



CT TEACHERS' RETIREMENT BOARD

765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822
Toll Free 1-800-504-1102 Local (860) 241-8401 Fax (860) 622-2845
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

December 6, 2017

**TRB RFP 2017-004
ADDENDUM #2**

Q1: Please provide a provider file, which will allow a disruption analysis to be performed.

A: At this point we are only looking for Geo.

Q2: On page 12 of the RFP, the TRB is asking for a GEO Access of 2 in 5 for PCPs, yet on page 20, part 6, question #1, the request is for 1/5 and 2/5 for PCPs. Please confirm if both are requested.

A: 2 in 5

Q3: On page 2 of the RFP, the TRB is asking that financials are to be submitted in a separate sealed envelope, yet on page 19 of the RFP, section 3, "financials", there are 3 questions referencing pricing that is in the questionnaire. Since the questionnaire is not part of the pricing proposal, please advise how you would like carriers to handle these 3 questions.

A: Responses on financial questions needs to be in separate envelope.

Q4: Please advise if Form SEEC 11 requires any signatures from carriers?

A: Not at this point. Form SEEC 10 does. Form SEEC 11 does not.

Q5: On page 10 of the RFP, it is noted that the maximum out of pocket per member per calendar year from deductible and coinsurance is limited to \$1,150. Please advise if this is a combined (Medical & Rx) out of pocket.

A: It is the RX deductible only.

Q6: On page 11 of the RFP, it is noted that the average age of teachers retiring is under the age of 62. Please advise how those retirees are handled until they reach age 65.

A: They remain in the plan of the last employing Board of Education or go onto any plan they are otherwise eligible for e.g. spousal or other employer.

Q7: The TRB states on page 7 of the RFP that they understand that MA plans generally operate under fully insured arrangements; however, there is no clear statement as to if the TRB is looking for a fully insured MA program. Please advise if a fully insured plan is what the TRB would like to see.

A: Yes, we are looking for a fully ensured MA plan.

Q8: Please advise on page 6 of the RFP if the Medical claims paid is only Medical or Medical and Rx? Also please advise if on page 13 of the RFP in Section X "Enrollment in the Plan" in the last sentence if reference to the current rate for the "medical only" portion of the plan, if this is to mean medical only or medical and Rx?

A: Medical cost are approximately \$145 per member month.

Q9: While it is noted that the Pharmacy benefit is not part of this RFP, there are several references throughout the proposal that alludes to having the medical and pharmacy provided by the same vendor (questionnaire section 5, questions 11-17) and page 34, service requirements, #1.

A: No you are not to answer drug questions (converting this from an MAPD left a couple of questions that should not have been included).

Q10: On page 39 of the RFP, under the heading "Conflict of interest rules that apply to you as a state contractor" there appears to be information that is missing from this section.

A: The full information is in the RFP on the website.

Q11: Please advise if Ethics Form 3 (Certification of State Agency Official or Employee Authorized to Execute Contract) is required as part of the proposal submission? It is included in the link you provided on page 41 of the RFP under section 1, Ethics Summary and Forms but is not listed as Forms 1, 5 and 6 are:

http://www.ct.gov/opm/lib/opm/finance/psa/opm_allethicsforms_020110.pdf

A: These are not required at this time.

Q12: Please advise if the items listed in Section III under Additional Forms (page 41 of the RFP) are required as part of the proposal process or if they are required of the winning bidder of the RFP.

A: Needed now: Forms 5, 6, 10 and 11
Page 41 signed
Page 37

Q13: Please advise if regarding the Home Health Aide benefit if this is limited to specific Home Health Aide services?

A: Yes.

Q14: According to the delivery instructions, TRB is requesting all of the information to be printed out. Since geo access report is close to 500 pages, can we print only summary page4s and include other larger documents of CD or USB?

A: Only summary pages is ok.

Q15: On page 7 of the RFP, TRB asks for an authorized representative to sign the proposal. Does this have to be an officer or can it be a binding authority.

A: It can be a binding authority.



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November 22, 2017

**TRB RFP 2017-004
ADDENDUM #1**

Q1: What is the purpose of the \$50,000 payment for expenses under this program?

A: The money is primarily for expenses to set up an independent mechanism to provide for the open enrollment.

Q2: How will the initial enrollment into the base Medicare Advantage and the buy up into the current plan work?

A: All members will be defaulted into the Medicare Advantage (MA) plan. Member's will have the ability to opt out of the MA plan and remain in the current plan at 100% of the difference in cost prior to the effective date of the contract for the MA plan.

Q3: There are references to Part D in the RFP.

A: Yes, unfortunately, the RFP blank contains a few references to the Part D that were not removed. The RFP is for MA only.

Q4: Will the TRB be sending claim by claim information on the program?

A: At this point we are going to provide monthly claim data in aggregate and member specific zip codes for each member.

Q5: Will TRB be sending spousal information?

A: No, the program is set up so that everyone is a member. There is no two person membership under the program. Statutes determine the eligibility for each individual.

The member claims, not including administration, on a paid basis were trailing at \$143 PMPM. The data in the RFP has a slightly longer period and one month closer terminus.

Q6: What is the member paid amount?

A: Under the current program the only amount paid by the member is the Part B deductible and a portion of the cost for those providers not accepting assignment. The plan has an excess of base major medical, leaving the member with virtually no other out of pocket amounts on the medical portion of the plan.

Q7: Is the TRB interested in a Vision and Hearing quote?

A: Not at this time, but there will be an RFP for those services within the year.

Q8: The Request for Proposal does not contain a full Summary Plan Description (SPD), is one available.

A: Yes, the Teachers' Retirement Board website contains a current SPD at www.ct.gov/trb

CT Teachers' Retirement Board

Request For Proposal TRB#2017-004 Medicare Advantage (MA)

November 9, 2017

Connecticut TRB MA RFP November 2017

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I. Intention to Participate

The Connecticut State Teachers' Retirement Board (TRB) is interested in seeking proposals for the provision of a Medicare Advantage Plan (MA only). The TRB membership has been participating in an indemnity Medicare Supplement Plan (a replication of an old Blue Cross High Option Major Medical plan) since 1992. The plan essentially pays the 20% of Medicare costs that are not paid by Medicare leaving members with only the uncovered expense being the Part B deductible and expenses not covered under Medicare. The intent is to replace the existing base plan with the MA plan and to allow members to buy up from the MA to the existing plan on a full additional cost basis.

The Agency's preference is to receive a letter of intent to participate from interested firms by 1:00 p.m. on November 22, 2017. An intent to participate letter does not bind participants to submit a proposal. As part of this process, questions that are received by TRB from potential participants are posted on the website as an addendum to this Request for Proposal (RFP) so that all potential proposers have equal access to the same information. Letters of intent to participate should be submitted to (email is preferred):

Administrator
Connecticut State Teachers' Retirement Board
765 Asylum Avenue
Hartford, CT 06105
darlene.perez@ct.gov

Failure to provide a letter of intent to participate does not disqualify the firm from submitting a proposal by the proposal due date (see below).

