

**Additional Information Regarding Vendors Performing Work in Replacement of State Employees**

This document contains copies of purchase order contracts obtained by OMB by which a nongovernmental person or entity agrees with any department, commission, board, council, agency, or public corporation to provide services, valued at one hundred fifty thousand dollars (\$150,000) or more, which are substantially similar to and in replacement of work normally performed by an employee of the department, commission, board, council, agency or public corporation. For additional supporting contract documents, you may submit a public records request to the Department of Administration in accordance with the Rhode Island Access to Public Records Act (“APRA”), R.I. Gen. Laws § 38-2-1 *et seq.* APRA forms, procedures and other information for the Department of Administration are available at <http://www.admin.ri.gov/publicrecords/index.php>.

**Fiscal Year:** FY19

**Agency:** Department of Business Regulation

**Vendor Name:** PUBLIC CONSULTING GROUP INC

**Total Amount Paid to Vendor for Services:** \$152,500.00

**Summary of Services Rendered to Agency:**

Identifying Code	Service Type	Description	Amount	Notes
PO 3509299	Information Technology: System Design		\$18,800.00	
PO 3509299	Management Consultants		\$133,700.00	

Note: Some of the above payments may have been made under the terms of a master price agreement (MPA). MPAs are solicited as requests for proposals or requests for quotes and may have cap limits for pricing and cap limits for project cost. MPAs provide agencies with access to qualified vendors, expedited process, and opportunities for mini-bids. Such purchases are made directly under the MPA and do not require a separate and unique contract. All MPAs are public and can be viewed at <http://www.purchasing.ri.gov/MPA/MPASearch.aspx>.

**Contents:**

Item Number	Document ID	Description	Notes
Item 1	PO 3509299	Purchase Order contract	

# ITEM 1

## Notice of Contract Purchase Agreement



**State Of Rhode Island and Providence Plantations**  
**Department of Administration**  
**Division of Purchases**  
**One Capitol Hill**  
**Providence, RI 02908-5860**

<b>V E N D O R</b>	<b>PUBLIC CONSULTING GROUP INC</b> <b>148 STATE ST 10TH FLR</b> <b>BOSTON, MA 02109</b> <b>United States</b>
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<b>S H I P T O</b>	<b>DBR-OFFICE OF THE HEALTH INSURANCE</b> <b>COMMISSIONER</b> <b>1511 PONTIAC AVENUE</b> <b>BLDG 69-1</b> <b>CRANSTON, RI 02920</b> <b>United States</b>
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<b>RI Health Insurance Enforcement &amp; Consumer Protection Project - OHIC</b>	
Award Number	<b>3509299</b>
Revision Number	<b>3</b>
Effective Period	<b>01-APR-2017 - 31-AUG-2020</b>
Approved PO Date	<b>06-AUG-2019</b>
Vendor Number	<b>1233-iSupplier</b>

Type of Requisition	<b>*OTHER</b>
Requisition Number	<b>1490157</b>
Change Order Requisition Number	<b>OHIC</b>
Solicitation Number	<b>7551225</b>
Freight	<b>Paid</b>
Payment Terms	<b>NET 30</b>
Buyer	<b>Francis, David</b> -
Requester Name	<b>Metivier, Alyssa R</b>
Work Telephone	<b>401-462-1677</b>

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's purchasing regulations, available at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

CHANGE TO PO #3509299 - AGENCY DOC. ID = OHIC

CURRENT CONTRACT VALUE: \$363,000.00  
 INCREASE CONTROL VALUE: \$150,000.00  
 REVISED CONTROL VALUE: \$513,000.00

PER AGREEMENT AMENDMENT #2 DATED 7/29/2019.

AGENCY CONTACT:  
 JOHN GARRETT  
 401-462-2147

Reference Documents: 3509299 7551225.pdf

### INVOICE TO

The State of Rhode Island accepts electronic invoices via its supplier portal. To register and submit electronic invoices, visit the supplier portal at <http://controller.admin.ri.gov/iSupplier/isup/index.php>

To submit paper invoices, mail to: Department of Administration Controller, One Capitol Hill, 4th Floor, Providence 02908.

