

State of Washington Office of Insurance Commissioner

Request for proposals (RFP) S2408

Addendum 1 Q&A

Question 1: Is it acceptable to have the same reference for a business reference as for the lead staff person's reference?

Answer: One or two references may be the same, but not all three. In addition, even if there are matching references, the three references for the business and the lead staff person must be presented separately. Example below:

Business References:

- Reference A
- Reference B
- Reference C

Lead Staff Person References:

- Reference A
- Reference D
- Reference E

Question 2: Does the WA OIC anticipate providing any data sources to the vendor? If so, what data sources?

Answer: Yes. OIC plans to provide or facilitate requests to share needed data sources with the vendor, which may include but are not limited to the WA-All Payor Claims Database (APCD), OIC fully insured commercial enrollment data, Medicaid data from the Health Care Authority (HCA) (if included in the work), and data included in previous analyses by the Bree Collaborative, Washington state Hospice and Palliative Care Organization, and National Academy for State Health Policy. Use of any Medicaid or PEBB/SEBB data is subject to approval by HCA. If there are costs associated with access to a data source, the vendor will be responsible for those costs.

Question 3: If the APCD is used as a data source for the project, will the OIC facilitate access or should the vendor plan to obtain access to the APCD independently?

Answer: If the vendor seeks access to APCD data, OIC would provide some assistance to the vendor related to understanding necessary steps to access APCD data. The Contractor would be responsible for submission of a data use application, if necessary, and any costs associated with accessing APCD data.

Question 4: Would a data call or request for information from carriers be permitted if the vendor determines it would be useful?

Answer: Yes. OIC would consider a data call and would discuss this option with the successful vendor.

Question 5: Is a fee-for-service actuarial modeled a required option?
Answer: No. The RFP states that a fee-for-service payment model may be modeled but is not required to be modeled. The RFP states that the contractor must study at least two payment models, including an alternative payment model. OIC will provide guidance to the contractor regarding the payment models to be studied.

Question 6: How many covered employees are in each insurance category: (a) Small Group; (b) Large Group; and (c) Individual
Answer: The following are point-in-time estimates from OIC's June 2024 monthly enrollment data for fully insured health plans: Small Group: 298,000; Large Group: 614,000; Individual: 259,000.

Question 7: Have insurers previously provided the Washington DOI with any frequency data on conditions that may require palliative care? Is any state data available related to this project?

Answer: No. APCD claims data may include diagnosis codes.

Question 8: Section 1.2 – Objectives and Scope of Work
This section indicates that the analysis and report must cover fully insured health plans including (a) fully insured health plans in the large group, small group, and individual markets and (b) fully insured Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) plans. Is the expectation that each of these groups (a) and (b) will be assessed separately from each other, and that all plans within each group will be assessed together (i.e., individual, small group, and large group will be assessed as a single pool and PEBB and SEBB employees will be assessed as a second pool)?

Answer: OIC's expectation is that the analysis and report will include:

- Separate analysis of the fully insured individual market, small group market, and large group market (not including PEBB and SEBB);
- Analysis of fully insured markets combined;
- Analysis of PEBB employee health plans; and
- Analysis of SEBB employee health plans.

Question 9: Section 1.2.1 - Clinical Eligibility Criteria
SSB 5936 indicates the workgroup formed must consider clinical eligibility criteria and provider training. Further, this section of the RFP indicates that the contractor will research clinical eligibility criteria that will be used for the for the actuarial analysis, and provide input on appropriate staffing, staffing models, and provider training. Can you confirm whether the expectation is that the contractor will be expected to have a clinician on the project team, or will this engagement be limited to actuarial analysis and research, and any clinical input on eligibility criteria, staffing, staffing models, and provider training will come from outside of this engagement?

Answer: The contractor is not required to have a clinician on the project team.

Question 10: Section 1.2.5 – Payment Models

Does the state have any specific payment model(s) that it would like to ensure are included in the analysis, or is the expectation that the contractor will work with the Benefit Work Group to determine which payment models to analyze

Answer: Consistent with section 1.2.5. of the RFP, the contractor will research and include in its report the development of at least two payment models, with at least one form of alternative payment model. OIC will work with the Palliative Care Benefit Work Group and the Contractor to determine the specific payment models to analyze.

Question 11: Section 1.2.6 – Actuarial Analysis

What data sources are available for conducting analysis for both fully insured plans and the Medicaid program, as indicated in this section?

- Is there an expectation that the contractor will develop a data call to be submitted to carriers as well as the administrator of the PEBB and SEBB programs in order to obtain the information necessary for the study?
- Will the contractor have access to the all payer claims database (APCD)? If so, does the APCD include claims for all of the fully insured lines of business required to be included in the study, as well as data for the Medicaid market? Under what timeline can the vendor expect to receive access to the data?

Answer: Please refer to OIC's answer to questions #2 through #4 regarding data sources and the APCD. At this time, OIC does not have a set timeline.

Question 12: Section 1.2.7 – Engagement with Palliative Care Benefit Work Group and Other Entities

The RFP indicates that the contractor's duties will include meeting with the Palliative Care Benefit Work Group on a periodic basis.

- Roughly how many meetings with the work group do you anticipate?
- Will these meetings be held in person such that the contractor will be required to come on site, or virtually? If on site will travel expenses be able to be billed, at cost, in addition to the repropoed project fees?

