VII.

1. VOLUME I - TECHNICAL

This volume should be prepared in a clear and precise manner. It should address all appropriate points of this Request for Proposals except the financial information. This volume consists of and must contain the following:

1. General Information about the Contractor:

- a) Biography of each Principal Officer (*including but not limited to the President, CEO, CIO, COO, Vice President(s), etc.*)
- b) Organizational structure, including relationship to parent and subsidiary organizations, if any.
- c) Primary and secondary business activities.
- d) Qualifications of personnel to be involved in development of model healthcare benefit packages.
- e) General experience in providing model healthcare benefit packages.
- f) Specific experience in providing model healthcare benefit packages with regard to the healthcare industry in particular.
- g) Each contractor is required to submit a primary and secondary contact person, with all contact information.
- h) Each contractor must supply a minimum of **three (3)** current references to support the bid. Identify the name of each organization, address, person to contact, and telephone number. The State shall have the right to contact any reference of its choosing as part of the evaluation and selection process.
- i) Each contractor is required to complete and submit with the proposal the Affirmation of Bidder Form, included as Attachment 1.
- j) The successful contractor will be required to execute a contract similar to the Sample Agreement attached herein as Attachment 3 and to submit with such contract all the documents attached as Attachments 4 through 7 to the Sample Agreement. The terms and conditions set out in the Sample Agreement **are not** negotiable.

2. Management Summary: The Management Summary should contain a summary of the understanding of the needs of the State model healthcare benefit packages relative to this Request for Proposals, and the solution being offered through the contractor's bid.

3. Compliance with RFP Specifications: The bid must state clearly whether or not it satisfies each point of the Request for Proposals. The contractor must describe how the proposed products and related services will satisfy the stated requirements or conditions, as indicated in Section IV – Specific Requirements.

4. Other Information: Any other information that may be relevant should be provided as an appendix to this volume.

5. Timetables: Contractor must provide a realistic timetable for marketing the model healthcare benefit packages as described in this RFP.

2. VOLUME II - FINANCIAL

This volume consists of and must contain the following:

1. The contractor must list all fees and optional services.
2. Contractor's most recent Annual Report or Statement of Financial Condition (*one copy included in original volume only*).

This volume must contain complete cost information for all services proposed. The best and final prices must be offered.

SECTION VIII: CONTRACTOR EVALUATION CRITERIA

The RFP Evaluation Team to be assembled shall consist of representatives from the Office of the Healthcare Advocate, Office of the State Comptroller, State Agencies, Employers, Healthcare Providers, Healthcare Consumers, and the Insurance Industry.

The criteria that will be used to evaluate proposals submitted by the various contractors are listed below.

EVALUATION CRITERIA	WEIGHTING FACTOR %
1. <u>General Administrative</u> : Clarity and content of contractor’s proposal; vendor’s understanding of the nature of the project; and quality of model healthcare benefit packages, work plans and time tables.	15
2. <u>Qualifications</u> : Contractor’s demonstrated general experience in providing comprehensive model healthcare benefit packages in the insurance industry; organizational and staff technical qualifications and experience with respect to insurance.	20
3. <u>Administration</u> : Contractor’s approach to accomplish marketing model healthcare benefit packages in a timely and efficient manner and to evaluate and react to public response.	15
4. <u>Approach</u> : Contractor’s approach to developing and maintaining model healthcare benefit packages and addressing state specifications, educating with the public, and marketing the information.	15
5. <u>Cost to Connecticut Residents</u> : Contractor’s ability to present comprehensive model healthcare benefit packages to the various CT populations that assists with assuring that Sustinet is an affordable option.	20
6. <u>Impact</u> : Impact of contractor’s approach on OHA’s Staff training and/or reallocation of staff, time and other resources, if applicable.	10
7. <u>Security & Protection from Litigation</u> : Contractor’s ability to provide protection for the OHA against any litigation for development of the model healthcare benefit packages.	5
TOTAL	100

Public Act 2009-148

AN ACT CONCERNING THE ESTABLISHMENT OF THE SUSTINET PLAN.