II. Proposed Time Table

RFP published	November 9, 2017
Intention to Participate Due	November 22, 2017
Question Period ends	December 2, 2017
Proposals Due	December 11, 2017
Finalist Presentation (Best and Final)	December 20, 2017
Selection of Vendor	January 17, 2017
Implementation Date	July 1, 2018

III. Delivery of Proposals

Firms must provide an original plus six copies of proposals, along with all documents and exhibits. Proposals and accompanying documents and exhibits must be delivered no later than 1:00 p.m. on December 11, 2017, addressed to TRB Administrator, 765 Asylum Avenue, Hartford, CT 06105. All proposals will be time stamped upon receipt. Proposals received after 1:00 p.m. on the due date will be disqualified from this process and will not be opened. All proposals and content of all proposals (no disks for any portion) must be in paper form. RFP number must be identified upon the Packaging RFP#2017-004. We ask that the Financial Exhibits be in a separate sealed envelope which will not be opened until after the specified time on the due date.

IV. Publication of RFP

Consistent with State of Connecticut purchasing requirements, this RFP is being listed on the state's procurement/contractor portal on the State Department of

Administrative Services website, www.biznet.ct.gov, as well as on the agency's website at www.ct.gov/trb.

V. Introduction

The TRB is a governmental plan with approximately 100,000 members. This includes approximately 38,000 retired members as well as 54,000 active members. Participation in both the health and pension programs are statutory as per the Connecticut General Statutes, Chapter 167(a). Membership is limited to certified teachers and administrators and a relatively few other individuals specifically identified under the statute. In addition to the pension program provided to retired teachers and administrators the TRB also offers a Medicare supplement plan to eligible retired members and dependents who may elect to participate. Currently, there are approximately 29,000 members in the retiree health program and that amount continues to grow rapidly.

The current TRB base medical program (Medical and Rx) is provided for in Section 10-183(t). Currently this provides an indemnity style benefit under an excess of Medicare program which is the primary subject of this RFP. This RFP seeks to replace the current base Medical program (a regular medicare base supplement administered by Stirling Benefits) with a Medicare Advantage plan (MA). The Medicare advantage plan will be the new "base plan" and all members will be moved to the MA effective July 1, of 2018. The prescription drug program is to be provided as an EGWP administered by Express Scripts. Members will be presented with the opportunity to opt out of the MA plan by paying the full additional cost of the Stirling plan. Thus, members electing the MA will pay 1/3 rd of the cost of the program; members electing to move to the Stirling plan will pay 1/3 rd of the cost of the MA program plus the difference in cost between the MA program and Stirling plan. It is our expectation based upon some modeling that slightly less than half of the population will remain in the Stirling plan (we believe that such models are often subject to substantive variability and the potential proposers should depend upon their own estimates).

The prescription drug program, the incumbent vendor being Express Scripts, is not the subject of this RFP. The TRB pays the costs of the program in an integrated fashion with Part D as an EGWP. The TRB has a contract with Express Scripts that runs until the end of 2020. The TRB also provides a dental program and a vision and hearing program, which are not subject to this Request for Proposal. Both the Dental program and the Vision & Hearing program are entirely paid for by the members who participate. Currently all new members of the program must participate in all of the program offerings.

The program is funded by a variety of sources including the retiree (by means of cost share), active employees (who contribute 1.25% of their salary) and the State of Connecticut that contributes between 12 and 33 percent of the cost of the plan. One of the primary reasons for this RFP is that the State of Connecticut which has a statutory responsibility to fund 1/3 rd of the cost of the program has not been able to make such contributions over the last several years. The shortfall in the contributions from the State has been substantial over the last six years necessitating a reevaluation of the products to be offered to the membership. Thus the expectation is that the plan cost needs to be reduced in order to prevent insolvency.

Current enrollment in the TRB Medicare supplement/Rx plan is over 29,000. The enrollment in the program has doubled over the last decade and has grown by more than 5,000 members since the last RFP three years ago. Table 1 shows the growth in enrollment over the ten-year period from January 1 of 2007 through October 1 of 2017. The Table shows that over the period the enrollment has increased by well over 1,000 members per year. It is expected that the next few years will continue to have rapid growth after which the population should stabilize. We currently expect that the total plan enrollment should be approximately 30,000 members (again all individuals are members there is no family group in this account) by the time the plan is implemented. This dramatic growth is thought to be the product of three

factors: the retirement of teachers hired to teach baby boomers, the continued longevity of the teacher population and the changes in the teaching profession due to the recession.

Table 1 TRB Medical Plan Enrollment	
Year (January 1 Enrollment)	Enrollment Number of Members
2007	12,883
2008	13,710
2009	15,310
2010	16,090
2011	17,430
2012	18,905
2013	20,365
2014	22,103
2015	23,851
2016	25,474
2017	27,292
10/1/2017	28,565

Table 2 provides the cost of the current Medicare supplement plan over the last 21 months. This is paid claims only and does not include the cost of administration which is approximately \$5 per member month over the period. The recent growth has also been substantive increase the membership by 3,000 members in a 21 month period of time.

Table 2
Medical Claims
Trailing 21 months

Month and Year	Number of Members	Medical claims Paid
January 16	25,474	2,273,371
February	25,571	3,262,416
March	25,588	3,667,809
April	25,647	2,743,351
May	25,735	3,775,246
June	25,813	2,793,071
July	26,272	3,144,738
August	26,443	3,851,692
September	26,832	2,627,693
October	27,000	2,895,141
November	27,063	3,261,593
December	27,131	3,184,647
January 17	27,292	3,230,760
February	27,380	2,791,642
March	27,418	2,277,527
April	27,499	4,424,598
May	27,529	4,124,358
June	27,604	3,233,179
July	27,950	3,017,999
August	28,068	4,293,128
September	28,438	3,750,295

The TRB is the agency authorized by the Connecticut General Statutes to operate retiree medical programs for retired teachers and other statutorily covered individuals (spouses, disabled children and some other types of state employees e.g.

tech college professors are eligible to join TRB). The administrator of the Agency is Ms. Darlene Perez, who reports to a Board of Directors with 14 members. The Board has members who are elected by the active and retired teachers, ex-officio members, a representative of municipal government and members who are appointed by the Governor. Members of the Board are identified as representing active teachers, retired teachers, municipal government and the public. The TRB operates as an agency of the State of Connecticut and follows the purchasing procedures and regulations of the State. The State of Connecticut is the ultimate purchaser of the goods and services. As such the proposer must be willing to enter into an agreement based upon the State of Connecticut Standard Contract (please see, review and acknowledge your firm's willingness to sign a document based upon the State contract). The Board appoints a subcommittee that reviews the RFPs from the submitters and their vote is the determination of which firm is recommended to the full Board for the contract award.

TRB understands that MA plans generally operate under insured arrangements and is seeking a proposal that offers a fixed price (regardless of ultimate enrollment) and caps on the proposal plan cost increases in year two and three of the agreement. The TRB is interested in receiving a full set of services from the vendor in an MA format. This includes: communication with the membership on issues concerning the plan operation (through a communication budget), pricing assistance in setting premiums and assistance with plan designs substantially the same as that which is currently offered.

VI. Legal Form of the Proposals

As an agency of the State of Connecticut, the TRB and all potential vendors are subject to the purchasing rules of the State of Connecticut. A copy of which is contained in **Appendix A**. One requirement is that the firm has an authorized representative sign for the company making a proposal. As a state governmental plan, the plan is exempt from the rules of ERISA. The statute controlling the

operation of the plan is Connecticut General Statutes, Chapter 167a, Section 10-183(b), et. seq.

