

CONNECTICUT HEALTH INSURANCE EXCHANGE DBA ACCESS HEALTH CT

REQUEST FOR PROPOSAL (RFP) – FINAL RESPONSES TO WRITTEN QUESTIONS

Connecticut All Payer Claims Database: Data Management Contractor

RFP Issued:	January 27, 2014
Receive Questions from Responders	February 09, 2014
Final Responses to Written Questions:	February 14, 2014

Upcoming Deadlines

Notice of Intention to Propose (non-binding):	February 14, 2014
Proposals Due:	February 28, 2014

OVERVIEW

This document provides final Access Health Analytics' responses for all the questions received by Access Health Analytics by February 09, 2014.

ANSWERS

1. RFP 1.9 Responder Eligibility, pg. 9: The RFP states, "Public agencies, private for-profit companies, and non-profit companies and institutions that have successfully worked with health care claims data and built and managed large databases are invited to submit bids in response to this RFP." Please clarify whether publicly traded for-profit companies are excluded from bidding on this opportunity.

Answer: No, publicly traded for-profit companies are not excluded from bidding on this RFP.

2. Is a vendor who supplies strictly software (but no services) to an integrator or services organization considered a subcontractor?

Answer: Yes, a vendor who supplies strictly software but no services to an integrator or services organization will be considered a subcontractor.

3. Can a vendor provide a response that includes both services and software as a prime (sole) respondent, while still supplying the software to other respondents who choose to respond and utilize the software vendor's technology?

Answer: Yes, a vendor may provide a response that includes both services and software as a prime (sole) respondent, while still supplying the software to other respondents who choose to respond and utilize the software vendor's technology.

4. "A managed hosted environment that provides Access Health Analytics' analysts controlled access for its staff for member identifier decrypted data in a SAS environment."

- a) Is the requirement such that vendor encrypts the member identifier when it is stored in the "Standardized APCD Data Warehouse" while it would be decrypted when it is stored in the "Managed (SAS) environment"?
- b) If the decrypted Member Identifier is stored in the "Managed (SAS) environment", the data in this environment would not meet the HIPAA de-identification requirements. Is it safe to assume that the requirement is to keep the identifiable data in the "Managed (SAS) environment"?
- c) Since the Access Health Analytics analysts will have access to the "Managed (SAS) environment" would "Access Health Analytics" become a "Business Associate" and establish the data usage agreements with the data contributors? Is the expectation that the vendor will have to provide the legal and compliance resources to establish the data usage agreements with each of the data contributors?

Answer:

- (a) The Contractor will maintain member identifiers. All data in APCD Data Warehouse will be identifiable data, and the data in the Managed SAS environment will be without real member identifiers
- (b) The Managed SAS environment's claims and eligibility data will have members' IDs masked.

(c) The vendor will provide the legal and compliance resources to establish the data usage agreements with each of the data contributors.

5. Section 1.7 (p 8): If redactions are required, should a redacted version be supplied at the same time as proposal submission to satisfy possible FOIA requests or should that be submitted at a later time?

Answer: If a vendor deems any information in its response to be confidential or to fall within an exception to FOIA, vendors must mark this information as confidential in their proposal, and identify any FOIA exceptions.

6. Section 2.4 (p18): Is the federal grant money available for the full length of the contract or only for 2014?

Answer: Federal grant funding will expire 12/31/2014.

7. Could there ultimately be 3 different vendors for the 3 servers?

Answer: Proposals should come from a prime contractor which may include subcontractors(s).

8. Access Health CT's published budget in June of 2013 had a \$5.0 Million line item for the build out of the APCD. Can we assume that this is the full budget for the scope of this RFP? If not, would you provide said budget?

Answer: Access Health Analytics will not disclose the budget for the APCD build out. Bidders must submit responses that include budgets that reflect their proposed products and services in response to the RFP. Bidders will be evaluated and scored on their pricing proposal.

9. Pg. 49, Section 5.7 Records/Intellectual Property Requirements – Please clarify whether this is a required section in the response. It is not listed on the table in Section 5.2.

Answer: Section 5.7 Records/Intellectual Property Requirements sets forth mandatory terms that will be included in a contract with Access Health Analytics. All bidders will be scored on their ability to comply with all mandatory contractual terms and conditions.

10. Pg. 61, Scoring Criteria – How is “Compliance with Contractual terms and conditions” scored given that contract negotiations occur after notification of selected vendor? Can Access Health Analytics provide a copy of the template contract that will be used for this project?

Answer: All bidders will be scored on their ability to comply with all mandatory contractual terms and conditions which includes Section 5.6 Insurance and Indemnification Requirements, Section 5.7 Records/Intellectual Property Requirements, and Appendix H Notice of Special Compliance Requirements. All other terms and conditions will be negotiated with the selected vendor.

11. What is the requirement for the HIPAA compliant audit trail for user access to Personally Health Information?

Answer: Access Health Analytics will provide a response to this question at a later date.

12. While the insurance levels in the RFP are achievable, they do represent a cost. With the objective of being a low-cost operating program, flexibility in coverage levels and therefore cost could have a positive impact on program cost, is CT willing to entertain this trade off?

Answer: Note: The RFP contains a typographical error for the coverage level for the General Commercial Liability insurance identified in Section 5.6: this should read “comprehensive general liability insurance against all claims of bodily injury, death or property damage, in amounts of not less than \$10,000,000 per claim and per occurrence.” All other coverage levels remain as stated in the RFP. Access Health Analytics will require an APCD vendor to have the coverage levels in place as set forth herein and in the RFP. This should be factored into a vendor’s pricing proposal.

13. Can the State please provide a copy of any attachments or other modifications to Access Health Analytics’ Data Use Agreement with CMS, the statement of the purpose(s) covered by the Data Use Agreement, and any study, research protocol, project plan or other documentation submitted by Access Health Analytics to CMS for each such purpose?

Answer: Access Health Analytics current Data Use Agreement with CMS does not address the proposed APCD. Access Health Analytics does not currently have a Data Use Agreement with CMS concerning the proposed APCD.

14. Does the state’s requirement for an open standards-based architecture mean a proprietary database would not be considered as a potential solution?

Answer: Assuming this is referring to RTM 2.5, proprietary solutions will be considered.

15. The RFP Insurance and Indemnification section contains some very high limits for certain types of insurance coverage. Will Access Health Analytics negotiate lower reasonable insurance coverage limits with a Responder that has significant financial resources to satisfy liability above the specified insurance limits?

Answer: The Insurance requirements are not negotiable.

16. The RFP Insurance and Indemnification section includes a requirement that the Responders’ insurance policies name Connecticut Health Insurance Exchange dba Access Health CT, and The State of Connecticut as Additional Insured under such policies. Will Access Health CT accept a certificate of insurance demonstrating the applicable coverage is available through the Additional Insured Endorsement of the applicable policies instead of having these entities named in the actual insurance policies?

Answer: No, the insurance requirements are not negotiable.

17. The RFP Insurance and Indemnification section includes a broad indemnification that is not subject to any limitation of liability. Will Access Health CT agree to have this indemnification obligation be subject to a reasonable limitation of liability provision which will be incorporated into the resulting contract?

Answer: Yes, Access Health Analytics will entertain reasonable limitations of the liability provision, so long as the vendor will meet the insurance requirements set forth in Section 5.6.

18. Pg. 21, Section 3.3.9 - Would Access Health Analytics be willing to allow some technical services to be provided offshore contractor employees as long as the data is stored within the United States and that the offshore employees are supervised by US based employees?

Answer: No, offshore contractors or employees will not be allowed, due to the restrictions imposed with Access Health Analytics' federal funding as well as Medicare and Medicaid data.

19. Pg. 41- 42, Section 3.5 U – Is the expectation of Access Health Analytics when referring to a “Transition and Transfer of Knowledge Plan” to be training on the system implemented by the selected vendor or is this in reference to documentation and training for Access Health staff to take over operations and ongoing ETL?

Answer: Per Appendix G, Access Health Analytics requires that vendors respond with a proposal that includes at least 2 years of Maintenance & Operations in their Pricing Proposal. Section 3.5 U refers to the Transition and Transfer of Knowledge Plan to provide Access Health Analytics' staff with complete knowledge of the System, its operations, and all of the components included in the system.

20. Appendix E, Requirement 5.8 – please clarify “third-party affiliates.”

Answer: In relation to RTM 5.8, third-party affiliates are providers/manufacturers of analytic software and hardware implemented within the managed environment

21. The Month pricing template has a column entitled “Monthly Pricing****” but the corresponding note refers to costs. Are offerors supposed to propose a monthly price or a month cost in this template?