<http://www.cga.ct.gov/2009/ACT/PA/2009PA-00148-R00HB-06600-PA.htm>

APPENDIX B

SustiNet Plan

Connecticut General Statute 368cc – Section 19a-710 to 19a-723

http://search.cga.state.ct.us/dtsearch_pub_statutes.html

Appendix C

Guide to the Code of Ethics for Current or Potential State Contractors

http://www.ct.gov/ethics/lib/ethics/publications/contractors_guide_09.pdf

**NOTIFICATION OF INTENT TO SUBMIT A REQUEST FOR PROPOSAL
State of Connecticut – Office of the Healthcare Advocate
RFP No. MCO_0729_011 for Model Healthcare Benefit Packages**

**The State of Connecticut
Office of the Health Care Advocate
Ms. Victoria Veltri, General Counsel
1543 Market Street – 7th Floor
P.O. Box 1543
Hartford, CT 06144
Fax: 860-297-3992**

RETURN TO:

RETURN DEADLINE: **Friday - August 13, 2010 at 4:00 P.M.**

The individual, firm or corporation below intends to submit a proposal in response to the above referenced RFP.

Note: This notification is a non-binding expression of interest and does not obligate the sender to submit a proposal.

The individual, firm or corporation below has reviewed and, if selected, accepts the agency's standard contract and conditions (provided in the RFP) in their entirety and without amendment.

CONTRACTOR NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

CONTACT PERSON TITLE: _____

TELEPHONE: (_____) _____ - _____

E-MAIL ADDRESS: _____

FASCIMILE: (_____) _____ - _____

TITLE:	SIGNATURE:	DATE:
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Affirmation of Bidder

The undersigned Contractor affirms and declares:

- 1. that this statement is executed and signed by said Proposer with full knowledge and acceptance of the conditions as stated in the section of the RFP entitled: CONDITIONS

YES

NO

- 2. that neither the Proposer and/or any company neither official nor any subcontractor to the Proposer and/or subcontractor company official has received any notices of debarment and/or suspension from contracting with the State of Connecticut or the Federal Government.

YES

NO

 Written Signature of Person Authorized to Bind the Proposer Contractually Date

 Type/Print Name of Person Authorized to Bind the Proposer Contractually Date

 Title of Signatory

IF THE CONTRACTOR IS A CORPORATION

- 1. What is the Authority of the Signatory to bind the Contractor contractually?
(Please provide a copy of the item checked below)

Corporate Resolution

Corporate Bylaws

Other: _____

- 2. Is your business income reportable to the Internal Revenue Service?

YES

NO

- 3. Are you a minority owned business?

YES

NO

If YES, please indicate what type of minority owned business below: *(check all that apply)*

Woman/Women Owned

Asian Owned

Aleutian and Eskimo Owned

American Indian Owned

African-American Owned

Hispanic Owned

African-American and Hispanic Owned

Statutory Information

State of Connecticut: Office of the Healthcare Advocate

[Title 38a. Chapter 706b. Sections 38a-1040 to 38a-1051](#)

State of Connecticut: Office of the Healthcare Advocate

Please click: [Sample Contract](#)

(Contractor Information Only)

CONTRACT

Between

THE STATE OF CONNECTICUT

Acting by its

OFFICE OF THE HEALTHCARE ADVOCATE

AND

FOR THE PURCHASE AND SALE OF

_____, 2010

Contract Award Date

Revised. 7/10

ATTACHMENT 5

State Elections Enforcement Commission

Form 11: Notice to Executive Branch State Contractors / Prospective State Contractors of Campaign Contribution and Solicitation Ban.

http://www.ct.gov/seec/lib/seec/forms/contractor_reporting/seec_form_11.pdf

ATTACHMENT 6

Connecticut Office of Policy and Management

Ethics Form 1: Gift and Campaign Contribution Certification

http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform1_020110.doc

ATTACHMENT 7

Connecticut Office of Policy and Management

Ethics Form 5: Consulting Agreement Affidavit

http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform5_020110.doc

ATTACHMENT 8

Connecticut Office of Policy and Management

Form C: Nondiscrimination Certificate – Affidavit by Entity (*Contracts > \$50,000*)

http://www.ct.gov/opm/lib/opm/finance/psa/oag_formc_entaffidavit070809final.doc
