

State of Washington Office of Insurance Commissioner

Request for proposals (RFP) S2408

Addendum 3 Preproposal Conference Follow Up

Question 1: What is driving the request for this analysis? Are there services that are not currently available that you would like to have covered?

Answer: The request for analysis came from the Legislature. Palliative care advocates have been working to increase coverage of palliative care services across the health care system. With respect to services not currently available: Under this RFP, the contractor is tasked to review which service components of palliative care are currently covered by fully-insured health plans. OIC wants to understand the extent of the gap is between covered and non-covered components of palliative care services.

Question 2: We have the following questions related to the potential cost of accessing the APCD data in order to include our best estimate of the cost in our price proposal.

1. As a contractor to the OIC, would we be able to access the APCD data at the "Reduced Fee Tier" pricing which is available to state regulators?
2. It appears the Reduced Fee Tier pricing for a Data Extract is \$0.01 per member per year of data. Based on the response to question 6 from the prior Q&A it appears there are roughly 1,150,000 members in the fully insured markets (individual, small group, large group) for 2024 and our understanding is therefore that it would cost roughly \$11,500 per year of data accessed, understanding that the enrollment in prior years could be slightly different. Can you confirm our understanding of the approximate cost per year of data?

Answer: OIC plans to add the contractor as an Additional Organization (AO) on OIC's WA-APCD Data Use Agreement (DUA). This arrangement requires a new data request application to the Health Care Authority, which the OIC would assist with. As an AO, the contractor would then have direct access to fully insured commercial, PEBB/SEBB, and Medicaid claims data in the WA-APCD through an Analytic Enclave data tool. OIC estimates that the cost to the contractor for accessing the APCD through this method would be approximately \$675 per licensed user per month. OIC will work with the contractor to determine the amount of time and licensed users necessary to complete the work. More information about the APCD can be found [here](#).

Question 3: The linked legislation mentioned to coordinate with ongoing work at health care authority. What information can be provided regarding the ongoing work at health care authority related to a palliative care benefit for state Medicaid and employee/retiree benefits programs? Are there particular details currently envisioned relating to this coordination beyond the note in the RFP in section 3.5

Cost Proposal 2 relating to Medicaid, and should the RFP response add considerations specific to employee/retiree benefits programs?

Answer: The legislation requires OIC to coordinate with HCA. The Legislature recognizes that HCA has conducted some research into adding palliative care benefits into the State Medicaid program, including a [March 2023 report](#) making recommendations on a payment model, covered services, and eligibility criteria. OIC would expect the results of HCA's research to be reviewed by the work group that is established by this project and by the contractor. The previous research related to Medicaid is missing actuarial analysis and detailed potential costs of the benefit.

Regarding considerations specific to employee/retiree benefits programs: 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 fully insured PEBB employee health plans; and
- Analysis of fully insured SEBB employee health plans.

Question 4: In reviewing information on (<https://www.wahealthcarecompare.com/pricing>) it appears that the most recent claims data included in the APCD are for 2020, and considering that data would be impacted by COVID, 2019 would be the most recent reliable data that could be used. Is our understanding correct and is the OIC comfortable with using data that old?

Answer: The APCD is not limited to the data listed in the health care compare pricing website. Readily accessible APCD data is available for calendar years 2014-2023.

OIC would expect that, if data from years that were affected by the pandemic is used, the contractor's actuarial analysis would need to consider whether there was a COVID impact on the data.

Question 5: For APCD: what data is available, how many members, what will the cost be?

Answer: Please see our answer to Question 2 above. For more information on what data is available in the APCD and number of members, please see the [Health Care Authority website](#).

Question 6: Our understanding is that the PEBB/SEBB data (claims and membership) would come from the HCA and is not included in the APCD data. Is this correct and is there a cost associated with accessing the PEBB/SEBB data? Similarly, is this also true for accessing the Medicaid data (if included in the work)?

Answer: There is PEBB/SEBB data in the APCD. For the cost to access the data, please see the answer provided in Question 2 above. Medicaid claims data is also in the APCD.

Question 7: Would the OIC consider other data sources outside of the APCD data reasonable for this project? For example, would other sources such as Washington experience included in the MarketScan database, supplemented with information from a carrier data call, be acceptable?

Answer: OIC has experience with vendors using sources outside of the APCD for actuarial analysis. Per Question 4 of the Addendum 1 Q&A, OIC is open to discussing a data call to carriers with the apparent successful vendor.

Question 8: In response to question 4 of the prior Q&A you indicate that the OIC would be willing to facilitate a data call to the carriers (that the contractor designs). Can you discuss whether there would be any specific limitations on such a data call that we need to consider? Specifically, would we be able to request information at the CPT and/or ICD level, and separately by each fully insured market?

Answer: OIC does not have specific limitations in mind for a data call. It sounds like this question is speaking to claims level data. OIC has issued data calls for claims level data before, specific to markets.