Answer: *Access Health Analytics expects Responders to propose a monthly fixed price for Maintenance and Operations as defined in the RFP.*

22. Appendix G. On the pricing template. Which elements of the pricing will count towards to overall price scoring and evaluation? Clarification will inform vendors on which elements are required for a consistent comparison.

Answer: *All prices as well as hardware/software costs will be evaluated as part of the price proposal evaluation. Please provide pricing in accordance with the Price Proposal Template.*

23. RFP 5.11, Appendix G Appendix J, and RTM 5.17, Pages 52, 70, 78. On page 52, the RFP states, “Part of the infrastructure and application will be paid by Access Health Analytics as shown on Appendix J. Annual renewal licensing fees for SAS will also be paid by Access Health Analytics.”

Answer: *The following statement on Page 52 “Part of the infrastructure and application will be paid by Access Health Analytics as shown on Appendix J. Annual renewal licensing fees for SAS will also be paid by Access Health Analytics.” is hereby deleted in its entirety.*

24. On page 70/Appendix G, the RFP states “**Access Health Analytics requires that the Contractor procure all costs for hardware, software, and licensing contained within the SAS Managed environment. Please include these costs from the spreadsheet above. Only include those that may be pertinent in integrating this SAS-based development environment within the Contractor’s own data infrastructure and Contractor’s own infrastructure to support data in-take, ETL, and various pre-packaged analytics/reporting.”

Answer: *Managed Environment will consist of an application server, a SAN environment and SAS application modules (see Appendix J for details). It is anticipated that Access Health Analytics will reimburse the contractor at the proposed costs identified in the contractor’s price proposal. That statement is hereby revised to read as “Access Health Analytics requires that the Contractor procure all hardware, software, and licensing required within the SAS Managed environment (see Appendix J for Managed Environment requirements). Please include these costs within the table above”.*

25. On page 78/Appendix J states “Access Health Analytics requires that the Contractor include all costs for hardware, software and licensing for managed environment in their price proposal.”

Answer: *Refer to Question # 23 & 24.*

26. RTM 5.17 states “The Contractor shall integrate hardware and software from Appendix I [sic, we assume J] (to be acquired by Access Health Analytics.” Please clarify.

Answer: *Please replace Appendix I reference with Appendix J.*

27. The Implementation phase Pricing Instructions require that the contractor invoice hardware and software at actual costs with no additional mark-up. Are offerors also supposed to propose implementation and Hosting at cost with no additional markup, including profit or fee?

Answer: *As stated in the pricing instructions, hardware and software costs shall be procured by the contractor and charged to Access Health Analytics with no additional mark-up. The RFP does not stipulate this requirement for any other pricing element, and therefore, it is at the contractor’s discretion on how to submit proposed pricing.*

28. Should the cost of Medicare data be included in the vendor's Price Proposal or will that cost be assumed by Access Health Analytics?

Answer: *For purposes of this RFP, there is no requirement in the Price Proposal Template for the cost of Medicare Data*

29. There is no mention of a budget in the RFP. Are you willing to share the budgetary range allowed for this initiative?

Answer: *No budgetary information will be shared in the RFP.*

30. Section 5.10 (p52): This section notes that "part of the infrastructure and application will be paid by Access Health Analytics as shown on Appendix J. Annual renewal licensing fees for SAS will also be paid by Access Health Analytics." Appendix G (p70) states that "Access Health Analytics requires that the Contractor procure all costs for hardware, software, and licensing contained within the SAS Managed environment." Please clarify the portion and components of infrastructure and application that will be paid for by Access Health Analytics. Also, please clarify which licenses (and their volume) the vendor should include in their pricing and which will be covered by Access Health Analytics?

Answer: *Appendix J lists examples of the hardware and SAS modules that are required. SAS modules could SAS Base, SAS Stats/Graphs, SAS Visual Analytics, with Server Operating System - for e.g., Windows, Linux; Please refer to Section 3.7, Item#6 on Page 45 for volume information. As stated in the RFP, Access Health Analytics will reimburse the contractor for all required hardware and software, including SAS licenses.*

31. In Section 2.2 it has been mentioned that contractor has to procure implement, host, and maintain a secured managed environment for the Access Health Analytics:

While submitting the bid should the cost for the infrastructure be included, or will the contractor's involvement be limited to the suggestion of the infrastructure, and the state will arrange the infrastructure setup as per the contractor's needs?

Answer: *Please refer to Question# 23 & 24*

32. In Appendix G, Access Health Analytic indicates that hardware & software costs should be billed with no markups. Would you please provide more guidance?

- a. If the solution is using a partner, is the cost of the sub in the relationship expected to be passed at cost?
- b. If the solution uses leverage assets that wouldn't be owned by the state, would the state expect an 'at-cost' billing for a portion? How would the state expect that billing to be presented?
- c. If the vendor gets preferred pricing from hardware and/or software vendor does Access Health Analytic require that price be passed on with no markup? Such a scenario may put us out of compliance of our vendor agreements.
- d. Is this provision considered a binding requirement by Access Health Analytics and any deviation from it making the submission non-compliant?

Answer:

(a) Refer to Question#27

(B)The "at cost" portion of the proposal is strictly for hardware and software as stated above.

(c) The Contractor is expected to provide the hardware and software products as identified in Appendix J at their cost with no additional mark ups. Access Health Analytics does not expect contractors to be out of compliance with vendor agreements.

(d) Any requirements in this RFP and any resulting contract would be considered binding. Exceptions stated within a contractor's proposal will be considered by Access Health Analytics in its proposal evaluation.

33. Please confirm that the contractor is responsible for all hardware and software including the SAS related licenses that will be required for the SAS Managed Environment?

Answer: *Please refer to Questions #23 & 24.*

34. The RFP requires "optimization for mobile devices, i.e. at minimum the website should be usable from smart phones and tablet computers" Is this a requirement that the vendor has to meet by Oct 1, 2014?

Answer: *Access Health Analytics would prefer a web portal that is optimized for mobile devices by Oct 1, 2014; however we will accept proposals which plan web optimization post Oct 1 within a release schedule.*

35. Service Level Specifications

Item 4 – Availability: Vendor data submission infrastructure shall be available to data submitters 99 percent of the time, 24 hours per Day, 7 days per week (whether such downtime is scheduled or unscheduled).

a) Does this requirement imply that the system should be available even during the scheduled downtime?

b) The 99 % availability implies the need for an active mirror site for the entire infrastructure, is there flexibility in this requirement to exclude scheduled down time from the "Availability" metric?

The same questions apply for all layers of the solutions.

Answer: *Scheduled maintenance windows previously approved by Access Health Analytics, would be excluded from the "Availability" metric.*

36. Service Level Specifications , Item 4 - System and Data Backup

How many backup cycles should be maintained at a time? For example, should the vendor maintain the last three backups of the Public Portal so that the site can be reverted back to what it was 6 days before the last backup cycle?

Answer: *Access Health Analytics would like vendors to propose their offerings and capabilities for back-up abilities.*

37. High Level Technical Specifications for Managed Environment (SAS Based Data Hosting Environment)

Would Access Health Analytics team be open to using a shared SAS grid for processing capacity instead of a standalone server? This could provide Access Health Analytics team the ability to leverage the CPU and RAM from a shared grid and read/write data to the disks that are dedicated to Access Health Analytics team.

Answer: *We prefer a standalone Managed Environment and a separate server because this will be the development environment, thus reducing issues regarding memory and space contentions with the Contractor's production environment.*

38. Section 3.4.6 (p29) and Appendix E (requirements 6.5 and 6.9): These sections state that "the web-based module should be flexible in nature and provide the ability for integration with third party products in the future." Please provide examples of the type of third-party products and "plug-in (self-contained) web based reporting from a third party" that the public website will need to be flexible enough to support in the future.

Answer: *The web portal will be developed by the Contractor (or its subcontractor). This requirement is for the Contractor to help envision the design of the solution to allow for future integration requirements with third party products.*

39. Section 3.5 (p30): Do the "Operations and Maintenance Manual" and "Transition and Knowledge Transfer Plan" deliverables indicate that all maintenance of the public website will be performed by CT upon contract completion?

Answer: *Per Appendix G, Access Health Analytics requires that the Responder propose at a minimum Maintenance and Operations Pricing for Years 2 & 3 (2 years after the implementation). The Operations and Maintenance Manual deliverable is for Access Health Analytics to understand the Operations and Maintenance Procedures that will be used during the M&O phase by the vendor. The Transition and Knowledge Transfer Plan deliverable is expected to provide Access Health Analytics with an understanding of all the various system functions and activities performed by the system implementation.*

40. Section 3.3.7 (p21): Can you please more specifically explain what is meant by "sophisticated" data security?

Answer: *Access Health Analytics is governed by State and Federal regulations that are based on NIST 800-53 Rev.4 Guidelines and any further clarification should be obtained from this document.*

41. How much space is required for the sandbox for Access Health? What are the boundaries for this environment? 5 TBs does that include any sandbox data being absorbed?

