

QUESTIONS AND ANSWERS

Vermont Health Connect Customer Satisfaction and Experience Evaluation Request for Proposals

1. **Can a company from Oregon be eligible for the “Customer Satisfaction and Experience Evaluation” RFP?**

Yes.

2. **Number of individuals in the 3 subgroups: The RFP mentions that the surveys should focus on three groups (i.e., (1) Vermonters who began but did not complete an application, (2) those who completed an application but did not choose a health plan, and (3) those who chose a health plan and paid their premiums). Can you tell us the approximate number of individuals that exists within each of these groups? This information will help us to determine appropriate sample sizes for the survey.**

1. We have access to information about those who began an application and reached certain points of the application process, but not all who began an application. We will need to work with the vendor to determine what data points we need and at that time we can estimate this number. This may require external sampling.

2. There are about 17,000 in this group. It is important to note, that many have used the system to look around, without an intention of signing up.

3. About 30,000. Please note, we do want to hear from both those who continued to pay premiums and those who did not.

3. **Contact information: Among the 3 subgroups mentioned in the RFP (i.e., (1) Vermonters who began but did not complete an application, (2) those who completed an application but did not choose a health plan, and (3) those who chose a health plan and paid their premiums), for what proportion of each subgroup will Department of Vermont Health Access Vermont Connect (DVHA) be able to provide the vendor with complete contact information, including mailing address, phone number, and email address? If email contact information is available on only a subset, please let us know the expected proportion.**

Contact information is available. Please see the response to question 1 (bullet 1) – contact information for this group may vary.

4. **Medicaid population: Page 4 of the RFP states that the target audience of the customer satisfaction surveys should include adults in both Medicaid and Qualified Health Plans (QHP). Can you tell us the approximate number of adult consumers who used DVHA to enroll in Medicaid? This information will help us to determine appropriate samples sizes.**

There are about 49,000 Vermonters who enrolled in Medicaid through Vermont Health Connect (some of these individuals are renewing existing coverage that has recently expired) and about 30,000 Vermonters who enrolled in QHPs through Vermont Health Connect.

5. **Related to #3 above, will DVHA provide the vendor with information that specifies if a particular consumer enrolled in a QHP or if that person enrolled in Medicaid?**

Yes.

6. **Customer Service Representatives: Approximately what percent of consumers interfaced with Customer Service Representatives? This information will help us ensure an appropriate sample size in order to capture information regarding consumers' opinions of their interactions with Customer Service Representatives.**

This information is not readily available, but can be accessed by generating system reports via specific requests. Please note: there are different types of customer service representatives – call center (tier 1-managed by an external vendor, call center (tier 2-internal to the State), Navigators and general staff.

7. **Methods and modes of analysis: Page 4 of the RFR mentions that a "mixed-method" satisfaction survey is being requested." Please explain if by "mixed-method" DVHA means that it would like to include both qualitative and quantitative research techniques, or if DVHA means that it would like a mixed-mode survey, such as conducting surveys via mail/phone/online.**

Both. However, the State is looking to the vendor to propose the best methodology considering the desired information.

8. **Non-English languages: Would DVHA like to have the consumer survey available in any languages other than English, such as Spanish?**

The vendor should propose methodology based on what is known about Vermont Health Connect and the make-up of State residents.

9. **Federal funds: Will federal funds be used to support this research? We need to know this for internal budgeting purposes. Please provide the Catalog of Federal Domestic Assistance (CFDA) number if possible.**

Yes, 100% federal funds will be used to support this evaluation. The CFDA number is 93.525.

10. **Proposal due date: Section 1.2 of the RFP (i.e., Schedule of Events) lists the Proposal Due/Closing Due date as July 2, 2014. However, Section 1.6.9.2 states that the proposal "...whether mailed or hand delivered, must arrive to DVHA no later than 3:00 PM, June 30, 2014...." Please clarify what the proposal due date and time is.**

The proposals are Due July 2, 2014. DVHA will amend the RFP to make this correction.

11. **Rate Sheet: Please explain what information the vendor is expected to provide on the Rate Sheet that is in Page 35 of the RFP. For example, should the rate sheet only include the hourly or daily rates of the personnel who would be working on the project, or should it also include information regarding fringe benefits and non-personnel costs such as supplies, travel and printing costs? Should the total amount that appears on the Rate Sheet equal the total costs that appear on Schedule A?**

The rate sheet is no longer required. The State prefers Fixed Cost pricing models at the three tiered levels.