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 Authorized Signature

## AMENDMENT 2

### AGREEMENT BETWEEN THE STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS OFFICE OF THE HEALTH INSURANCE COMMISSIONER AND PUBLIC CONSULTING GROUP INC

The Agreement originally entered into between the State of Rhode Island Office of the Health Insurance Commissioner (“State” or “OHIC”) and the Public Consulting Group, Inc. (“Contractor” or “PCG”) on March 9, 2017 titled *Enforcement and Consumer Protection Project* (PO # 3509299, RFP # 7551225, and APA # 17055) and amended pursuant to Amendment 1 dated November 2, 2018 and amended pursuant to this Amendment 2 dated July 24, 2019 is hereby revised as follows:

All provisions of the original Agreement, as amended, shall remain in full force and effect. This scope of work is made and entered into effective as of July 24, 2019, through September 30, 2019. The total budget for this scope of work shall be up to \$150,000.

**Maximum Contract Amount:** The project contract value is not to exceed \$513,000.

Currently, Public Consulting Group is assisting OHIC in the ongoing planning and implementation of the Insurance Market Reforms under the Public Health Services Act. These activities are being funded by the federal Enforcement and Consumer Protection grant and the State Flexibility grant, for which progress is reported to the federal government on a quarterly and annual basis. The tasks, as outlined in the current contract, are:

Activity	Original Activity Description - (ECP)
1.1	Develop Insurer Pharmacy Claim, Data and Policy Requests
1.2	Analyze Pharmacy information and data received from insurers
1.3	Develop Insurer Clinical, Economic and Financial Claim, Data and Policy Requests
1.4	Analyze Clinical, Economic and Financial information and data received from insurers
1.5	Coordinate Grant contractor projects, stakeholder communications and subject matter research
1.6	Assist in the design of review tools, insurer guidance, and instructions to be utilized by OHIC in its ongoing Rate and Benefit and Coverage Documents

	Additional activities – State Flex (Amendment 1)
1.7	Design Data Collection and Analysis portal to support Benefit Determination / Utilization Review and Network Plan Review to include: <ul style="list-style-type: none"><li>• Business Requirements Gathering</li><li>• Creation of User Stories</li><li>• Completion of Technical Requirements</li><li>• Finalize timeline and discrete budget based on above specifications</li><li>• Review and Approval from OHIC staff</li></ul>
1.8	Build portal based on specifications identified in 1.7. to include: <ul style="list-style-type: none"><li>• All IT development as a standalone system</li></ul>

	<ul style="list-style-type: none"> <li>• All business requirements identified in 1.7, including the ability for OHIC to customize reports, drill down into details of issuer submissions, and compare data points across issuers</li> <li>• Secure user access for both OHIC and issuers user testing</li> </ul>
1.9	<p>Implement portal working with OHIC and the State's IT Division, to include:</p> <ul style="list-style-type: none"> <li>• Development of user manual for OHIC staff end user testing program</li> </ul>
1.10	<p>Train end users on system operations, to include:</p> <ul style="list-style-type: none"> <li>• Facilitated training with user manual</li> <li>• Technical support during training phase</li> </ul>
1.11	<p>To assist with analyzing Issuers' marketing/sales practices.</p> <ul style="list-style-type: none"> <li>• Design a set of questions tracking to source documentation for issuers on their marketing and sales</li> <li>• Design set of questions tracking to source documentation for health insurance brokers and employee groups regarding relations w/issuers and their sales activity</li> <li>• Compile and review Issuers' responses to OHIC questions and submit findings</li> </ul>
1.12	<p>To assist with analyzing Issuers' plan modification or discontinuance practices</p> <ul style="list-style-type: none"> <li>• Design and issue a request for information to include source documentation on each modified or terminated plan to include but not limited to - reason for discontinuing or modifying plan, # of enrollees affected, related financial information, enrollee/employer group health status information, substitute plan comparison, employer group, etc.</li> <li>• Compile and review issuers' responses and submit findings</li> </ul>
1.13	<p>To assist with assessing RI Benchmark Plan</p> <ul style="list-style-type: none"> <li>• Conduct comparison of RI Benchmark plan to Benchmark Plans from 5 other states with similar demographics</li> <li>• Conduct feasibility study and actuarial analysis of the other states' plans to include but not limited to state and federal mandate alignment</li> <li>• Design innovative Benchmark Plan option(s) based on baseline research and evaluation</li> <li>• Conduct actuarial and economic analysis of Benchmark Plan option(s) to determine if coverage is comprehensive, compliant (state and federal) and affordable.</li> </ul>