Answer: *High level details regarding the desired hardware specifications within managed environment are given in Appendix J.*

42. Any authentication/authorization requirements? How is web access protected?

Answer: Authentication – Must be unique to each user and include safeguards around minimum password length, complexity, duration and encryption. Authorization should ensure a user access to only the data required to perform ones job. Web access should be protected thru SSL, Firewalls, and IDS/IPS systems, among others.

43. How are users authenticating to the warehouse on boarded and off boarded? Any role based access requirements?

Answer: Users will be on boarded through Access request forms which are completed by a manager and the HR. Users should be off-boarded though ID disablement, and follow the HR policy. Role Based Authorization is required to ensure a user accesses only the data required to perform ones job.

44. What are the encryption requirements?

Answer: Protection of APCD data when it is stored, accessed or transmitted must be secured using a variety of encryption techniques. For information at rest, the solution will use the encryption provided by the database of choice. For information in transit, Secure Sockets Layer (SSL) / Transport Layer Security (TLS) encryption and other federal and state standards between the solution components will offer data protection during transit. Encryption requirements must meet Minimum AES 256 standards.

45. How many environments are being maintained?

Answer: Please refer to the second to last bullet in RFP section 2.2.3 – Requested Services (page 16)

46. Does the APD need to log each user who accesses a client’s data?

Answer: The vendor should keep logs of every user who accesses data throughout the environments.

47. What is the frequency of updates contemplated to the infrastructure and capabilities of the data mart? What is the expected service level agreement for response?

Answer: Access Health Analytics requires that Responders provide their approach towards these updates.

48. Is it the state’s view that backup of the APCD should occur offsite?

Answer: Access Health Analytics expects the Vendors to have backup data offsite for disaster recovery purposes.

49. In the Requirements Traceability Matrix in item 5.18, the contractor is expected to create at least 15 VPN access points – will these be client-based VPN solutions or site-to-site solutions?

Answer: Our preference is the client-based VPN solution.

50. Do the terms "Statistical Analysis System" and the defined abbreviation "SAS" (which are initially introduced in Section 2.2) refer to proprietary products and solutions licensed and delivered by the company known as SAS Institute, Inc. headquartered in Cary, NC?

Answer: Yes.

51. Does the solution require SAS proprietary software and Analytic Tools for the Managed Environment as described in Sections 2.2.2 and 2.2.3?

Answer: Yes.

52. If the SAS tools are required for the "Managed Environment" referenced in the question above, does the State envision procuring a different Analytic Tool for research of the Consumer Analytics Data Marts accessible via the Web Portal as illustrated in Section 2.2 and further described in Section 2.2.3?

Answer: The vendor will choose the appropriate analytic tool on the consumer analytics data mart, which is separate from the managed environment. Basically Managed Environment is created for the Access Health Analytic's staff while the Consumer Analytics Data Mart will be fully managed and implemented by the vendor.

53. What is the desired situation for the "Implemented Solution"? Is this to be "hosted" by the contractor or deployed at a State facility?

Answer: Hosted by the contractor.

54. In Section 2.2.2 the Managed Environment is described as "hosted at the same site as the implemented solution" while in Section 2.2.3, under "Managed Environment solution" it is stated that "The contractor shall propose for the procurement of the hardware and software and hosting of a SAS based managed environment for Access Health Analytics internal team." These statements seem to contradict one another. Would you please clarify?

Answer: See section 2.2.2 Project Logical Model (p. 14), both environments – Managed Environment and Consumer Analytics Data Mart Environment – will coexist and be maintained by the chosen vendor. Access Health Analytics' analysts will primarily be the users of the Managed Environment for various types of work, not necessarily the same that the Contractor performs.

55. It is understood that the Web Portal would be "hosted" by the contractor. Does this also include hosting of the Analytic Tools or are the Analytic Tools to be deployed with the Implemented Solution and made accessible via the Web Portal?

Answer: Contractor is responsible for web portal. Analytic tools will not be accessible via web.

56. There are several references in the RTM to Task numbers that may be misnumbered (e.g., RTM 4.4 and Task 1.5, RTM 4.10 and Task 1.18, RTM 4.11 and Task 1.19, etc.). Please confirm all Task number references are correct.

Answer: Reference of Tasks 4.4 and 1.15 is correct; reference of task 4.10 and 1.18 is incorrect, it should have been 1.17; reference of task 4.11 and 1.19 is incorrect, the right reference is 4.11 to 1.18.

57. Does Access Health Analytics plan to accept only post-adjudicated claims?

Answer: Yes

58. Will Access Health Analytics accept and aggregate denied claims into the APCD warehouse?

Answer: This is not an immediate need but could likely be considered in future.

59. Are you expecting encryption at rest at the application level or at the storage array level?

Answer: Access Health Analytics expects encryption at rest for all data considering there will be PHI and PII information.

60. Re: RFP section 2.2.3, Page 16. The RFP calls for support of a minimum of four system instances (page 16). Which parts of the diagram on page 14 require 4 environments? Are the four environments expected to be mirror images in terms of hardware, software, and processing capabilities?

Answer: The four instances refer to development, system test, user acceptance test, and production environments.

61. Re: RFP 2.2.3 and Appendix J, Pages 16 and 78. What are the specific software pieces that are required to be procured for the SAS Managed Environment? Will SAS installation and configuration services for the installation and configuration of the SAS Managed Environment be required or expected?

Answer: Examples could be SAS Base, Stats/Graphs, and Visual Analytics. We expect the vendor to configure an optimal SAS environment on Managed Hosting Environment platform. This may require

SAS expertise, whether the Contractor has such resources within their own organization or can consult with SAS or other organizations.

62. Re: 2.2.3, RFP Page 17. Please describe examples of the size and structure of "non-traditional data feeds" and the frequency of such submissions, including expectations that such data will be formally integrated into the database and/or stored.

Answer: Access Health Analytics expects to receive requests in the future to integrate disparate data sources with its APCD repository. "Non-Traditional" is defined as data which does not conform the data structure identified in the DSG. Examples of these disparate sources may include census data, vital statistics data, hospital clinical data, etc.

63. Re: RFP 2.5, page 19. Access Health Analytics' Project Organization chart shows an external group of Technical Advisors. Who is on that team?

Answer: External consultants supporting Access Health Analytics in both advisory and operational roles.

64. Re: RFP 3.3.2 and 3.4.2, pages 21 and 23. 3.3.2 states that the warehouse must have the "capacity to store three years of historical data" and 3.4.2 states that Access Health Analytics may "limit 4 years of historical data active." What is the expectation in terms of years of 1) active data, 2) semi-active data (warehouse), and 3) archived data in long-term storage (tape, etc.)?

Answer: 4 years of active; 3 years of semi-active; 10 years of long-term storage

65. Re: RFP 3.4.3, page 27. The load process "must be scheduled, at minimum, as a monthly process." What is the maximum frequency of load the system must accommodate?

Answer: Monthly

66. Re: RFP 5.2 and 5/13, page 47 and 54. Section 5.2 Qualifications instructions state, "Access Health Analytics requires the Proposer to describe their experience and qualifications on five or more successful projects implemented by the Proposer that were similar to the scope, schedule, and size of this implementation." Section 5.13 states, "Responder must describe their experience with at least three or more prior (within the past 5 years) or current projects with comparable scope, size, schedule, and complexity to this RFP." Please clarify the number of projects that need to be described.

Answer: Please provide five (5) experiences.

67. Re: RTM 3.19. Can Access Health Analytics provide some examples of the types of non-standard administrative data?

Answer: Medicaid or Medicare claims and enrollment data

68. Re: RTM 4.4 & 1.14. Does Access Health Analytics currently utilize any specific episodic groupers in its current environment? If so, which one and would you prefer the contractor to also use this grouper?

Answer: We are open to various options.

69. Re: RTM 4.4 & 1.14. Can Access Health Analytics discuss your plans for the use of data classified into medical episodes of care? Does Access Health Analytics have plans to leverage this requirement for shared savings plan research/implementation within the ACO/MCO community?

Answer: Medical episodes will be important in understanding and showing variations in costs of care. There is no immediate plan for initiatives in calculating shared savings or ACO support. One of the reasons we want an integrated environment between Managed Environment and Consumer Analytics is the ability to integrate clinical groupers or risk data that the contractor will be required to generate using the data they bring in via the ETL process into a data warehouse and create various value added tables.