- Gold – 100% – \$300,000
- Silver (80% of max) – \$240,000
- Bronze (60% of max) – \$180,000

12. **National evaluations: Page 30 of the RFP mentions that Vermont would like to be conscious of national evaluation projects that CMS will be undertaking as early as January 2013. Is this referring to "Marketplace Survey" and the "QHP Enrollee Survey" that CMS plans to implement in 2016?**

Yes.

13. **Timeline: Is there an expectation for how long you would require execution assistance (Deliverable III)? If no, would a recommendation that deviates from the expected project duration be accepted?**

The expectation is that the State receives interim data that can be used prior to open enrollment this year. Beyond that, please propose evaluation work that ends this year, as a priority, and ongoing work, if it seems pertinent based on your response.

14. **Response Format: Instead of a CD, can an electronic copy of the RFP be submitted by USB Drive (Section 1.8.6.2)?**

Yes, DVHA will accept USB drives.

15. **Proposed Program: In Chapter 3, Deliverable II includes a “proposed mechanism”. Does this refer to software/systems that will be used as a research/survey instrument? Is there an existing/preferred solution that you already use that would fit this need? Or are you looking for a recommendation?**

We are looking for a recommendation, which may include software.

16. **Scoring Criteria: In the criteria of scoring (Section 2.1), there was no weighting/points assigned to the criteria. Was this intentional? If so, are there criteria that are being evaluated over others?**

The State chose not to provide this information.

17. **Will out-of-state providers be considered for this? If so, will they necessarily be at any disadvantage when you assess the proposals? Will a percentage of the final proposal assessment score be based on location?**

Yes, out of State providers are being considered.

18. **Will you be providing lists of individuals who qualify for each category you mention [those who 1) began but did not complete an application, 2) completed an application but did not choose a health plan, and 3) chose a health plan and paid their premiums]? If so, what contact information will be available for the individuals on those lists? Also, what demographic information for the individuals would be available on those lists?**

Please see responses to questions 2 and 3.

19. **Have you done any customer experience research similar to this in the past? If so, is there an incumbent firm?**

Only related to outreach (marketing). There is no incumbent firm.

20. **Sections 2.3.1.2 and 2.3.1.4 on page 31– assuming the references to children in these sections are copy/paste errors. Can you please confirm/correct this section?**

Yes this is an error and will be corrected.

21. **Will you provide the Vendor with supplied sample lists containing phone numbers and email addresses of people enrolled with Vermont Health Connect? If so, approximately how many people are on the list and do you have an approximate proportion on enrollees that provided a cell-only vs. landline telephone number?**

Please see responses to question 2 and 3. Consumers identified their communication preferences and channels, which can be made available.

22. Do you have any previous data compiled on how many individuals were expected to enroll vs. the actual enrollment of Vermont Health Connect?

Yes, however data is based on assumptions that may not be true at this point. The State is happy to provide any and all data and projections we have available.

In the interim, please see

http://info.healthconnect.vermont.gov/sites/hcexchange/files/CurrentandProjectExchangeEnrolment_Update%20Nov%202012.pdf

23. Can you please provide clarity around Attachment B, Program Costs/Payment Provisions Section 2.3 on Invoices? If selected as a vendor, what information should the invoice include?

Invoices shall be submitted monthly. The State pays for services or accepted deliverables 30 days past the date of invoice. The specific fields required will be included in the contract.

24. What is the anticipated budget for the project?

We are proposing the vendor respond to 3 tiers of funding (Gold, Silver, Bronze). If vendor provides a response at the "Gold" level, they must also provide a response at the "Silver" and/or "Bronze" level(s), or lower than specified values, to give the State a way to gauge and compare proposals. Vendors are not required to provide proposals at more than one budget, but it is preferred.

- Gold – 100% – \$300,000
- Silver (80% of max) – \$240,000
- Bronze (60% of max) – \$180,000

25. For costing purposes, can you provide estimates of the following:

- a. Number of Vermonters who began but did not complete an application on Vermont Health Connect
- b. Number who completed an application but did not choose a health plan
- c. Number who chose a health plan and paid their premiums.

Please see responses to questions 2 and 3.

26. RFP mentions "mixed mode" can we assume mail and phone or would internet be an option for you as well.

Yes.

27. Will you need the survey in any language other than English?

Please see the response to question 8.

28. What is the estimated sample size?

The vendor should provide recommendations around sampling.