	<b>Additional activities – ASAM criteria (Amendment 2)</b>
1.14	Obtain and analyze criteria, policies, procedures between July 10, 2015 and the present with a focus on SUD diagnostic categories [ETOH, Opioid, other SUD), and access to treatment.
1.15	Determine if the carrier policies and procedures rely(ied) on are consistent with ASAM or other state required criteria, to what degree and/or their interface with

	<p>other criteria.</p> <p>a) How does this effect compliance with state and federal statutes?</p> <p>b) How does this effect access to SUD treatment specifically ETOH, Opioid and other SUD?</p>
1.16	<p>To determine the impact on access to treatment, obtain medical necessity reviews conducted for SUD cases between July 10, 2015 and prior to the carrier's compliant use of ASAM or other state required criteria. Separate this data by:</p> <p>a) Denials and authorization, and</p> <p>b) Diagnoses</p> <p>I. ETOH dependencies</p> <p>II. Opioid dependencies</p> <p>III. Other SUD dependencies</p>
1.17	<p>Design tools to assess other carriers' application of ASAM or other state required criteria to assure appropriate access to SUD treatments to include those with opioid addictions.</p>
1.18	<p>Organize and report findings and data to OHIC/BHDDH. [If this use of PCG goes beyond September 30, 2019 then an assessment of the authorization and denial data can be at the case record level in order to identify other gaps in access to SUD treatments to include opioid treatment.</p> <p>a. The purpose of this agreement is to analyze data and state policy to determine if it is appropriate. The purpose is NOT to create or implement new statewide policies and procedures.</p>

Due to the continued increased need for the planning and implementation of market reforms, OHIC is adding up to \$150,000 to the existing Agreement, as amended, for the purpose of accomplishing this continuing project work. The project work called for by this Amendment 2 shall be funded by RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) up to an additional \$150,000 on top of the \$363,000 currently provided for by the existing Agreement, as amended, for a total of up to \$ 513,000.

IN WITNESS WHEREOF, the parties hereto have hereunder set their hands and this Agreement made legally binding as follows:

*Marie L. Ganim*

Marie L. Ganim, PhD, Commissioner  
State of Rhode Island  
Office of the Health Insurance Commissioner

*7/29/2019*

Date

*Marc Staublely*

Marc Staublely, Practice Area Director  
Public Consulting Group, Inc.

7/29/19

Date

# Memorandum of Understanding

Between the  
Rhode Island Department of Behavioral Healthcare, Developmental  
Disabilities, and Hospitals (BHDDH)  
and the  
Office of the Health Insurance Commissioner (OHIC)

**PURPOSE:** Short term funding for RIDLT projects through State Opioid Response Grant

**TERM(S):** 3 month commitment (7/1/2019 to 9/30/2019)

**AMOUNT:** \$150,000

**Whereas,** the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) is responsible for planning and implementing of the State Opioid Response Grant (SOR). The below listed projects are procured through OHIC and will be expanded through funding from the SOR grant.

**Therefore,** this Agreement is entered by and between BHDDH and OHIC for the purpose of funding the below listed initiatives. The project details are below:

- o Project I - United Healthcare Insurance Co. (UHC)/United Healthcare of New England (UHCNE) operational policies and procedures impact on access to substance use disorder treatment including opioid addiction found under Addendum I

Expenditures for this project are initially to be charged to OHIC account 10.071.1675117.02. BHDDH will run expenditure reports monthly on the OHIC account and request reimbursement from SAMHSA which will then be deposited into the OHIC account.

- **BHDDH Funding**
  - o State Opioid Response Grant
  - o Account 10.076.2505170.02
  - o CFDA# 93.788
  - o Grant Dates - 9/30/18 - 9/29/20

**SOR Specific Funding Requirements:**

**Project Goals** - The long-term goal associated with BHDDH's overall SOR initiative, which overall SOR initiative is inclusive of but broader than the project goals of this MOU with OHIC, is to increase access to prevention and recovery services. The intermediate outcome is to provide employment and internship opportunities to those in recovery from or at risk for opioid use disorder. The short-term outcome is to enroll recovering or at-risk individuals in job training and certification programs, offer internship opportunities, and provide career and employment services.