70. Does ACCESS HEALTH ANALYTICS have any preference for the managed Environment in public cloud or private cloud?

Answer: We are open to both options.

71. Would ACCESS HEALTH ANALYTICS prefer to include a self-service solution to automate the on boarding and testing/validating the data submission process with external partners?

Answer: Preferable but highly unlikely as a solution in the immediate timeframe. Assume that the Contractor will have to be proactively engaged with the submitting vendors in the ETL process.

72. Does ACCESS HEALTH ANALYTICS have any forecasted number of claims for future years and historical data load? This will be used for capacity planning.

Answer: Please see response to Question# 196. At this point in time, Access Health Analytics does not have forecasts for future year claims.

73. Will ACCESS HEALTH ANALYTICS be able to provide the list of Groupers that ACCESS HEALTH ANALYTICS is expecting to include?

Answer: ACCESS HEALTH ANALYTICS wants vendors to propose the list of clinical risk groupers and clinical episode groupers that vendors are able to implement on their analytic space for ensuring robust and accurate reporting.

74. Do all 4 environments need high availability and fail-over?

Answer: Please refer to SLAs in section 3.7 in RFP document.

75. Is the ability to use ICD-9 for old data and ICD-10 in future part of the requirement?

Answer: We would require vendors to be able to establish mapping tables between these two versions and will decide how reports will be created applying a single version. We need to see what proportion of claims come in on the 9th or the 10th version to make a decision. Generally we are likely to accept a single version for reporting.

76. Would ACCESS HEALTH ANALYTICS be able to provide top Quality reports of interest for 2014?

Answer: See RTM 4.21. Access Health Analytics will have discussions with the Contractor in prioritizing reports from that list.

77. Does ACCESS HEALTH ANALYTICS have a list of other current vendors or technology (besides SAS) at this time? Will integration need to be scoped?

a. Will an HPD be required?

Answer: No, Access Health Analytics does not have a list of current vendors or technology. Yes, multiple vendors can be entertained under a single contract. Not familiar with the acronym HPD.

78. Will Access Data assume full responsibility at a certain time?

a. What type of training or cross-training will be required?

b. What roles will they play in the operations? Integration? Business? Etc?

Answer: Please Refer to Questions#39, 142, and 155.

79. Will this platform need to support clinical data feeds and storage?

a. Are these use cases or requirements documented yet? Can they be shared?

b. Will all the data feeds be original (not de ID or masked)?

Answer: There is no immediate plan to bring in clinical data sets, just administrative claims data is the focus of this RFP. We are looking for use cases, i.e. our interpretation of it as the analytic reporting capabilities of the Contractors. Data feeds from the submitters will have to be encrypted at the transmission end as well in the storage end of the Contractor.

80. Will future predictive modeling and risk stratification required? Are these use cases defined?

Answer: Yes, we are going to be looking for such capabilities in our Contractors. No use cases have been defined; we are open to comparing capabilities of the RFP submitting Contractors.

81. Mixed ICD-9 and ICD-10: Has the CT APCD developed a strategy for handling the aggregation of claims data when some data will have ICD-9 codes and claims data received after 10/1/2014 will have ICD-10 codes? If so, please explain the expected approach to determine equivalent ICD-10

codes for ICD-9 codes and to resolve translation discrepancies when there is no equivalent ICD-10 code, or multiple ICD-10 codes for an ICD-9 code.

Answer: Please Refer to Question#75

82. Member becomes a Subscriber: If a member is disenrolled (i.e. turns 27 yrs. old) and becomes a subscriber, in the same plan or with a new plan, is there an expectation that the member identifiers are linked to the new subscriber identifier to maintain the links to any claims data for the member turned to a subscriber?

Answer: Yes, there needs to be a Master Member File where members are identified and linked uniquely across time. Such members may also transition from commercial to Medicare or Medicaid plans and we must have that option for these reasons.

83. Submitter Notification: Does the CT APCD have a HIPAA standard transaction (e.g. X12 999 or 277CA) in mind for the format and content of the Submitter Notification, if possible?

Answer: No.

84. Submitter Notification: Should the ETL validation process create a Submitter Notification for both Positive and Negative (errors found) results or only for Negative responses detailing formatting and data integrity issues?

Answer: This process will be discussed during design sessions with the selected Contractor.

85. Submitter Notification: Is it the expectation that "immediate and detailed responses" are pushed back to the submitter or queued up and made available for the submitter to retrieve via an FTP or web-based portal?

Answer: This process will be discussed during design sessions with the Selected Contractor.

86. Submitter Notification: Is it the expectation that the Submitter Notification be formatted as an electronic report PDF or as a transaction-based file with row(s)/records(s) related to submitted claim lines that the ETL validation flagged as having an error(s) or an edit failed with a warning disposition?

Answer: Access Health Analytics is open to responses on industry practices seen by the Responder.

87. When the ETL validation performs edits on each data element in each row/record in the submitted file and finds an error(s) based on defined validation rules should the entire file be rejected? If so, should the Submission Notification identify only the row(s)/record(s) where an error(s) were encountered with an associated pre-defined error reason code(s)? Please confirm that to uniquely identify a row/record multiple element values will be required - for example a Medical claim record

would require the values in MC004 - Payer Claim Control Number, MC005 - Line Counter, and MC005A - [line] version number?

Answer: Access Health Analytics are open to suggestions. From the Data Submission Guide (DSG) it is possible to find out whether we have adequate information. Payer and submitting unit identity will also be created shortly.

88. Have elements and threshold values been identified where "threshold values (exceed/not reach a value)" would be applied in determining the validity of an element?

Answer: No threshold values have been determined yet. We may use threshold values from other states in the Northeast and any other recommendations from the Contractor to determine validity of certain strategic variables.

89. RFP states "Data submitters should be able to override warnings but not failures. When warnings are overridden, the ETL should record the override information as part of the metadata held in the warehouse about specific uploads." Is it the expectation that if a file has only warnings that it should be 'rejected' and returned to the submitter? Is the requirement that the ETL must revalidate the data and be able to compare the original file to the revised file containing submitter changes and track information related to any warning that is overridden (the submitter made no change)?

Answer: Submission warnings should be logged and communicated to the submitters for discussion and/or resolution. Vendors will be required to propose and effectively perform data QA across submitters. Access Health Analytics defers to vendors to determine if a comparison between submissions would be an effective tool/process in their QA plan.

90. Is it the expectation that submitted files are processed through the ETL validation process in real-time or near real-time "at rapid speeds" as files are uploaded by the submitter?

Answer: There will be no requirement of real-time processing.

91. Denied Claims: Will the CT APCD submitted claims data include claim lines denied by the payer? In the DSG claims files an allowed value of '04 - Denied' is present in the MC038 Claim Status element. Instructions in MC063 - Paid Amount state "Do not report any value if the line is denied" while instruction on MC098-Allowed Amount states "Report 0 when the claim line is denied." And MC123-Denied Flag (1 = Yes, 2 = No) is required when MC038 = 04. Similar elements exist for Pharmacy and Dental claims.

Answer: Per the APCD data submission guide and policies and procedures, fully denied claims should not be submitted by data submitters at this point in time. Denied claim lines should be submitted by submitters, as a result denied statuses and directives are outlined in the data submission guide.

92. Two references indicate that denied claim lines would not be included in the submitted file:

1. The DSG, on page 6 states "Claims denied [by the payer] for completeness, errors or other administrative reasons (sometimes referred to as 'soft' denials) should not be submitted until the claim is paid and
2. In response to public comments on the CT APCD Policies and Procedures the following was included under Definitions: • Medical Claims Data File - Comments: Some commenters suggested that the APCD should collect denied claims data in addition to paid claims data. Response: The APCD will collect only paid claims. Complexities surrounding the capture and interpretation of denied claims were deemed very challenging in the first year for the APCD from various technical and content management perspectives. This does not rule out a future change in such policy.

Answer: Please refer to Question #58.

93. Dental Claims: Will the submission and processing of Dental Claims Files be included in the 10/1/2014 Implementation? If not, has a schedule for inclusion of Dental Claims Data been determined? Some RFP, DSG and Policies and Procedures include Dental Claims Data and others do not, for example:

1. P&P Comments: One commenter requested clarification on the dental file submission guideline and timeline.

Response: Dental claims data will not be required in the first year, but will be added in the second year and onwards.