VII. Current Programs

Current Medical Plan Offering

The Medical plan (the subject of this RFP) is a replication of a 1980's era Blue Cross 65 high option with Major medical (plus prescription drug card). It has been a Self funded excess of Medicare plan and it essentially pays the portion of the cost of Medicare covered services not covered by Medicare. There are some slight modifications of the plan that reflects services not covered by Medicare which are identified in Table 3 below.

Table 3
Current Benefit Outline
Administered By Stirling Benefits

Services	Benefit	Medicare Pays	Plan Pays	You Pay
Hospital costs for services covered by Medicare	First 60 days day 61-90 day 91-150 day 151- 210	All but Part A Deductible All but \$329 coins. All but \$658 coins. Nothing	Part A deductible Coins. amount \$329 daily Coins. amount \$658 daily 60 days of hospital costs	Nothing Nothing Nothing Nothing
Medical expenses as covered by Medicare	No dollar limit	80% after \$183 Ded.	20% plus 80% of amount above assignment	\$183 Ded. 20% of the charge over assignment
Lab Services	Unlimited	Generally 100%	Nothing	Nothing
Home Health Aide	Up to 4 hours per day	Nothing	\$500 per year	Anything above \$500
Outpatient Hospital	Unlimited	80% of Hospital cost	20%	Nothing
Blood	Unlimited	80% after first three pints	100% of 3 pints then 20%	Nothing

Services	Benefit	Medicare Pays	Plan Pays	You Pay
Skilled Nursing covers only s.t.	First 20 days next 80 days next 20 days	100% all but \$164.5 daily nothing	Nothing \$164.50 Full cost	Nothing
Hospice Care	Unlimited	All but some limits on patient respite care	Nothing	Nothing
Outpatient Rx	Covered under Express Scripts			
Hearing aid coverage			\$750 per 36 months	Any excess
Vision coverage			\$75 for exam \$100 for frames every 24mo Allowances for lenses:\$60 single, \$80 bi,\$120 tri, \$120 progressive, \$200 Lenticular	Any excess

Current Prescription Drug Program

The current prescription drug program (which is not a subject of this proposal) is a three-tier EGWP Rx model. There is an annual calendar year deductible of \$400 per member (all members are each individuals under the plan as there is no family coverage under the plan). The deductible follows the deductible under the Medicare part D program and thus has increased substantially over the last few years. Thus a retired couple would have a total \$800 deductible annually for the two individual members. The tiers are set at percentage copays rather than the typical dollar based copays. Following is a description of the plan cost shares required of members effective January 1, 2018.

Member Costs

Deductible	\$405 (per member calendar year)
Coinsurance levels (Retail Pharmacy)	
For Generic drugs	5%
For Preferred drugs	20%
For Non-Preferred drugs	30%

The 2017 maximum out of pocket per member per calendar year from deductible and coinsurance is limited to \$1,150. Again the out of pocket is per member so a couple will have a combined out of pocket of \$2,300 with each being responsible for \$1,150 (including the deductible) during the calendar year.

As noted above, the TRB is interested in receiving proposals for the provision of an MA only program. The TRB will not entertain receiving intermediated proposals and will only consider proposals from licensed insurers and their full time employees doing business in the State of Connecticut. The State of Connecticut requires that contracts are marketed frequently (approximately every three years) to ensure the best product and service is made available at the most competitive price.

TRB is interested in a minimum disruption for its members. Therefore, TRB is interested only in plans that do business in all 50 states, Puerto Rico and the major territories.

The TRB is interested in receiving proposals that provide for a 42 month contract based upon satisfactory performance and the needs of the State of Connecticut. Thus, the proposed contractual period is July 1, 2018 through December 31, 2021. The expectation is an MA insured contract that provides for CAPS in years two and three and for the last six months of 2021. The continuation of the contract is obviously based upon satisfactory renewals.

Additionally, the TRB on an ongoing basis audits vendors (typically every two years). In order to qualify as a bidder the firm must agree to standard audit requirements of the State of Connecticut as denoted in the stated state contract (attached hereafter) this gives broad authority to the State to audit the firm and discretion as to who will audit the vendor. As part of the bid process the potential vendor should build in the cost of such audit to be paid to TRB auditor selected by TRB of \$75,000 during Spring of 2019 and \$80,000 in spring of 2021. The vendor

must agree to support the audit effort and shall not charge the State nor the auditor for such cooperation.

VIII. Nature of the Underlying Population

To become a member of the TRB health plan one must be a participant in Medicare parts A and B. The health plan is of high quality including both a supplement plan and a major medical in excess of the supplement plan. The health plans members participated in during their careers also tended to be of high quality. To be a career teacher in Connecticut one must have a Bachelor's degree to be hired and complete a master's degree early in their career. The average salary at retirement is currently slightly over \$85,000 per year. The typical pension of a life long teacher is 70% of the retiree wage and the pension has a cost of living adjustment annually.

The vast majority of the population is married at the time of retirement. The average age of individuals in the plan is currently age 75. The average age of teachers retiring under the plan is 62.

Thus the population is relatively ideal for reaching substantive levels of longevity. While that is the goal of the program, it creates specific service requirements. Any firm taking on the effort of servicing this population must understand that there is a significant portion of the population who are in their 80's and 90's. Thus, the vendor must have specific skills and methods to deal with an elderly population. Moreover the portion of the population that is frail and at advanced ages is substantial and generally been increasing (last year it was flat reflecting the large number of new entrants). Given the nature of the employment of the underlying active population and the educational requirements for being a teacher in Connecticut there are not likely problems with literacy or problems with English comprehension for the employee. While there could be some such problems for spouses the incidence is likely to be relatively low. Staffing with regards to limitation associated with aging is

likely to be a substantial need in care centers.

IX. Geographic Distribution of the Member Population

The population of retired teachers is spread around the country and to some degree the world. Members outside the US and its territories are not provided coverage except for short term travel. The largest residence location of the retirees is Connecticut with the second most common location being Florida. Many members live in the North (Connecticut and Massachusetts) and spend the winter months in warmer climates (Florida and North Carolina). Thus a geographic distribution of participating providers is critical. A zip code listing of the member locations is available electronically at www.ct.gov/trb/lib/trb/formsandpubs/trb_zips.xlsx as an excel file. Given the networks under Part D plans we don't believe that networks are likely to be a differentiator among vendors. While the majority of members entering the program are married the older portion of the population becomes more female as time passes given the propensity for teachers to be female and the substantial difference in longevity between the genders.

Please provide a geo access match at 2 in 5 for primary care, 2 in 8 for major specialty groups and 2 in 15 for comprehensive medical centers available to the above population.

In addition to members located across the United States there are a number of members that spend a considerable amount of time outside the United States. Such members do not have coverage for routine care nor may they receive non-emergency treatment outside the United States. A number of individuals do live primarily outside the United States and return to the United States for care. To do such they must maintain an address in the United States.

X. Enrollment into Plan

To ensure that serious consideration of the base plan (the MA only plus stand alone PD) all members will automatically be enrolled in the base program by electronic transfer. Members will have to change status from the base plan to the current plan if they choose to remain in the current plan. In order to facilitate this install process the TRB requests that the vendor include a \$50,000 allowance to pay the vendor associated with the installation of the plan. Additionally, the financial incentive is substantive as the members will have to pay the full cost differential between the two programs. The current rate (estimated paid claims including \$5 per member month administrative fee) for the Medical only portion of the plan is \$143 per member per month.