29. How often would you like to conduct this survey?

Before, during and after the open enrollment period.

30. Section 1.1 under Introduction mentions 3 targeted groups: Vermonters who began but did not complete an application, those who completed an application but did not chose a health plan, and those who chose a health plan and paid their premiums. Do you envision them all using the same questionnaire?

No, but questions may be repeated.

31. Section 1.6.8.2 says to send a copy of the document on a CD. Section 1.6.9.2 mentions an e-mail AND/OR a CD. Please verify that if we send an email along with our hard copies, a CD is not required.

Yes, if you email in an electronic copy a CD is not required.

32. In the RFP it is made clear that data should be gathered in order to adequately represent 3 groups of clients (depending on how far they went in the application process). Are there other further explicit subgroups of clients that you require to be adequately represented and analyses presented separately for these groups?

Not at this time, but we are open to a discussion of further audience segmentation or probing into different audiences.

33. What specifically is available for contact information from clients in each of the required groups; and how old is this information?

Contact information may vary by group, but generally consists of phone (both cell and landline), email and mailing address. Reports can be run, when requested, to generate lists with consumer information.

34. Page 4, Section 1.1. The target group for the survey is Vermonters who applied for Vermont health insurance and had various outcomes. Does Vermont has a list of these persons to use to contact and survey them or is some sort of random process required to identify them?

- a. If a list will be provided, please state what information is included (Phone, email, mailing address, etc.)

Please find the answer in previous questions.

35. Page 4, Section 1.1. Does DVHA have a target number of completed interviews with respondents from each specified group?

No, we are requesting proposed methods.

36. If not a specific sample size, does DVHA desire a certain level of statistical precision in the survey estimates?

No, we are asking for a mixed-method approach and proposed strategies for addressing our stated needs from the vendor.

- b. Should persons in Medicaid and Qualified Health Plans be separate strata?

Yes.

37. Page 4, Section 1.2. The RFP says that the contract will begin on August 1 and end on 12/31/14 (with possible extensions). What timeline does DVHA envision for each of the 3 deliverables (evaluation plan development, evaluation plan, and evaluation execution)?

We are looking to the vendor to propose an approach considering the time constraints, need and potential extension of contract funding into 2015.

- 38. Page 5, Section 1.6. The instructions mention that bidders may submit a proposal for more than one program in its packet. Please clarify what is defined as programs in the RFP?**

Please see the budget section. If this does not answer your question, please let us know.

- 39. Page 6, Section 1.6.8: Is there an overall page limit to the proposal, or page limit to the individual sections of the proposal?**

No.

- c. Can proposals be printed 2-sided?**

Yes.

- 40. Page 10, Section 2.1, Schedule C states that administrative costs are “not to exceed 13%”. Please clarify what you define as “administrative costs”.**

We understand there are costs of doing business that a vendor incurs. The “not to exceed 13%” refers to costs for admin support staff, overhead costs for facilities, operating costs of the overall business, or other similar allowable expenses.

- 41. Page 29, I. Evaluation Plan Development:**

- d. Please clarify the anticipated number of information gathering sessions and the groups within Vermont to be included.**

We are looking to the vendor to propose a strategy, but at a minimum expect 1 formal meeting in concert with informal discussion with the State project team.

- e. Does DVHA believe this information can be gathered over the telephone/Internet or will in-person meetings be required?**

We are looking to the vendor to propose project strategies based on their expertise.

- 42. Page 29, II. Evaluation Plan:**

- f. Mentions “gaining internal and external stakeholder feedback”. Does the state recommend a specific number of stakeholders?**

Yes, there are specific stakeholders, which may include a subset of the advisory board and Navigator community. We do not expect the number of stakeholder to exceed 5.

- g. Can external stakeholders be offered an honorarium to encourage participation?**

That will not be necessary.

- 43. Page 30, Section 1.1. Should responses be organized by the topical areas I to X on pages 30-31 or as outlined on page 6, Section 1.6.7?**

Either is fine.

- 44. Page 30, Attachment A, Section 1 states “the State would like to be conscious of national evaluation projects that the Centers for Medicare and Medicaid will be undertaking as early as January 2013.” Will the Awardee have access to CMS’ findings that are relevant to VT?**

The awardee will have access to the vendor conducting that work and State staff involved in supporting it.

45. Can you clarify what type of contract this will be (e.g., fixed price vs. time and materials vs. cost plus fixed fee)?

Fixed Cost.