2. In the DSG the definition of Health Care Data does not include Dental Claims. "the set of files that a Reporting Entity is required to submit according to Public Act 13-247 consisting of Member Eligibility, Medical Claims, Pharmacy Claims, Pharmacy Claims, and Providers." The definition of HIPAA Transaction Set: "... For the purposes of Access Health Analytics, the sets referenced are the Institutional, Professional, and Dental Claims data, Member Eligibility Information, Benefit Enrollment Information, and the Payment Remittance." Dental claims are included. Member Eligibility Data. a) Reporting Entities must provide a data set and other required fields to allow retrieval of related information from pharmacy and medical claims data sets. No reference to Dental claims data. 5. Dental Claims Data: Stand-alone dental carriers should provide contact information to the Connecticut APCD when these rules become effective. The Connecticut APCD will notify stand-alone dental carriers of the process for submitting test files and regular updates. The process will include opportunities to discuss submission requirements prior to due dates.

Answer: While dental data will not be included in 2014 as submission requirements, it is quite possible that it may be a requirement in 2015 and beyond. If there are certain inconsistencies between the documents we are going to get back and close the gaps. But we consider dental data as health care data.

94. Section 5.2 requires description of five projects. Section 5.13 requires 3 or more. There seems to be a discrepancy on the number of projects the vendor needs to reference. Given the page restrictions, would Access Health revise the requirement to 3 or more projects as stated in Section 5.13?

Answer: Description of 5 projects and references from 3 clients is required for this RFP. Use projects which are similar in scope and/or complexity to the current RFP's intent – data integration and analytics reporting in APCD.

95. The combination of the aggressive timeline and the requirement for an agile process incorporating JADS necessitates that Access Health staff will be available to support the time critical development process. Do you have a plan to dedicate one or two necessary staff during the development process?

Answer: Yes. Access Health Analytics will support the Contractor for the necessary staff.

96. We want to confirm that price proposals should reflect staffing and price to deliver all required plans, documentation, and all other deliverables in final form.

Answer: Yes.

97. During the “test data submitted by Carriers” phase of the project, is it permissible to conduct the data validations of the test files and historical data submitted by the plans in SAS. Then upon completion of the data warehouse the validated data will be loaded into the data warehouse.

Answer: Contractor has the option of using any application in the data ETL, validation or analytics reporting process in the Client Analytics environment. As you may have realized that the Managed Hosting environment will definitely use SAS application. We do not require any such restrictions on the Contractor of the type of application they’ll use on their end. However, we would like to make sure that the warehoused data can be read from the Managed Hosting environment using SAS.

98. “Access Health Analytics expects the Contractor to provide a secure and locked down Statistical Analysis System (“SAS”) environment in consultation with the SAS consultants for hardware and software requirements.”

Does Access Health have an established contract with SAS consultants to review the hardware and software requirements or is the expectation that the vendor is supposed to include the cost for hiring SAS consultants?

Answer: No, Access Health Analytics does not have any contract with SAS. But it expects the Contractor to arrange for optimal configurations of hardware and SAS modules as described in Appendix J of the RFP. It is not a requirement that the Contractor has to have contract with SAS in ensuring optimization of their Managed Hosting environment, especially if the Contractor possesses such expertise within their own organization or outside of it.

99. “Access Health Analytics requires the Contractor to provide secure access via VPN for Access Health Analytics researchers to the Managed Environment based on SAS analytics and applications”

Is VPN the only option to provide access to the secure environment, can the other modes of secure access be acceptable?

Answer: We want the Contractors to propose alternative approaches. We just require secured connectivity of select users from remote locations using secured access points.

100. “The data warehouse must have the capacity to store three years of historic data, and archive data that is older; “

Does “archive “in this context refer to archiving data in backup tapes, disks etc. or is it referring to the creation of a separate data store for holding data that is older than 3 years ?

Answer: Please refer to Question#64. In addition, we require that the retrieval time from the archived data be within one business day.

101. “The development and maintenance of a secure consumer-facing web module with high level public reports and public use datasets, to be created by both Contractor (or subcontractor) and Access Health Analytics;”

a) For the “public use datasets”, which de-identification methods would be used:

i. Safe Harbor?

ii. Statistical De-Identification?

b) If the “Statistical De-Identification” method is used the vendor expected to provide the “expert certification” (certification from a qualified statistician) for the data sets before it is made available to the public or will Access Health Analytics obtain the certification?

Answer: We support both methods. Contractor’s capability to provide such expertise will be valued appropriately.

102. “Access Health Analytics staff must be able to map and upload files containing appropriate data elements but which do not necessarily meet the specifications defined in the rule Chapters.”

a) Does this imply that the “Access Health Analytics staff” will perform the work associated with mapping the file formats from the data contributors to the standard format that is prescribed by the vendor?

b) Does this imply the vendor responsibilities will not include the creation of the specifications (source to target mappings) and will be limited to implementing the ETL for the specifications provided by the “Access Health Analytics staff”?

Answer: Access Health Analytics staff will not perform ETL. But certain non-standard data, not part of the DSG, may be uploaded in the Managed Hosting environment by Access Health Analytics’ analysts. Contractor will be responsible for bringing in all data included in the DSG and other data sets that may become part of the production intake process. For non-standard one-time uploads of small data sets it may be uploaded in the Managed SAS environment by Access Health Analytics’ analysts.

103. Ad Hoc Reporting

Access Health Analytics staff must direct table access to the warehouse in order to directly run ad hoc queries against the data set

a) How many concurrent users will have ad-hoc access to the data warehouse?

- b) Is the option to implement a process which would have a DBA review the ad-hoc queries before they are executed acceptable to Access Health Analytics?
- c) Would Access Health Analytics be open to one of the following suggestion
 - i. Executing the ad-hoc queries in the “Managed (SAS) environment?”
 - ii. Executing the ad-hoc queries in the data store used for archived data?

Answer: Access Health Analytics’ staff will have access to the APCD data warehouse via the Managed Hosting environment. The Contractor will have full control over the Standardized APCD Data Warehouse (see p. 14 of the RFP document). Analysts in the Managed Environment will have a monthly copy of the Standardized APCD Data Warehouse and use SAS data tables in their analyses. This will reduce any space or memory contentions between these two environments. We expect anywhere between 5-10 concurrent users in the 12+ months period. Secondly, there is no need for a DBA review because of the reason cited above. Managed Environment is considered to be a development environment, and should remain separate. Consumer Analytics Data Marts/Universes environment is considered to be a production environment in which the Contractor can use SAS or any other application(s) of their choice to create consumer reports.

104. Security

“The successful bidder must adhere to the provisions of Access Health Analytics’ DUA with CMS.”

- a) Is Access Health Analytics’ planning on becoming a “Qualified Entity” for receiving the Medicare data? Is it safe to assume the terms of the DUA between Access Health Analytics’ and CMS are the same as what other Qualified Entities have established with CMS?
- b) If there are unique terms and conditions for the DUA between Access Health Analytics’ and CMS, will that be shared before the vendors have to submit their responses?

Answer: We are applying for CMS data under the State Agency relationship. There may be some procedural terms and conditions required by CMS that the Contractor may have to satisfy.

105. “Managed Hosting - It is expected that between 10-15 users will have access in the first two years.”

- a) What is the expected growth in user volume after the first two years?
- b) If there is the need to procure additional licenses after two years would the vendor be compensated above and beyond the proposed contract value through the exercise of a change order?

Answer: Access Health Analytics expects 10-15 users to access the Managed Hosting Environment. The expected growth is unknown at this point in time. As stated in this RFP, *Access Health Analytics will reimburse the contractor for all required hardware and software, including SAS licenses.*

106. Service Level Specifications

Item 4 – Response Time : 90th percentile response time for site access shall be under 5 seconds

Could you provide clarification on what 90th percentile represents;

Is it 90 percentile of the users or is it 90 percentile of the reports/WebPages?

Answer: 90th percentile of the reports/WebPages.

107. RFP States:

- a) "Access Health Analytics assumes that the Managed Hosting Environment described above in Section 2.2.2 would be optimized with appropriate guidance from SAS.
- b) The Contractor shall work with Access Health Analytics resources and SAS engineers on the full deployment of the technical build of a Managed environment for the Access Health Analytics.
- c) Access Health Analytics requires that the Contractor provide a SAS based Managed Environment in consultation with the SAS consultants.
- d) Is Access Health providing a SAS resource to validate the SAS implementation or is that the responsibility of the Vendor?
- e) Can vendors who have appropriate experience satisfy this requirement with their own SAS qualified/experienced personnel?

Answer: As stated in the RFP, Access Health Analytics expects the Contractor to use their own SAS expertise or work with SAS to optimize the Managed Hosting environment.

108. Is it permissible to use a font size smaller than 11pt (e.g., 9pt) within tables and figures included in our proposal?

Answer: Yes.

109. The Narrative Response portion of the proposal is limited to 3 pages (p47). Please confirm that the required audited statements or tax return should be excluded from this page count and provide guidance on their preferred location in the proposal (e.g., placed at the end of the Narrative Response, included as an appendix, etc.).