XI. Plan Performance

As the plan is excess of Medicare the Prescription drug plan is the primary expense of the program amounting to approximately 55% of the base plan (Medical plus Rx) costs. The average age of current members is 75.0 years old. Table 4 provides the level of premium equivalents for the components of the plan over the last three years. These reflect 1/3 of the cost for the Medical/ Rx plan and full cost for the dental and vision program

**Table 4
Member Cost Shares**

	Medical/RX	Dental	V&H	Total
2016	\$95	\$48	\$5	\$148
2017	\$92	\$44	\$5	\$141
2018	\$101	\$50	\$5	\$156

XII. Plan Design

The TRB is a non collectively bargained entity. Benefits to some degree are prescribed by law while the determination of the plan presented to the members is determined by the Board. Thus value rather than matching a specific plan design is an important attribute of any proposal. That being said the plan parameters (illustrated in Table 5) contains the following attributes.

Table 5
Summary Proposed Plan Design

Attribute	In Network	Out of Network
Deductible	\$0	\$250
Maximum Out of Pocket	\$2000 combined in and out	\$2000 combined in and out
Coinsurance	none	10%
Hospital services	\$200 copay	deductible and coinsurance
Physician Services	\$0 well \$25 sick	Deductible and coinsurance
ER	\$100	Deductible and coinsurance
Rx	Under ESI	Under ESI

Please provide a complete description of your offering including a copay structure relatively similar to the above.

XIII. Questionnaire

Instructions: Your response must follow the order of the questionnaire and the index we have provided therein.

Section	Title	Page
I.	Firm General Information	
II.	Telephone/Internet Services	
III.	Financials (Pricing)	
IV.	Sustainability	
V.	Installation	
VI.	Geo Access	
VII.	Network	
VIII.	Managed Care Protocols	
IX.	Star Rankings	
X.	Performance Guarantees	

I. Firm General Information

1. What is the name and address of your Firm?
2. What is the location of your local office (account management) that would service the TRB Account?
3. What is the background of the Account representative that would provide services to the TRB account?
4. What is the background and training of the person that would be assigned as an account manager? Please include a biography/resume.
5. How many accounts would the account manager be assigned to other than TRB?
6. Please list the other types of members of the account management team providing services to an organization such as TRB.

7. If your firm is not publicly traded, please provide us with the most recent annual financial statement.

8. Who or what parties own more than 10% of your firm? Please list any holders with more than 10% and what percentage they own? If your firm is publicly traded, please indicate if there is a parent firm (combined financial statements).

9. How many employees do you employ within the State of Connecticut? Please include the number and percentage of total employees.

10. Is your firm a Connecticut based employer?

11. Please identify any claim, administrative, medical review or customer service process that is provided (if you were servicing this account) from an offshore location, i.e. outside of the United States or Canada.

12. If maintaining such services within the US or Canada as an option, please provide the terms and conditions of such option?

13. What is the primary business of your firm? If the entity that is providing the proposal response is a subsidiary or division of a larger firm, please provide information on both.

14. What portion of your firm's business is devoted to retiree services?

15. Do you provide the full services associated with MA (or MA PD) Programs within your firm or do you subcontract services?

16. If the answer was no to question 15, please identify the primary subcontractors and the role that they would play in providing services to customers such as the TRB.

17. How many MA plan clients does your firm do business with?

18. How many members are serviced in the MA plans that your firm manages?

19. How many MA plans does your firm manage?

20. Identify three Medicare product clients that would serve as references for your firm's services? It would be preferable if they are: 1) Other state retirement systems, 2) Public entities, 3) More than 5,000 covered lives. Please identify their contact information.

21. Please identify three firms who have terminated your firms Medicare either traditional or MA services during the last two years as well as their contact information.

22. What has been the growth rate in costs for MA programs that you manage after the conversion to an MA compared with your regular Medicare Supplement population?

23. Please identify any current lawsuits between your firm and a customer or past customer.

24. Please identify any current regulatory actions against your firm by state or federal agencies.

25. Would TRB be able to provide enrollment updates in real time? How would that work?

26. Please provide copies of your standard report materials as well as a description of frequency of the reporting.

27. Please confirm that your firm has a successful SSAE16 and that you will provide a copy to TRB on an annual basis.

28. Please confirm that your contracts with suppliers purchased on behalf of TRB are available for review.

29. Has your firm ever been suspended by CMS from either offering or selling Medicare supplement plans of any type?

30. If the answer to the question above is yes, please describe the situation and current status.

II. Telephone/Internet Services

1. Where is the primary telephone service center located that would provide services to the TRB located?

2. What are the operating hours and days that your call centers operate?

3. Do you provide the option for US only call centers? If so, does it affect the cost of services?

4. If the service center hours are exceeded by the service day, how are the telephone calls routed?

5. What are the secondary and if necessary tertiary call centers that provide the service once the primary service center is non-operating?

6. Are any of the service centers located outside the continental United States? Would they be involved with TRB? If so, where are they?
7. What is the protocol associated with telephone calls being routed to secondary telephone service centers?
8. Within service centers is there a TTY service available?
9. Please explain the services center personnel training that is provided to deal with individuals who have age related deficiencies in perception and sensory limitations.
10. What is the protocol for reaching a customer service representative?
11. Are the telephone systems voice activated with regards to responses by members or key based?
12. What is necessary to opt out of IVR?
13. What is the average wait for an opt out to talk to a live person?
14. What is a peak hours wait for an opt out to talk to a live person?
15. How do you monitor customer service representatives for compliance and behavior?
16. If a member has a complaint about the behavior of a customer service representative, how is the complaint made?
17. Will members have access to records through an Internet portal?
18. Please provide a graphic of the primary screens provided through such portal?
19. What is the password protocol for the Internet portal?
20. What records can be accessed from the Internet portal?
21. Do you own or contract the call centers?
22. Are mail centers 24/7 operations?
23. Is the portal opening screen customizable to the customer?
24. The TRB is very interested in rapid access of its members to be able to contact a human voice in a short period of time (goal 30 seconds). What process do you have to ensure that our members are not talking to machines?

III. Financials (Pricing)

Proposed Rates
1. What is the premium rate per member for July 1, 2018 - June 30, 2019
2. What is the capped premium per member for July 1, 2019 - June 30, 2020.
3. What is the capped premium for July 1, 2020 - December 31, 2021 (please note this is 18 months)

IV. Sustainability

1. Provide an exhibit that illustrates your business case for sustainability between now and 2021. Include the following:
2. Financial impact of your medical management program
3. Financial impact of your network strategy
4. Financial impact of your regional/product contracting strategy
5. Financial impact of coding improvements impacting risk scores
6. Improvements in risk reduction programs
7. Please describe the support and materials you will provide relative to HCR/ACA.

V. Installation

1. Please provide a Gant chart of how the installation process would work given a July 1, 2018 start date.
2. Describe the process that your firm would use to install the account.
3. What is your member communication plan that you use for accounts?
4. What special allowances are made for accounts where the average age is age 75?

5. What is your program outline for training TRB staff in your firm's operating protocols?
6. Provide the data layouts that your firm would need for the various inputs during install.
7. Provide a glossary for data inputs.
8. Can you provide a CMS compliant transition for TRB?
9. Do you manage Medicare Part B drugs through your system?
10. Do you have established procedures to deal with Fraud, Waste and Abuse (FWA)? Please outline such procedures and how you implement and monitor FWA in the plan operation.
11. Do you provide enrollment to CMS for PDPs or MAPDs?
12. Do you report quarterly rebates consistent with CMS standards?
13. Do you provide toll free access for member to provide information to providers about the Medicare pharmacy benefit provided herein?
14. Where is it staffed?
15. What are its hours?
16. What is the training of employees who staff the response staff?
17. Please identify what changes would be necessary to modify the TRB program to conform to EGWP plan provisions.
18. As part of the installation process the selected vendor will be responsible for notifying each member of the change in program and the option that members have to opt out of the MA plan. Such letter shall be cooperatively developed by TRB and the selected vendor. Please confirm.