**Glossary of terms:**

- BHOLD –the Behavioral Health On-Line Database is BHDDH’s management information system. Licensed behavioral healthcare organizations (BHOs) are required to enter admission, discharge and event data on their clients into BHOLD.
- GPRA – the Government Performance Results Act was designed to improve program management throughout the Federal government
- HDIS – Health Disparities Impact Statement – the use of data to: (1) identify subpopulations (i.e., racial, ethnic, sexual and gender minority groups) vulnerable to health disparities; and (2) implement strategies to decrease the differences in access, service use, and outcomes among those subpopulations.
- Perception of Care data – refers to data that suggests the extent to which clients were satisfied with their care in terms of access to and quality of the services received
- SAMHSA – the Substance Abuse and Mental Health Services Administration is a branch of the U.S. Department of Health and Human Services.
- SOR – the State Opioid Response is a formula grant awarded to Single State Agencies and territories to address the opioid crisis
- SPARS – SAMHSA’s Performance and Accountability System is an online data entry, reporting, technical assistance request, and training system to support grantees in reporting timely and accurate data to SAMHSA. The GPRA Client level outcome data is entered into SPARS.

**Background** - In Federal Fiscal Year 2018, SAMHSA introduced State Opioid Response Grants (Short Title: SOR). The program aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths and the spread of HIV through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin and illicit fentanyl and fentanyl analogs). Through this MOU, BHDDH will provide funding to OHIC for 3 months to fund the above referenced project consistent with the approach proposed to SAMHSA in the state’s application for the State Opioid Response Grant.

BHDDH is required to provide a Health Disparities Impact Statement (HDIS) as part of the SOR award. Providers who receive SOR funding will be expected to incorporate findings of the HDIS as relevant and appropriate to their services

**Required Information Collection, Analysis and Reporting:**

- Assess current UHIC/UHCNE policies and operational procedures that have an impact on access to substance use treatment to include opioid addiction.
- Obtain and analyze criteria, policies and procedures used between July 10, 2015 and the present with a focus on Substance Use Disorder (SUD) diagnostic categories [ETOH, Opioid, and other SUD].
- Determine if the carrier policies and procedures relied on were consistent with ASAM or other state required criteria, to what degree, and/or their interface with other criteria to help determine compliance with state and federal statutes and effect on access to SUD treatment specifically ETOH, Opioid and other SUD.
- To determine the impact on access to treatment obtain and categorize/sort medical necessity reviews conducted for SUD cases between July 10, 2015 and up to the carrier’s compliant use of ASAM or other state required criteria.
- Design tools to assess other carriers’ application of ASAM or other state required criteria to assure appropriate access to SUD treatments to include those with opioid addictions.

- a) How does this effect compliance with state and federal statutes?
  - b) How does this effect access to SUD treatment specifically ETOH, Opioid and other SUD?
3. To determine the impact on access to treatment, obtain what medical necessity reviews were conducted for SUD cases between July 10, 2015 and up to the carrier's compliant use of ASAM or other state required criteria. Separate this data by:
    - a. Denials and authorization, and
    - b. Diagnoses
      - i. ETOH dependencies
      - ii. Opioid dependencies
      - iii. Other SUD dependencies
  4. Design tools to assess other carriers' application of ASAM or other state required criteria to assure appropriate access to SUD treatments to include those with opioid addictions.
  5. Organize and report findings and data to OHIC/BHDDH. [If use of PCG is funded beyond September 30, 2019 then an assessment of the authorization and denial data can be at the case record level in order to identify other gaps in access to SUD treatments to include opioid treatment.]
    - a. The purpose of this agreement is to analyze data and state policy to determine if it is appropriate. The purpose is NOT to create or implement new statewide policies and procedures.

**Activity Descriptions and Budget:**

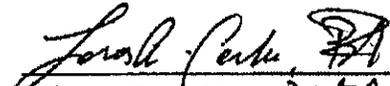
Task ID	Task Description	Budget	Hours	Hourly Rate
1.14	Obtain and analyze criteria, policies, procedures between July 10, 2015 and the present with a focus on SUD diagnostic categories (ETOH, Opioid, other SUD), and access to treatment.	\$21,000	70	300
1.15	Determine if the carrier policies and procedures rely(ied) on are consistent with ASAM or other state required criteria, to what degree and/or their interface with other criteria. <ul style="list-style-type: none"> <li>a) How does this effect compliance with state and federal statutes?</li> <li>b) How does this effect access to SUD treatment specifically ETOH, Opioid and other SUD?</li> </ul>	\$38,400	128	300
1.16	To determine the impact on access to treatment, obtain medical necessity reviews conducted for SUD cases between July 10,	\$45,900	153	300