Answer: Include as an appendix.

110. Is there an expectation that SAS tools be used on the public website as well as in the Managed Environment?

Answer: Access Health Analytics requires that SAS tools be used in the Managed Environment. In addition, Access Health Analytics expects the Contractor to provide a solution that includes information on the tools that will be used for the public website.

111. When should pricing account for the intake and consolidation of dental claims?

Answer: Yes. It is anticipated that dental claims intake will start around January 2015.

112. How many submitters are expected to submit dental claims data when collection begins?

Answer: The number of submitters for dental claims has not yet been determined.

113. Does ACCESS HEALTH ANALYTICS have intent to bring the APCD solution (i.e., data intake, collection, and integration; the Managed Environment; and the public web portal) wholly in-house at a future date?

Answer: At this particular point in time, Access Health Analytics hasn't made that decision.

114. Section 2.2.3 (p16): Please clarify what is meant by "power users" in the first bullet under Item 1.

Answer: Ignore the term power users, just web browsing by novices or users who are more familiar with web browsing.

115. Section 2.2.3 (p16): If power users are not Access Health Analytics staff using the SAS-based Managed Environment, please clarify if they will be using the same public portal/website as deployed for novice users and the general public.

Answer: Managed Hosting environment will be SAS based environment primarily for Access Health Analytics' analysts. There will be no web pages associated with this environment. The public portal via website will be hosted and managed by the Contractor (or its subcontractor). Web site will allow novice users and/or general public to gather information.

116. Section 2.2.3 (p16): If they will require different data and tools, please clarify the anticipated needs for power users' data and visualizations.

Answer: People who will come to the web site will require generally acceptable tools and performance. No specialized applications for such users will be required.

117. Section 2.3 (p18): Please provide additional detail regarding what is meant by "robust data encryption and member anonymization capability"?

Answer: Contractor is required to demonstrate how they'll work with data submitters to bring in encrypted data (transmission encryption) and how they intend to create Member ID masking capability and methodology for the Standardized APCD Data Warehouse. Robust data encryption refers to data transmission encryption; member anonymization refers to Member ID masking.

118. Section 3.4.6 (p29): Can you please more fully explain what is meant by "moderate" health literacy?

Answer: Easy to understand graphs and tables, easy to move between various web pages with minimum effort is expected through this solution. The reports and information should be easily understood by people who are not in the health care industry or have very minimum training in data analyses.

119. Section 3.3.6 (p21) and Appendix E requirements 6.11 and 6.12: These sections indicate that reports and datasets for the public web portal will come directly from Access Health Analytics as well as from the Contractor. Could you provide some examples of the types of reports and datasets that we would need to accommodate aside from those listed in Appendix E's requirement 4.21?

Answer: Access Health Analytics' analysts working in the Managed Environment will be able to develop consumer reports. This will be passed along to the Contractor to be included in the production environment. Contractor will then host it in the web portal. But we are also looking for the Contractor to have proven capabilities in reporting itself as a prime criterion for selection.

120. Section 3.4.3 (p26): Are all instances of accessible data, including the Access Health Analytics' Managed Environment, to be de-identified?

Answer: No, Access Health Analytics' analysts will be working with Limited Data Sets (LDS). Access Health Analytics will determine who will have use of deidentified data versus LDS. Obviously all reports posted on the web will have the minimum cell level deidentified characteristics.

121. Section 5.8 (p50). This section notes that the Executive Summary should be provided "as a separate document," but refers to it also as an in-line section. Please clarify whether the Executive Summary should be a tabbed section of the master proposal or instead be submitted as a separate document. If separate, please provide any specifications for presentation/submission.

Answer: The Executive Summary should be an inline section.

122. Section 5.10 (p51): In addition to a narrative response detailing the items found in Appendix D and the required financial documents indicating strength/stability, please clarify the specific content sought in the Narrative Response as it relates to the cited Section 5.2 (i.e., the required tabbed sections and their page limits).

Answer: This section should include any additional information that provides Access Health Analytics with more clarity on the Responder.

123. Appendix E (requirement 4.22): This requirement states that "the Contractor shall produce an additional 10 reports (excluding the 10 listed in requirement 5.18) once onboard in coordination with Access Health Analytics. If Access Health Analytics is unable to identify all 30 additional reports prior to the production implementation, as the business operations model is new, then the vendor should be prepared to deliver these during any maintenance period without using resources already allocated to the maintenance effort." Please clarify the number of anticipated additional reports (i.e., 10 or 30) as well as their anticipated delivery date.

Answer: It is a mistake. It should read as additional 10 reports.

124. It was not clear from the RFP whether CT APCD have any preference over the usage of 3rd party tools in the solution architecture. There are industry standard tools that exist in the market for Episode groupers, Risk Adjusters, Care gap identification engine and Master Patient Index (MPI), such as Optum ETG or Truven MEG for Episode grouper, and Milliman MARA, JHU ACG or 3M CRG for Risk adjuster, IBM Initiate for Master Data Management?

Answer: We are generally agnostic to a particular grouper. We are looking for generally acceptable solutions with a reasonable cost consideration. We leave it to the Contractor to provide the best options.

125. In Introduction section, it has been mentioned that Contractor has to generate Customer facing reports. For Estimation purposes, can we get the number of reports that are expected and their complexities (simple / medium / complex)?

Answer: RTM # 4.21 lists the first 10 types of reports. Other 10 types will be developed with partnership with Contractor. Access Health Analytics analysts will be working on new types of reports and will collaborate with Contractor in the medium and long run time period. We cannot grade these reports in the schema that you proposed.

126. Section 5.13 Qualifications – Relevant Experience and expertise

- a) Please clarify which are the Example Types – A,B,C.
- b) Should each project mentioned using the specified structure, cover one of these example types?

Answer: Each of the Experience should cover at least one or more of these example types. The more information Responders to provide on their qualifications the better it will be for Access Health Analytics to understand the qualifications of the Responder.

127. Are submissions due on a certain day or can they be submitted at any time during the month?

Answer: Any time on or before the time established in the RFP.

128. Does the contractor define the naming conventions for the file submission?

Answer: Contractor will be responsible for creating data submission process and hence will be responsible for determining file naming convention.

129. It says the entity may submit a separate file for each line of business, is that a requirement or a suggestion? Will the contractor be able to influence this rule?

Answer: Contractor will have to work with data submitters and Access Health Analytics staff to achieve the best possible solution.

130. RFP has discrepancies between history maintenance. Should the warehouse have three or four years available before archiving?

Answer: Please refer to Question#64.

131. The RFP mentions that the Access Health Analytics staff should be able to query the data directly. It mentioned using SAS, but then also in one section says SAS or SQL would be acceptable. Can we get confirmation what the preference is? If it is SAS, do we need to set up a separate environment?

Answer: Managed Environment is a separate environment as the diagram in p.14 shows. In this environment Access Health Analytics analysts will conduct research on future developments in consumer reporting, or research for various health services initiatives. This environment will not interfere with Contractor's various operations and analytics. The Contractor will operate in all other environments. In the Managed Environment is required to be based on SAS.

132. The numbers in this RFP are not in sequential order. Should we respond to the question as numbered in the RFP or respond accordingly in correct sequential order.

Answer: Provide a mapping to the page number and the section number in the RFP for every answer.

133. For the resumes, should we submit a summary for the resume in the RFP response and attach full resource resume in the back under appendices?

Answer: It is at the discretion of the Responders on how they would want to submit information on resumes / resources. Information provided to Access Health Analytics should be descriptive enough to help Access Health Analytics analyze the resource experience.

134. Do you require a HIPAA code set or do you have one specific to CT Health Insurance Exchange?

Answer: Responder has not provided enough information to answer this question.

135. Is there a requirement to implement roles within the database to protect against insider threat from highly privileged users, expert application DBAs, contractors others?

Answer: Access Health Analytics requires role based access to all data in all environments. This is critical considering that there are PHI and PII data and is governed by HIPAA standards. Access Health Analytics expects the details on such a role based access within the Security Plan deliverable..

136. Is there a requirement to mask production data so it can be safely used for development, testing, or sharing with out-sourced or off-shore partners for other nonproduction purposes?

Answer: Yes, data in the Standardized APCD Warehouse (in p.14 infrastructure design) we require that all Member data be masked, in all environments. A mapping key between masked IDs and original IDs must be maintained in a separate and secure location for recreating PHI information if there is ever any need to do so. All users, whether Contractor's or Access Health Analytics', will have access to data with masked member IDs.

137. Regarding enhancements or new reports, how do those come in? How are they received?

Answer: New reports or enhancements may be suggested by the Contractor or Access Health Analytics during design sessions.