VI. Geo access report

1. Please provide us with a 1 and 2 within 5 miles for primary care providers.
2. Please provide us an average distance to a primary care provider for the membership.

3. Please identify all member locations (zip codes) where your firm is unable to provide access within two in 5 miles.
4. For each major specialty provide a listing of 1 provider in 10 miles with zip code match for those five digit codes that fall out.
5. For each critical care center provide a listing of 1 in 15 fall out by 5 digit zip code.

VII. Network

1. Describe your efforts to recruit frequently-used non-network providers to your network in order to minimize future premium increases.
2. Describe your organization's Medicare Advantage network growth and development plans.
3. Concerning Medicare Advantage network stability, in the last 5 years, with how many providers have you terminated MA network contracts in CT? (This should include providers terminated and subsequently re-contracted).
4. Do you currently contract with the Yale Health System as an In-Network Provider in your Group Medicare Advantage network?
5. Explain your long-term network growth strategy.
6. Describe your organization's approach for credentialing providers and pharmacies to participate in your network (your recruitment strategy).
7. How do you identify providers for recruitment into your National Medicare Advantage PPO network?
8. Would you approach a provider for recruitment upon member request? If so, what is the process?

VIII. Managed Care Protocols

1. From our experience, health plans talk about programs that all sound the same. Since most carriers provide similar programs, if you did not achieve a 4.0 Star rating for Part C, what created the inability to execute the clinical programs necessary to achieve a 4.0 or higher Star rating?
2. Describe care management programs that assist retirees in proper utilization, health improvement and usage of quality healthcare providers.

3. How do you work help members who are managing multiple health conditions?
4. Describe your medical management experience with retiree groups.
5. Describe your process for ensuring continuity of care during transition.
6. Describe how your program design enhances quality of care, including improvements in health status and clinical outcomes. How does your approach differ between your MA products and your commercial plans?
7. Describe in detail all programs and services, such as wellness programs, disease management programs, case management programs, pharmacy utilization management programs, etc. you will offer with this plan that may in some way control costs.
8. Identify all of your home care / visits, care management and disease management services for the retiree population and your results compared to non-MA PPO Medicare members' experience.
9. Identify any unique programs that differentiate your offer. Please attach examples of reports demonstrating your disease management and care management activities that prove the effectiveness of your programs (i.e., reductions in bed days per thousand, increased preventive care visits, etc.)
10. How does the appeals process for prior approval denials work?
11. Please describe your expedited appeals process?
12. Are you a licensed managed care provided in Connecticut as required by the CGS?
13. Please provide your firms' 2016 first level appeal results.
14. How long is the turnaround for your firm on expedited appeals? Use 2016 data.
15. How long is the turnaround for non-expedited appeal procedures?
16. How many expedited appeals are successful for the member?
17. How many non-expedited appeals are successful for the member?
18. What are the most common reasons for a member to have a successful appeal?
19. Describe the process for a member to get online and on phone confirmation of coverage or exceptions.

IX. Star Ratings

1. What was the CMS star rating for your group Medicare Advantage PPO in 2014, 2015, 2016, and 2017?
2. What is the CMS H contract number that you as a bidder intend to use for this bid?
3. Please describe the timing of the CMS Star Rating System. For instance, when is the star rating for 2018 determined and when are the associated bonus payments received by your organization?
4. Please describe: Your firm's short-term initiatives to improve your star ratings. Your firm's long-term initiatives to improve your star ratings
5. Provide a brief description of your CMS star quality rating enhancement strategy and timeline including: Any quality improvement initiatives in place. How it fits with your overall Group Medicare Advantage strategy.
6. How have you aligned your medical management, star ratings, and HCC risk-adjustment activities to improve your Group Medicare Advantage plans' efficiency and effectiveness?
7. We have examined overall components of the 2017 Star Rating. If your organization did not obtain a 4 star rating specific to Part C, please explain your inability to achieve 4 + Star Part C summary rating.
8. If your organization's national Medicare Advantage PPO achieved a 2017 star rating (released by CMS in Oct. 2016) of 4.0 or higher:
9. How will your organization maintain and improve this rating?
10. What will be the future PMPM premium impact of not sustaining a 4.0+ star rating for assuming reasonable/expected rate actions from CMS?
11. If your organization's national Medicare Advantage Part C PPO contract did not achieve a 2016 star rating of 4.0 or higher:
12. What barriers caused you to miss the 4.0+ Star Rating? CMS bonus payments?
13. Describe your organization's strategy to achieve a 4.0+ star rating for 2018 and beyond (for the national Medicare Advantage PPO Plan).
14. How long will it take your organization to achieve a 4.0+ star rating or higher for your national Medicare Advantage PPO?

15. What percent of your total membership in your national Medicare Part C book of business (Individual and Group) currently reside in a 4.0 Star or higher rated plans?
16. What has your historical performance been under this metric for 2014, 2015, and 2016?
17. Describe your organization's commitment to the Stars quality rating program.
18. Describe your future plans for CMS Star rating maximization processes with attention to each of the five categories. Please include relevant information as it relates to variation by geography. How does this differ from what you have historically done?
19. How would you work with our current PBM vendor to achieve success in CMS Stars Ratings?
20. Please list any use of Star ratings (SNF, Hospital, NCQA provider, etc.) in network selection or reporting.

X. Performance Guarantees

Please identify the performance guarantees that your firm is willing to provide in the areas of: installation, care delivery, member satisfaction polls, claims error rates etc.

XIV. Scoring Criteria

The TRB will utilize the following criteria to assess the proposals that are submitted:

- A. Experience of the Vendor/ Positive reviews in the marketplace
- B. Experience/Background of the Individual Account/Service Manager
- C. Network of providers
- D. Guarantees (Claims Processing/Accuracy/Reports)
- E. Pricing
- F. Financial Strength
- G. Accepting of Connecticut State Purchasing rules.
- H. Presence in State of Connecticut.

Appendices

Appendix A

State Contracting Requirements

1. Please confirm that your organization can agree to the terms of the State of Connecticut contract.
2. Please confirm that you have sent the contract to attorney for review.

**Attestation of Agreement to
State of Connecticut Contracting
Terms and Conditions**

I hereby attest that our General Counsel has read the State of Connecticut contract (below) and has indicated acceptance to those terms and conditions.

Contract Link:

http://www.ct.gov/trb/lib/trb/formsandpubs/stateofct_contract_agency.pdf

Signature of Authorized Representative

Date

Sworn and subscribed before me on this _____ day of _____, 20____

Commissioner of the Superior Court or
Notary Public

My Commission Expires

**STATE OF CONNECTICUT
 COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES (CHRO)
 WORKPLACE ANALYSIS AFFIRMATIVE ACTION REPORT
 EMPLOYMENT INFORMATION FORM**

Company Name	Contact Person	Phone#
	Date	
Street Address		
City		
State		

Report all permanent full-time or part-time employees, including apprentice and on-the job trainees. Enter number on all lines in all columns.