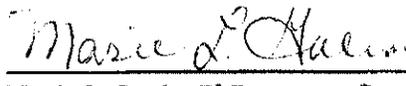
	<p>2015 and prior to the carrier's compliant use of ASAM or other state required criteria. Separate this data by:</p> <ul style="list-style-type: none"> <li>a) Denials and authorization, and</li> <li>b) Diagnoses <ul style="list-style-type: none"> <li>i. ETOH dependencies</li> <li>ii. Opioid dependencies</li> <li>iii. Other SUD dependencies</li> </ul> </li> </ul>			
1.17	Design tools to assess other carriers' application of ASAM or other state required criteria to assure appropriate access to SUD treatments to include those with opioid addictions.	\$28,200	94	300
1.18	Organize and report findings and data to OHIC/BHDDH. [If this use of PCG goes beyond September 30, 2019 then an assessment of the authorization and denial data can be at the case record level in order to identify other gaps in access to SUD treatments to include opioid treatment.	\$16,500	55	300
	Total	\$150,000	500	

- Organize and report findings and data to OHIC/BHDDH.

Additional Duties

- .
- Submit a report midway through the 3-month commitment to BHDDH including progress towards implementation, barriers to implementation, how those barriers were addressed, and current spend-down.
- A minimum of one representative responsible for this MOU will participate in monthly meetings convened by BHDDH during the Term of this MOU.

  
Rebecca Boss, MA *Deputy Director* Date 7-29-2019  
Director, BHDDH

  
Marie L. Ganim PhD Date 7/29/2019  
Health Insurance Commissioner, OHIC

## **Addendum I**

### **Office of the Health Insurance Commissioner**

#### **Proposed assessment of UHIC/UHCNE operational policies and procedures' impact on access to substance use treatment including opioid addiction**

##### **Issues:**

***Issue 1: There are strong indications that UHIC/UHCNE, via its BH delegate UBH, has not appropriately relied on ASAM Criteria in developing the Level of Care Guidelines and/or Coverage Determination Guidelines that UBH used in making coverage determinations related to substance use disorders during the relevant time period [July 10, 2015 forward] for plans subject to the jurisdiction of OHIC. Operational non-compliant activity could have had a significant effect on, and still could be significantly affecting access to opioid treatment.***

***Issue 2: Rhode Island has been identified as one of several states affected by a class action legal case: Wit v. United Behavioral Health, 2019 U.S. Dist. LEXIS 35205, 2019 WL 1033730 (U.S. Dist. N. Dist. Of CA 2019). There needs to be stages of discovery and assessment around the issues raised in this case as it relates to access to coverage for SUD that include opioid addictions.***

***Issue 3: In order to address Issues 1 & 2 OHIC/State of RI will need to utilize outside experts to determine UHIC/UHCNE's non-compliance with state and federal law related to the use of ASAM criteria and then access to treatment for opioid addiction.***

Based on the time limit of July 1 to September 30, 2019 (or the approved dates of the purchase order amendment approved by the Department of Purchasing), any deliverable beyond what is stated below would require additional time and likely additional funding. Given that the Public Consulting Group (PCG) has worked with OHIC on the assessment of RI's four major carriers' BH compliance in a number of areas, it is the best candidate to deliver on the following Scope of Work (SOW). Also, the PCG current contract would allow them to start immediately upon an MOU between OHIC and BHDDH, with purchasing approval while OHIC submits any necessary change orders to its current contract with PCG.

##### **Public Consulting Group's Scope of Work:**

Assess current UHIC/UHCNE policies and operational procedures that have an impact on access to substance use treatment to include opioid addiction. The following will need to be addressed in order to determine if carrier activities impede access to treatment:

- 1. Obtain and analyze criteria, policies and procedures used between July 10, 2015 and the present with a focus on Substance Use Disorder (SUD) diagnostic categories [ETOH, Opioid, and other SUD]**
- 2. Determine if the carrier policies and procedures rely(ied) on were consistent with ASAM or other state required criteria, to what degree, and/or their interface with other criteria.**