138. Do you want SAS environment or some type of sandbox environment set up?

Answer: In Managed Environment the requirement is supporting SAS application and hardware configurations.

139. Regarding member eligibility, when that data comes in, if it is retroactive, how is the warehouse to reflect that?

Answer: Per DSG, eligibility will be received as 12-month rolling periods to address retroactive changes.

140. Please elaborate on the overlap of SPAM and how it is handled.

Answer: Responder has not provided enough information to answer this question.

141. Please expand and further define R.I.F. 0 Research identifiable file.

Answer: See the link for definition <http://www.resdac.org/cms-data/RIF>

142. Is the training of users not to be included in this estimate as we don't see where this was addressed in the RFP? Training examples would be ETL/ BI Tool/ How to access via SAS

Answer: No training costs for SAS should be included. However, training is expected to be included for the overall APCD implementation.

143. Domain Code Set for Values: Is there a separate line of business? Is everyone using the same code set or separate by line of business? Is there a translation table that will require interpretation?

Answer: Responder has not provided enough information to answer this question.

144. Outline when the payer submits claim information. When the initial seed of history is submitted, will it send just new claims or a whole new batch?

Answer: Carriers are expected to submit test data by 1st week of May, 2014; pending data quality approval, cumulative history data will be submitted for the period 1/1/2011-12/31/2013 in July, 2014; in Sep, 2014, current year's (2014) data up to the current month will be submitted. Thereafter monthly data from last month will be submitted within 30 days, on a paid month basis. Claims data will be incremental but eligibility data will be on the basis of last 12-months.

145. Page 35 mentions "Integration to Identity Management applications." Can you clarify what this means? Is this an existing solution?

Answer: This is to provide additional information on what the Vendor's security solution includes.

146. Are there any specific Identity Management requirements? Will users need to register?

Answer: All users using the solution will have to go through an authentication and authorization process.

147. Q. Section 3.5 (a-x): The RFP requires an extensive listing of planning documents which seem more consistent with an RFP for an MMIS system designed to actively reimburse claims. Preparation of such detailed planning documents typically takes a year or more. This would significantly delay the actual implementation of the state's APCD. Would it be possible for respondents to offer a more streamlined single planning document that addresses all of the components listed in the RFP?

Answer: Access Health Analytics is looking for these planning documents and expects the Responder to propose their approach to meet these requirements

148. Would Access Health Analytic provide more guidance on the project timeline and any variations that are proposed? Would a variation be considered a non-compliant response? Are there specific points awarded to staying within the timeline?

Answer: Access Health Analytics requires that the scope of work be delivered within the expected timeframe per the grant timelines.

149. Please provide greater detail on the required reporting.

Answer: This is in RTM Excel document item # 4.21. We are looking for you to demonstrate how you have done it for others.

150. Please clarify whether Access Health Analytics expects the Contractor to provide a reporting solution for Access Health staff to perform data analysis in addition to the SAS environment?

Answer: Access Health Analytics expects the Contractor to set up a Managed Environment in which Access Health Analytics' analysts will work on various research projects as well as product development. Contractor will operate and own ETL, data warehouse, production, reporting, and web hosting environments related solutions.

151. Pg. 12-13, Section 2.2.1 – Please confirm the number of data files expected from Medicaid, Medicare Part C and Medicare FFS programs? Can Access Health Analytics also clarify if the Medicare FFS is the Medicare A&B Chronic Condition Data Warehouse data?

Answer: Medicaid files from CT State, standard IP, OP, Professional, DME, HH, Eligibility and other files from CMS FFS; possibly Part D data from CMS. There is no Chronic Condition data warehouse being requested from CMS. Part C health plans data will through standard DSG format within the existing commercial carriers.

152. Is it the expectation of Access Health staff that the Medicare FFS will be mapped by the contractor into the format as outlined within the data submission manual?

Answer: Yes, to the extent possible so that some common reports can leverage multiple payer data on the web views.

153. Pg. 16, Section 2.2.3, #3 Implementation Services – please define “other Non-Standard data feeds” and “non-traditional data feeds.” Specifically, what non-standard or non-traditional data feeds are anticipated to be included in the APCD data warehouse? Should these feeds be assumed in preparation of the price proposal?

Answer: Please refer to Question#62. In addition, we expect the Responders to assume this in their preparation of their price proposal.

154. Pg. 25, Manual/Ad Hoc Uploads – This section states that “Access Health Analytics staff must be able to map and upload files...” Does Access Health Analytics staff intend to perform operations of the ongoing ETL process or will Access Health Analytics expect that the vendor is responsible for all ongoing ETL processes, including mapping and uploading files for new data sets, post implementation?

Answer: No, there is no such intent. We expect Contractor will be the one performing the task for ETL, data validation for quality and completeness, implementing various value-added tables (e.g., risk, episodes, etc.), and refreshing the Standardized APCD Data Warehouse monthly.

155. Pg. 26, Documentation – States “...Access Health Analytics' staff to operate and support the system...” Is it expected that Access Health staff will be responsible for the day to day operations of the system, including the ETL process and system support?

Answer: Access Health Analytics will be a part of the operations from a decision making stakeholder's perspective. Based on the proposal, the Contractor will be responsible for M&O.

156. Pg. 27, Section 3.4.3 – Can Access Health Analytics confirm that data will be submitted by data submitters on a monthly basis?

Answer: Please refer to Question#65.

157. Appendixes E – Because of the size limitations of Excel cells, and in order to comply with the printing requirements (8.5x11 inch paper, 11 point minimum font size), is it acceptable to change the format of the spreadsheet in order to provide a complete, yet concise response to each requirement? For example, can we convert the spreadsheet to a Word table and change the column widths?

Answer: Access Health Analytics requires that all responders provide responses in the Excel Format only.

158. Appendix E, Requirement 4.22 – Please confirm the total number of reports required. Also, this requirement references listed reports in requirement 5.18. Should that be the reports listed in requirement 4.21?

Answer: Yes, see the Traceability Matrix Requirement # 4.21. The total number of types of reports required is 20.

159. Appendix E, Requirement 5.1 – this requirement references the “desired configuration in Appendix H”, however Appendix H is the Notice of Special Compliance Requirements. Please confirm the correct Appendix.

Answer: Please use Appendix J for the correct reference.

160. Appendix E, Requirement 5.2 – please clarify “residual data.”

Answer: There will be two broad environments – one in which the Contractor does all the data ETL, warehousing, analytics, web hosting and other stuff in between. The 2nd environment is the Managed Environment in which Access Health Analytics' analysts will perform research and evaluations of a duplicate dataset of the Standardized APCD Data Warehouse maintained by the Contractor. Residual data is referred to the data and output produced by Access Health Analytics analysts, which will remain within the Managed Environment.

161. Appendix E, Requirement 5.9 – please clarify “external vendors.”

Answer: 5.9 is same as 5.8.

162. Appendix E, Requirement 5.17 – references hardware and software from Appendix I. Should this actually be Appendix J?

Answer: Yes, Appendix J is the correct reference.

163. Will lab test results be included in the information provided by the health care payers?

Answer: No

164. Is it anticipated that there will be any business questions that will need to be answered that involve unstructured data (e.g., video, audio, free-form text, spreadsheets, and presentations)?

Answer: No

165. Is it anticipated that there will be any business questions that will need to be answered that involve XRAYs and MRI results?

Answer: No

166. How many source systems are anticipated?

Answer: Assuming this refers to the number of submitters. Please refer to RFP Section 2.2.1 on Page 12 and 13 for the list of submitters .

167. What is the frequency of the anticipated reporting (transactional, batch frequency to load into the system)?

Answer: Monthly

168. How will new sources be on boarded into APD (what is the business process to be followed)?

Answer: An annual submitter registration identifies which entities will be submitting data to the APCD. Once registration is complete, entities required to submit are identified, and receive 150 days to create testing files for submission. Upon acceptance and approval of the test file, the submitter then must submit: historic data within 60 days, YTD data within 105 days, and establish a monthly production process within 135 days. Per the RFP requirements, the selected vendor will be expected to develop a communication, testing, and retrieval plan to collect data from submitters.

169. What are the data quality tools in place to uniquely identify and master identities and relationships (claims, patient identities, affiliations, procedures,...)?

Answer: Access Health Analytics does not have any tools in place yet. It is expected the vendor will offer a solution for these.

170. What analytics tools are used today by CT?

Answer: For the purposes of this RFP, the Responders can assume that Access Health Analytics currently does not have analytical tools except the Microsoft Office Suite.

171. Does CT plan to upgrade existing tool sets?

Answer: For the purposes of this RFP, the Responders can assume that Access Health Analytics currently does not have analytical tools except the Microsoft Office Suite.