JOB CATEGORY	A OVERALL TOTALS (Sum of all columns, A-F Male & Female)	B White (Not of Hispanic Origin)	C Black (Not of Hispanic Origin)	D Hispanic	E Asian/Pacific Islander	F American Indian Or Alaskan Native
		Male/Female	Male/Female	Male/Female	Male/Female	Male/Female
Officials/Managers						
Professionals						
Technicians						
Sales Workers						
Office/Clerical						
Craft Workers (Skilled)						
Operatives (Semi- Skilled)						
Laborers (Unskilled)						
Services Workers						
TOTALS ABOVE						

Do you use minority businesses as subcontractors or suppliers? Yes/No Explain:

Do you use an Affirmative Action Plan? Yes/No Explain:

Describe your recruitment, hiring, training and promotion anti-discrimination practices:

Proposer's Statements of Qualifications

Page 1 of 2

This form will be used in assessing a proposer's qualifications and to determine if the proposal submitted is from a responsible proposer. State law designated that contracts be awarded to the lowest responsible qualified proposers. Factor such as past performance, integrity of the proposer, conformity to the specifications, etc., will be used in evaluating proposals. Attach additional sheets if necessary.

Company Name: _____

Address:

Company has been engaged in business under this name: _____ number of years.

List any contract awards to your Company by the State of Connecticut within the last three (3) years that you actually performed service against. Indicate which state agency, and provide contract name and number and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List any contract awards to your Company by the State of Connecticut within the last three (3) years. Indicate which state agency, and provide contract name and number, and the name and telephone number of the purchasing agent administering the contract.

Contract Number	Contract Name	State Agency	Purchasing Agent	Telephone No.

List other names your Company goes by:

List at least three completed projects similar in nature to this REQUEST FOR PROPOSALS, which demonstrates your Company's ability to perform the required services.

Company Name and Address	Telephone No.	Dollar Value

Proposer's Statements of Qualifications

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Company Name:

Size of Company or Corporation:

Number of Employees:

Full Time: _____

Part Time: _____

Is your Company registered with the Office of the Connecticut Secretary of State? ___Yes ___No

Registration Date, if available _____

List any relevant certifications, licenses, registrations, etc., which qualify your Company to meet the requirements of this proposal.

List any criminal convictions against your Company and any of your Company's officers, principal shareholders, directors, partners, LLC members and LLC managers.

List any administrative actions either pending review by the State or determinations that the State has made regarding your Company or any of your Company's officer, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. Include a listing of OSHA violations and any actions or orders pending or resolved with any state agency such as the Department of Consumer Protection, the Department of Environmental Protection, etc. Detail this information on a separate sheet of paper. Such information should be for the last three (3) years.

I hereby certify under penalty of false statement that all the information supplied is complete and true.

Signature: _____

Date: _____

Title: _____

PROPOSER DEBARMENT AND/OR SUSPENSION

Has the proposer, any Company official, or any subcontractor to the proposer, received any notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity?

NO

YES

The above-signed proposer further affirms and declares that neither the proposer and/or any Company official, nor any subcontractor to the proposer and/or any Company official has received any notices of debarment and/or suspension from contracting with other states within the United States.

NO

YES

If the above signed proposer, any Company official or any subcontractor to the proposer has received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting the proposal.

Number of notices attached: _____

Request for Proposal

Authorization Guidelines

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All contracts must include appropriate RFP documentation that adheres to the following:

- A. Authorizes the proposer to enter into contracts.
- B. Authorizes a particular officer to execute contracts on behalf of the proposer.
- C. Evidences that the officer signing in fact hold his/her office.

Corporations

Appropriate proposal documentation usually involves a certificate from the Secretary or other appropriate officer setting forth a copy of a board resolution. Sometimes this is not possible, in which case the proposer should observe the following:

- 1) In lieu of the secretary's certificate, the proposers must submit:
 - (a) A current certified copy of the applicable section of the corporation's bylaws which authorizes the execution of contracts by the signing person and
 - (b) A current certification that the officer signing the assignment agreement in fact hold that office
- 2) In lieu of the certified resolution or bylaws, the proposer must include a certified copy of the corporate minutes of their respective boards of directors, which must specifically authorize the person signing the assignment agreement to execute it.

NOTE: If the bylaws or resolutions cannot be found, a formal legal opinion must be obtained attesting to:

- (a) The authority of the Company and
- (b) The officer's ability to bind the Company to enter into a contract.

Limited Liability Companies (LLCs)

LLCs that do not have boards of directors, must submit the following:

- 1) A document indicating unanimous consent form all
- 2) A certified copy of all those relevant portions of their management agreement or operations agreement that identify which members or managers have the authority to bind the LLC in contracts. The certification must also show that the signing party is in fact a manager/member or that a manager/member has duly (in accordance with the management agreement or operations agreement) delegated signatory authority to the signing person.

If the Company can't find the management agreement or operations agreement, a formal legal opinion must be obtained attesting to:

- (a) The authority of the Company and
- (b) The signing party's ability to bind the Company to enter into a contract.

Request for Proposal

Authorization Guidelines

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Partnerships

Partnerships, like LLCs, do not have boards of directors. Generally, any general partner can bind the partnership. However, it is prudent to make every effort to obtain a partnership authorization that includes some evidence of a partner's authority to bind the partnership. This can include partnership resolutions that read very much like a corporation's resolutions or a copy of the partnership agreement (or all relevant sections) that address the authority of partners to bind the partnership, again taking into account any limitations, or consent from the appropriate partners. The partnership agreement governs in the same way as the LLC's management or operations agreement.

Sole Proprietors

Sole Proprietors do not need to submit any documentation with regards to proposer authorization or certification. Sole Proprietors must submit a letter on Company letterhead stating:

- 1) That the Company holds Sole Proprietor status
- 2) The name(s) of those authorized to execute contracts on behalf of the Company and
- 3) The signature of Sole Proprietor

Standard Proposal Terms and Conditions

Submission of Proposal

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1. Proposals must be submitted on forms supplied by the State and must be submitted no later than the date and time specified in the request for proposal. Telephone or facsimile proposals will not be accepted in response to a request for proposal.
2. Proposals received after the time and date of proposal opening specified in each request to propose shall not be accepted for consideration and shall be returned unopened. Proposal envelopes must clearly indicate the proposal number as well as the date and time of the opening of the proposal. The name and address of the proposer should appear in the upper left hand corner of the envelope.
3. Incomplete proposal forms may result in the rejection of the proposal. Amendment to proposals received by the Agency after the time specified for opening of proposals shall not be considered. An original and six (6) copies of the proposal schedule shall be returned to the Agency. Proposals shall be computer prepared, typewritten, or handwritten in ink. Proposals submitted in pencil shall be rejected. Persons duly authorized to sign said proposals on behalf of the vendor will sign all proposals. Unsigned proposals may be rejected. Errors, alterations or corrections on both the original, and six (6) copies, of the proposal schedule to be returned must be initialed by the person signing the proposal or their authorized designee. If an authorized designee initials the correction, there must be written authorization from the person signing the proposal to the person initialing the erasure, alterations, or correction. Failure to do so shall result in rejection of proposal for these items erased, altered or corrected and not initialed.
4. Conditional proposals shall be rejected. A conditional proposal is one, which limits, modifies, expands or supplements any of the terms and conditions and/or specifications of the request for proposal.
5. Alternate proposals will not be considered unless the request for proposal specifically mentions alternate proposals. An alternate proposal is one, which is submitted in addition to and is not dependent upon the proposer's primary response to the request for proposal.
6. In the event of a discrepancy between the unit price and the extension, the unit price shall govern. Prices should be extended in decimal form, not fractions, to be net, and shall include transportation and delivery charges fully prepaid by the Contractor to the destination specified in the request for proposal, and subject only to cash discount.
7. Pursuant to Section 10-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes and imposed by the Federal Government and/or the State. Such taxes must not be included in proposal prices.
8. The proposer fully acknowledges and agrees with all of the terms and conditions contained in this Proposal Form, the accompanying request for proposal. Further, if the proposer is awarded a contract or the good and/or services called for in the request to propose, the proposer's signature on Proposal Form shall mean that the proposer shall be bound by and perform fully in accordance with all of the terms and conditions set forth in the request for proposal.