Answer: 1) The Palliative Care Benefit Work Group's schedule has not been confirmed. OIC anticipates work group meetings to have a frequency somewhere between quarterly and monthly, with additional ad hoc meetings possible between the contractor and individual work group member organizations.

2) The work group meetings will be virtual with no travel necessary.

Question 13: Section 1.2.8 – Drawing on Previous Recommendations and Data Sources

Apart from the sources mentioned in this section, are there any other preferred sources, such as clinical reports, payer studies, or published journals?

Answer: Please refer to the sources referenced in Section 1.2.8. OIC would encourage the vendor to identify additional reports, studies or journal articles that can inform the work under this contract.

Question 14: Section 1.4 – Minimum Qualifications

This section indicates that the contractor must have 24 months of responsibilities substantially the same as or similar to the scope of work in this RFP. Can you clarify

which components of the scope of work this requirement applies to? For example, is the expectation that the contractor has 24 months of experience performing actuarial analysis to assess the impact on actuarial values and premium rates of covering a specific benefit under various payment models, for different markets, and working with workgroups and/or advisory panels? Does it require having specifically done this analysis in relation to palliative care?

Answer: To clarify, it is not necessary that the contractor have experience performing actuarial analysis specific to palliative care services.

Question 15: Section 1.4 – Minimum Qualifications

This section indicates that the contractor must be or employ health economists or other individuals with expertise necessary to complete the modeling outlined in the Objectives and Scope of Work. Would employing credentialed actuaries with experience performing this type of modeling meet this requirement without including a healthcare economist on the project team?

Answer: Yes.

Question 16: Section 1.5 – Period of Performance

The RFP indicates that a final report is due to OIC no later than September 15, 2025. However, section 1.4 indicates that the period of performance runs through March 31, 2026. Does OIC anticipate the Contractor will be requested to perform any work between September 15, 2025 and March 31, 2026 outside of answering questions from the Legislature on the report?

Answer: As stated in the RFP, the final report will be due to OIC no **later than September 15, 2025**. An interim report describing the results of the analysis in sections 1.2.1. to 1.2.5. will be due to OIC **no later than April 1, 2025**. The period of performance extends into the 2026 Legislative session, as the Contractor may be called upon for presentation or discussion during that session.

Question 17: Section 1.5 – Period of Performance

This section also indicates that OIC may, at its sole discretion, extend the contract for two additional one-year periods. Please confirm that the scope of any services and associated fees that may occur during such a contract extension period are outside the scope and fees of this RFP.

Answer: Any contract extension executed would be for work related to the scope, but it would be *in addition to* the objectives of this RFP and have its own defined statement of work and funding.

Question 18: Section 2.5 – Proprietary Information/Public Disclosure

The RFP indicates that Vendors may claim certain information as proprietary and exempt from public disclosure by clearly identifying the proprietary information and marking "Proprietary Information" on the lower right-hand corner of the page. If only a portion of the information on a given page is considered proprietary, how should Vendors identify which information on the page is considered proprietary? For example, should we submit a second version of our proposal with the

proprietary information redacted, while still including "Proprietary Information" on the lower right-hand corner of the page of both the unredacted and redacted versions of the proposal?

Answer: Please only submit an unredacted proposal with any pages containing any amount of proprietary information marked as directed in the RFP.

Question 19: Section 3.3E – References

Do the three business references need to be distinct from the three references for the lead staff person, or may the same reference be used for both a business reference and a lead staff person reference?

Answer: One or two references may be the same, but not all three. In addition, even if there are matching references, the three references for the business and the lead staff person must be presented separately. Example below:

Business References:

- Reference A
- Reference B
- Reference C

Lead Staff Person References:

- Reference A
- Reference D
- Reference E

Question 17: Section 3.4 – Cost Proposal

Is there a suggested template that should be used for the budget required to be submitted in the Cost Proposal? If not, can you provide clarification on how you would like bidders to segregate the work into tasks when presenting the proposed budget? For example, should a proposed budget be developed for each of sections 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5, and 1.2.6?

Answer: OIC does not have a specific template.

For Cost Proposal 1, the cost proposal must be broken into deliverables of the proposer's choosing, and each deliverable must be assigned a set cost. OIC would expect that the deliverables chosen would reflect the most significant deliverables identified in Section 3.2.F

Ex. Assuming the vendor is proposing a cost of \$50 total, it must be formatted as a cost-per-deliverable.

Deliverable 1 - \$10

Deliverable 2 - \$25

Deliverable 3 - \$15

For Cost Proposal 2, the proposer must identify only the cost to **add** the analysis and reporting regarding the state Medicaid program. This cost may be submitted based on deliverables like the example above, or as one lump sum.

Question 18: Section 3.4 – Cost Proposal

Please indicate whether the Cost Proposal should be submitted as part of the same document as the technical components of the proposal and required forms, or in a separate document.

Answer: OIC does not have a preference. The cost proposal may be submitted in the same document, or a separate document depending on proposer preference.

Question 19: Section 4.3 – Oral Presentations

If selected to provide an oral presentation, will this be done virtually or is it expected to be done in person?

Answer: Oral presentations, if required by OIC, will be virtual.