172. What tool or tools will be used in the SAS solution?

Answer: *Expected tools include SAS Base, Stats/Graphs, and Visual Analytics.* However, per the RFP, we require the Responders to consult with internal or external SAS consultants to provide recommendations on this solution.

173. Can you clarify exactly how many reports are required to be produced and provide some indication as to the complexity of the reports?

Answer: *Please see RTM 4.21 and 4.22.*

174. Is a standard format (file type) envisioned for accepting custom data sets?

Answer: *No*

175. How many file types are anticipated?

Answer: Regarding files not specified in the data submission guide, it is unknown how many file types may be require integrating.

176. Ten comprehensive medical insurance entities will submit four file types (Eligibility, Medical, Pharmacy, and Provider).

a. Can CT provide estimated data volumes and ETL processing times?

b. How will master data be handled to ensure data accuracy?

Answer:

a) Access health Analytics expects to receive data for approximately 2.1 million lives from commercial submitters. Processing time will vary depending on vendor technology and business processes.

b) Access Health Analytics requires that this question be addressed by the Responders through their solution details.

177. Four pharmacy benefit manager entities will submit two monthly file types (Eligibility and Pharmacy).

a) Can CT provide estimated data volumes and ETL processing times?

b) How will master data be handled to ensure data accuracy?

Answer:

a) Access Health Analytics expects to receive data for approximately 2.1 million lives from commercial submitters. Processing time will vary depending on vendor technology and business processes.

- b) Access Health Analytics requires that this question be addressed by the Responders through their solution details.

178. Three Third Party Administrators will submit between two and four monthly file types

- a) Can CT provide estimated data volumes and ETL processing times?
- b) How will master data be handled to ensure data accuracy?

Answer:

- a) Access Health Analytics expects to receive data for approximately 2.1 million lives from commercial submitters. Processing time will vary depending on vendor technology and business processes.
- b) Access Health Analytics requires that this question be addressed by the Responders through their solution details.

179. How many file, on average, can we expect per large health insurer?

Answer: Please refer to RFP Section 2.2.1 on Page 12 and 13 for this information.

180. What system instances should be assumed for the DR site? We are assuming just production.

Answer: Access Health Analytics requires the Responders to provide information on what their solution could offer to make this implementation and post deployment operations successful.

181. Are there any documented input data volume assumptions?

Answer: CT expects to receive data for approx.. 2.1 million lives from commercial submitters.

182. What are the ETL processing time requirements / service level expectations?

Answer: Access Health Analytics expects Responders to provide information on industry standard / best practices processing times and how the Vendor's solution will meet them.

183. Is there any specifically desired Data Warehouse structure?

Answer: Access Health Analytics requires that Responders provide details around their Data Warehouse structure for this implementation. Access Health Analytics will work with the Vendor during design sessions to refine the structure if needed

184. Is there any specifically desired Data Mart structure?

Answer: Access Health Analytics requires that Responders provide details around their Data Mart structure for this implementation. Access Health Analytics will work with the Vendor during design sessions to refine the structure if needed

185. Is there any preferred data population, business intelligence, or metadata management tools?

Answer: Access Health Analytics requires SAS products for the managed environment; for the non Managed Environment, per the RFP, Access Health Analytics requests that Responders propose their solution per the requirements..

186. Are there any specific groupers that must be used?

Answer: No, however Access Health Analytics expects vendors to offer a grouper which is well known/accepted within the industry.

187. Is there any specific grouper vendor that is preferred?

Answer: No.

188. Have the public reports and public use datasets been defined and documented?

Answer: At this time, these have not been defined. We are waiting for the vendor to provide this.

189. Is there a preferred Geocoding software tool?

Answer: No.

190. Is there a preferred Address Standardization tool?

Answer: No.

191. Is there a preferred Address Verification tool?

Answer: No.

192. Will APD be required to handle a National Recipient ID?

Answer: Access Health Analytics is unfamiliar with this ID.

193. Is there a requirement to standardize historical data to have a consistent code set for reporting purposes? (I.e. ICD-9, ICD-10, DRG codes have changed over time, procedure codes get reused, NDC codes)

Answer: Please Refer to Question#75

194. Is there a requirement to adjust health care costs for comparison purposes for different geographic regions (i.e. cost of living)?

Answer: No.

195. Is there a requirement for the Metadata to identify characteristics unique to each data submitter? (i.e. Medicaid uses Case to define a household, others may not)

Answer: No.

196. What is the approximate anticipated record volume from all of the sources on a daily basis?

Answer: This is unknown. Responders should use life year estimates to predict record volume based on their experience. CT is expecting data to be submitted for approx.. 2.1 million Commercial lives, .5 million Medicaid lives, and .5 million Medicare lives.

197. Can each submitter submit more often than monthly?

Answer: Multiple submissions per month are not expected, unless resubmission to correct a prior submission is needed.

198. What is the level of expectation for the average query response time for a low, medium, and high complexity report?

Answer: Access Health Analytics expects discussions and finalization on these response times once a contractor is selected and an architecture and reporting design are established.

199. What is the expected limit for the maximum number of rows returned in query?

Answer: Access Health Analytics expects discussions and finalization on these metrics once a contractor is selected and additional information is available on data extract design and report design.

200. For purposes of creating a cost bid, how long should we assume that we will host the solution for the CT APDB?

Answer: Please refer to Appendix G.

201. Is an enterprise data governance "gap analysis" considered in scope?

Answer: Access Health Analytics is unsure in what context this question is referring.

202. What is the data accuracy business process today and how is it envisioned to work for APD?

Answer: No data has been received by Access Health Analytics yet, as a result a business process has not been developed. Access Health Analytics expects vendors to propose their plan and experience in ensuring data accuracy if a contract is awarded.

203. What Business Process tools are used by CT today?

Answer: MS Office Suite

204. Is Access Health open to consideration of contractors outside of this RFP process for a partnership?

Answer: Yes.

205. Will non-US references be considered acceptable?

Answer: *US references are preferred.*

206. Will the contractor be required to load all of the data provided at start of contract? If not, over what period will the contractor be required to load the Historical Data

Answer: *Access Health Analytics would like vendors to propose timelines and estimated delivery dates based on the project schedule highlighted in section 3.1.*

207. Since an x12 format transaction is not being utilized, how much advanced notification will the contractor received regarding file format changes? Will the contractor be included in all discussion regarding proposed?

Answer: *Per the Access Health Analytics policies and procedures approved in December 2013, proposed modifications must be posted publically for 30 days, and submitters would not be required to conform to modifications for 90 days after the public review.*

208. Data in the archive store should be available for query and extract through standard database tools.

a) What duration of time should bidders anticipate?

b) What is the required response time for extract and query

Answer:

a) *Please refer to question #100*

b) *Please refer to question #100.*

209. Can the contractor provide different plan groupings as long as all the elements are covered? An example being, if data anonymization shows up in Data Governance instead of Security, is that acceptable?

Answer: *No*

210. What does the State contemplate with its "mean time to resolution" provisions?

Answer: *Assuming this question refers to "MTTR – Minimum Time To Response" in section 3.7, Access Health Analytics seeks an SLA to ensure vendors provide appropriate responsiveness for items ranging from critical to minor in severity.*

211. From page 45 of the RFP, regarding Service Level Specifications: How is the State defining the three lower Severity Levels (High, Major and Minor)? Will timing for responses and resolution be measured by business hours for less-critical severity level issues?

Answer: *Time is counted when a ticket is opened in the incident management system. Minor issues would only be logged during business hours.*

212. Does the State and appropriate agencies have licenses with the American Medical Association and American Dental Association that would cover the activities contemplated by the APCD?

Answer: No

213. In the Requirements Traceability Matrix, item 3.11 refers to waivers – can the state provide additional information relevant to such waivers?

Answer: Please refer to the last paragraph on page 3 of the Connecticut Health Insurance Exchange (the “Exchange”) Policies and Procedures: All-Payer Claims Database

214. What is the frequency and scope contemplated in the periodic re-evaluation of data collection services and proposal of improvements?

Answer: Collection, integration, and validation of administrative data across multiple parties tend to be an iterative process as bottlenecks are identified, and experience provides insight into greater efficiencies. Access Health Analytics expects proposals for improvements to occur at least monthly during the implementation year, and recommendations at a bi-annual frequency thereafter.

215. With respect to the managed hosting environment and the analytic platform for use by Access Health Analytics, what third-party affiliates are expected to work with the APCD contractor?

Answer: If efforts are required, the Contractor will be expected to coordinate with the Access Health Analytics team and the third-party affiliates.

216. What is the minimum expected frequency for testing the security plan?

Answer: The Security Plan would be tested as a part of all the testing phases / activities