Standard Proposal Terms and Conditions

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Guaranty or Surety

1. Proposal and or performance bonds may be required. Bonds must meet the following requirements; Corporation-must be signed by an official of the corporation above their official title and the corporate seal must be affixed over the signature; Firm or Partnership- must be signed by all the partners and indicate they are "doing business as"; Individual- must be signed by the owner and indicated as "Owner". The surety Company executing the bond or countersigning must be licensed in Connecticut and the bond must be signed by an official of the surety Company with the corporate seal affixed over their signature. Signatures of two witnesses or both the principal and the surety must appear on the bond. Power of attorney for the official signing the bond for the surety Company must be submitted with the bond.

Samples

1. The quality accepted proposal samples does not supersede specifications for quality in the request for proposal unless the sample is superior in quality. All deliveries shall have at least the same quality as the accepted proposal sample.
2. Samples are furnished free of charge. Proposers must indicate if their return is desired, which the Agency shall do provided that they are returned at the proposer's sole cost and expense, FOB RFP's destination, and that they have not been made useless by testing. If they are made useless by testing, the State may dispose of the samples as it deems to be appropriate. Samples may be held comparison with deliveries.

Award

1. Award of a contract will be made to the most efficacious qualified proposer and shall be based on quality of the goods or services to be supplied, their conformance with specifications, delivery terms, past performance, and financial responsibility.
2. The Agency may reject any proposer in default of any prior contract of guilty of misrepresentation of any proposer with a member of its firm in default or guilty of misrepresentation.
3. The Agency may correct inaccurate awards resulting from clerical or administrative errors.
4. Proposers have ten days after notice of award of the contract to reject the award, after ten days the contract will be binding on the Contractor. If the Contractor rejects the award within the ten-day period, the Agency will award the contract to the next lowest responsible qualified proposer.

Service Requirements

The Successful response to request for proposal will be expected to provide a comprehensive set of services to the State Teachers' Retirement Board and their members. The services are expected to include:

1. To operate the EGWP and Wrap program in a CMS environment.
2. Electronic management of the eligibility and benefits system.
3. Maintenance of the in-force file (monthly modifications will be provided), issuance of cards, response to member concerns.
4. Maintenance of network arrangements, discounts, rebates and other sources of income collected by the vendor on behalf of TRB.
5. Provision of paper and electronic provider directories.
6. Reporting of plan trends and utilization.
7. Assistance in annual ratemaking process.
8. Guaranteed phone/service center hours with responsive systems and personnel.
9. Provision of annual financial and SAE 16 audits (this is to be included as part of the proposed fee schedule).
10. The Board expects that the proposer will provide outreach services to stakeholders in the TRB plan including attending meeting with Government Agencies, participants and future participants.
11. The Board prefers the proposer to provide service out of a Connecticut location.

Standard Proposal Terms and Conditions

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Other Requirements

1. Conn. Gen. Stat. 4a-81 (the "Act") requires that the request for proposal of which these Terms and Conditions are a part include a notice of the consulting affidavit requirements described in the Act. Accordingly, pursuant to the Act, proposers are notified as follows:
 - (a) No state agency shall execute a contract for the purchase of goods or services, which contract has a total value to the state of fifty thousand dollars or more in any calendar or fiscal year, unless the state agency obtains the written affidavit described in subsection (b) of this section.
 - (b) (1) The chief official of the proposer awarded a contract described in subsection (a) of this section or the individual awarded such contract who is authorized to execute such contract, shall attest in an affidavit as to whether any consulting agreement has been entered into in connection with such contract. Such affidavit shall be required if any duties of the consultant included communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, proposer, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in resolution, introduction or requests for information or (C) any other similar activity related to such contract. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of Chapter 10 of the Connecticut General Statutes concerning the State's Codes of Ethics, as of the date such affidavit is submitted. (2) Such affidavit shall be sworn as true to the best knowledge and belief of the person signing the certification on the affidavit and shall be subject to the penalties of false statement. (3) Such affidavit shall include the name of the consultant, the consultant's firm, the basic terms of the consulting agreement, a brief description of the services provided, and an indication as to whether the consultant is a former state employee or public official. If the consultant is a former state employee or public official, such affidavit shall indicate his or her former agency and the date such employment terminated. (4) Such affidavit shall be amended whenever the proposer awarded the contract enters into any new consulting agreement during the term of the contract.
 - (c) If a proposer refuses to submit the affidavit required under subsection (b) of this section, then the state agency shall not award the Contract to such proposer and shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
2. Conn. Gen. Stat. 4-252 (the "Statute") requires that the request for proposal, of which these Terms and Conditions are a part, include a notice of the proposal certification requirements described in the Statute. Accordingly, pursuant to the Statute, proposers are notified as follows:
 - (a) The terms "gift," "quasi-public agency," "state agency," "large state contract," "principals and key personnel" and "participated substantially" as used in this section shall have the meaning set for the in the Statute.
 - (b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement.

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- (c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the contract, shall certify on such forms as the State shall provide:
 - (1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project services, procurement, lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the proposal or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting proposals for the contract.
 - (2) Who participated substantially in the preparation of the proposal solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.
 - (3) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and
 - (4) That the person, firm or corporation made the proposal without fraud or collusion with any person.
- (d) Any proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified proposer or seek new proposals.
- (e) The date that the state agency or quasi-public agency began planning the project, services, procurement, lease or licensing arrangement to be covered by the contract is on or after 25 January 2016.

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**ACKNOWLEDGEMENT OF RECEIPT OF
STATE ETHICS LAWS SUMMARY**

(Required With Proposal)

INSTRUCTION: Contractor must sign the acknowledgement below, and return this form to the awarding State agency.

The undersigned duly authorized representative of the proposing Contractor acknowledges (1) receipt of the summary of State ethics laws (2) that key employees of such Contractor have read and understand the summary and (3) that Contractor agrees to comply with the provisions of State ethics laws.

Signature

Printed Name

Title

Date

Oh behalf of:

Contractor Name

Street Address

City State Zip

Federal Employee Identification Number
(FEIN/SSN)

This form is MANDATORY and must be completed, signed, and returned to the awarding State agency pursuant to Section 37 of Public Act. No. 05-287

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Plain Language Summary of State Ethics Laws for Current and Potential State Contractors

Note: The following is a summary of the major ethics laws and related provisions applicable to current and potential state contractors. For more detailed information or to discuss any questions you may have, contact the Office of State Ethics at (860) 566-4472.

RESTRICTIONS ON THE BENEFITS YOU MAY GIVE TO STATE PERSONNEL

GIFTS: In general, no one doing business with or seeking business from a state or quasi-public agency may give a gift to an official or employee of that agency. Connecticut's gift ban is strict, but has some exceptions. For example, under the Ethics Code, you may give: (1) good and drink up to \$50 per person per year, if the person paying, or his or her representative, is in attendance; and (2) tangible gifts up to \$10 per item up to \$50 per person per year. Also exempt are certain items such as information, or plaques costing less than \$100. For a complete list of the Code's gift exceptions, consult Con. Gen. Stat. 1-79(e) or contact the Office of State Ethics.

NECESSARY EXPENSES: Under the Ethics Code, you may not pay a fee or an honorarium to a state official or employee for making a speech or appearing at your organization's event. You may, however, under limited circumstances, pay the "necessary expenses" of such a state servant. These expenses are limited to: necessary travel, lodging for the nights before, or after the speech, meals and conference fees. There may be reporting requirements attached to the giving and taking of necessary expenses, so contact the Office of State Ethics if you need more information. NOTE: Before providing necessary expenses, check with the state agency's ethics officer to determine if the agency allows such payments.

GIFTS TO THE STATE: The Ethics Code allows limited "gifts to the state" which facilitate state action or functions (for example, donating a piece of equipment to the agency).

NOTE: Recent legislation was passed that may impact gifts to the state. Please contact the Office of State Ethics before giving a gift to the state to determine if such donations are acceptable.

RULES ON HIRING STATE PERSONNEL

Before you hire a current or former state employee, you should be aware of certain provisions of the Ethics Code. First, if you are considering hiring a current state employee, especially from a state agency with which you do business or by which you are regulated, you should know the following:

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A current state employee must not accept outside employment that impairs his independence of judgment regarding his state duties, or that encourages him to disclose confidential information learned in his state job. Also, a current state employee may not use his or her state position for financial gain, however inadvertent that use may be. Therefore, for example, a current state employee who exercises any contractual, supervisory or regulatory authority over you or your business may not be able to work for you.

Second, if you are considering hiring a former state employee, you should be aware of the Ethics Code's post-state employment, or revolving door, laws;

IF you hire or otherwise engage the services of a former state official or employee, he or she may not represent you before his or her former agency for one year after leaving state service.

NOTE: The former State Ethics Commission established a limited exception to this provision which allows the former employee to return to his or her former agency within the one year period for the sole purpose of providing technical expertise (for example, to help implement a previously awarded contract). This is a fact-specific exception that applies in very limited circumstances: therefore you should contact the Office of State Ethics for further assistance if you think this exception applies to you.

If a state official or employee was substantially involved in, or supervised, the negotiation or award of a contract valued at \$50,000 or more, and the contract was signed within his or her last year of state service, and you or your business was one of the parties to the contract, then you and/or your business are prohibited from hiring him or her for one year after he or she leaves states employment.

A former state official or employee can never represent anyone other than the state regarding a particular matter in which he or she was personally and substantially involved while in state service and in which the state has a substantial interest.

Third, there are approximately 75 state officials or employees who may not negotiate for, seek or accept employment with any business subject to regulation by their agency, and may not accept employment with such a business for one year after leaving state service. Under that section of the law, it is also illegal for a business in the industry to employ such an individual.

CONFLICT OF INTEREST RULES THAT APPLY TO YOU AS A STATE CONTRACTOR

Under Conn, Gen. Stat. 1-86e of the Ethics Code, no state contractor, including a consultant or other independent contractor, can use the authority provided under the contract, or confidential information acquired in the performance of the contract, to obtain financial gain for the person, an employee of the person or a member of the immediate family of any such person or employee; accept another state contract which would impair the independent judgment of the person in the performance of the existing contract; or accept anything of value based on an understanding that the actions of the person on behalf of the state would be influenced.

No person shall give anything of value to a person hired by the state as a consultant or independent contractor based on an understanding that the actions of the consultant or independent contractor on behalf of the state would be influenced.

STATE OF CONNECTICUT

Policies and Guidelines

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OTHER ETHICS PROVISIONS THAT MAY APPLY TO YOU

Contractors seeking large state contracts are required to execute affidavits regarding and/or campaign contributions made to certain state employees or public officials in the two-year period prior to the submission of a proposal. You need to check the web sites of both the Department of Administrative Services, www.das.state.ct.us, and the Office of Policy and Management, www.ct.gov/opm, for copies of these affidavits and for other updated information regarding state contractors. Also, because the particular agency with which you wish to contract may have specific rules that you must follow, you need to check with that agency as well.

If you or your business provides “investment services” as defined in the Code of Ethics, and you make a political contribution in connection with the Office of the Treasurer, you may be prohibited from contracting with that office. See Conn. Gen. Stat. 1-849(n).

Finally, if you or your business spends or receives \$2,000 or more in a calendar year for activities that constitute lobbying under the Ethics Code, whether to affect legislation or the actions of an administrative state agency, then you and/or your business may have to register as a lobbyist with the Office of State Ethics, and more ethics rules will apply to you. Contact the Office of State Ethics, or review the lobbyist registration information at www.ct.gov/ethics.

Recent legislation (Public Act 05-287) prohibits anyone who is a party (or who is seeking to become a party) to a state construction, procurement, or consultant services contract of \$500,000 from:

- (1) Soliciting information from a public official or state employee that is not available to other proposers for that contract, with the intent to obtain a competitive advantage over other proposers;
- (2) Intentionally or recklessly charging a state agency for work not performed or good or services not provided, or falsifying invoices or bills; or
- (3) Intentionally violating or trying to circumvent the state competitive proposing and ethics laws.

Recent legislation (Public Act 05-287) also requires any prospective state contractor to affirm in writing that he or she has been provided with a summary of the state’s ethics laws and that his key employees have read and understood the summary and agree to comply with the applicable provisions of the ethics law.

Additional Forms

I. Ethics Summary and Forms

http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf

Gift Certification Form 1 **required with contract**

http://www.ct.gov/opm/lib/opm/finance/psa/opm_allethicsforms_020110.pdf

Annual Contract Certification Form 5 **required with the proposal**

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

Consulting Agreement Affidavit Form 6 **required with the proposal**

http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_020110.pdf

II. State Contractor Contribution Ban

Form SEEC 10 **required with the proposal**

http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_10_final.pdf

Form SEEC 11 **required with the proposal**

http://www.ct.gov/seec/lib/seec/forms/contractor_reporting_/seec_form_11_notice_only.pdf

III. Proposer Information Form (For Selected Proposer Only)

[http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_\(SP-26NB\).pdf](http://www.das.state.ct.us/Purchase/Info/Vendor_Profile_Form_(SP-26NB).pdf)

<http://www.ct.gov/chro/lib/chro/pdf/notificationtobidders.pdf>

Signing this form will acknowledge your receipt of the above State of Connecticut contracting requirements as well as the contractual requirements outlined in the sample agreement. By submitting this form you acknowledge you will be in a position to comply with all CT contractual terms and conditions. For consideration in this RFP process, this form must be *Signed by an individual authorized to bind the firm to contracts, and return* with your proposal by 1 pm on December 11, 2017.

Authorized Signature of Proposer

Company Name

Date

Appendix B

Zip Code Listing of Participants

http://www.ct.gov/trb/lib/trb/formsandpubs/TRB_Zips.xlsx

http://www.ct.gov/trb/lib/trb/formsandpubs/TRB_Zips.pdf