

## State of Washington Office of the Insurance Commissioner

Request for proposals (RFP) S2504: Obesity Treatment Actuarial Cost Analysis  
Addendum 2 Q&A

1. Will OIC facilitate access to the WA-APCD and assist in developing appropriate protocols, or will the contractor be expected to independently apply and pay for access? If the contractor is expected to pay for access, should the cost be factored into the proposal cost? Can you provide an estimate of cost?

**Answer: For access to the APCD, the Contractor will be added to an existing data use agreement between OIC and the Health Care Authority (HCA). The Contractor and OIC will work together to draft an amendment to the data use agreement which must then be reviewed and approved by HCA. Once approved, the Contractor will be granted access to the data elements required for their analysis for a limited period of time. The Contractor will be responsible for the cost of being added to the data use agreement.**

2. Will data on PEBB/SEBB utilization be directly accessible through WA-APCD, or separately provided?

**Answer: PEBB/SEBB claims data is included in the APCD.**

3. For "obesity treatment services," should the analysis include only direct costs (e.g., surgery, medications) or also indirect costs (e.g., related comorbidities, downstream savings, productivity gains)?

**Answer: The analysis should include the total annual cost, per member per month cost, as well as any state fiscal impact of implementing an obesity treatment benefit including the costs to include the benefit in the PEBB and SEBB programs, as well as any potential state defrayal cost if the benefit is mandated for the individual market. The service components of the obesity treatment benefit include intensive health, behavioral, and lifestyle treatment, metabolic and bariatric surgery, and Food and Drug Administration-approved obesity medication. The analysis should also include the extent to which these services or related services are currently covered by commercial plans including any associated cost-sharing. A proposal may include information on or analysis of indirect costs, but that is not a required component of the proposal.**

4. Does the OIC expect scenario modeling (e.g., low/medium/high utilization) or a single point estimate?

**Answer: The vendor should include in their proposal a description of the scenarios and modeling they would propose to use for this project.**

5. Beyond PMPM and annual totals, should results be broken out by age band, gender, or other demographics?

**Answer: The analysis must estimate the total annual cost, per member per month cost, as well as any state fiscal impact of implementing an obesity**

**treatment benefit in the following markets both separately and in the aggregate for plan years 2028 through 2029: Individual, Small Group, Large Group, Public Employees Benefit Plan (PEBB), and School Employee Benefit Plan (SEBB).**

6. Is there a requirement for the vendor to participate in any meetings or presentations in person, or is virtual attendance acceptable?

**Answer: Virtual attendance is acceptable.**

7. The estimated period of performance for the contract indicated the contract would end May 31, 2027, but that the contract may be extended for two additional years. Since the report to the legislature is due by September 30, 2026, under what conditions would the OIC foresee awarding an extension to this contract? Would there be any work expected beyond the September 30, 2026, deliverable date?

**Answer: The period of performance for this contract ends on May 31, 2027. The contractor may be asked to present their findings to other state agencies, legislators or other interested parties following submission of the final report by September 30, 2026.**

8. Section 1.2.1.a refers to utilizing the state's all payer claims database (WA-APCD). If the contractor elects to use data from the WA-APCD, will the contractor be responsible for covering the cost of accessing the WA-APCD?

**Answer: Yes.**

9. Has the OIC previously worked with WA-APCD or Washington State health carriers on projects of similar scope? If so, what was the scope and outcome of that work?

**Answer: Reports to the legislature related to actuarial analysis of potential new health benefits can be found on the OIC website:**

<https://www.insurance.wa.gov/about-us/reports/legislative-and-commissioner-reports>

10. What level of support will the OIC provide in issuing and enforcing data calls to Washington State carriers?

**Answer: OIC will issue a data call if necessary. Carriers are obligated by law to respond to data calls issued by OIC.**

11. Section 1.2.1.b refers to identifying the extent that the services for obesity treatment are currently covered by commercial health plans. Is the OIC aware whether there is denied claims data in the WA-APCD so the contractor can assess current coverage limitations?

**Answer: The APCD does not include denied claims data. If such data is necessary, it would require a data call to carriers.**

12. Would the OIC be willing to work with the contractor in obtaining prior authorization data from carriers to identify the current level of requests and denials for these services?

**Answer: The Contractor is responsible for obtaining utilization and cost data from the WA-APCD and, if needed, Washington State health carriers as defined in RCW 48.43.005, that is sufficient to estimate the cost impact of including an obesity treatment benefit in the commercial health plan market. The Contractor will be responsible for developing a data call to carriers in consultation with OIC to obtain data necessary to complete the analysis. If a data call is necessary, it will be issued by OIC.**

13. How many carriers offer health insurance coverage in each of the markets included in the scope? Does the OIC expect the contractor to review carrier benefit offerings regarding obesity treatment services?

**Answer: There are approximately 15 carriers that offer health insurance in the individual, small group and large group markets. There are two carriers and one self-funded health plan (Uniform Medical Plan) for PEBB, and approximately 3 carriers and the Uniform Medical Plan for SEBB. If review of carrier benefit offerings is necessary to prepare the analysis and reports included in the RFP, the Vendor should note that in their proposal.**

14. Section 1.2.1.c refers to estimating the utilization and cost from the public employees benefit plan and the school employee benefit plan. Does the WA-APCD include data on these two plans? If not, how would the contractor obtain enrollment and claims data on these plans?

**Answer: PEBB and SEBB claims data are included in the WA-APCD.**

15. Is the OIC aware of any studies or data related to frequency and/or growth rate of obesity in the state?

**Answer: No, the OIC has not independently researched this question.**

16. Is the state aware of the current coverage parameters for these benefits, specifically by market? Does the OIC intend to include these benefits in the ACA benchmark plan?

**Answer: No, OIC is not aware of the current coverage parameters of these benefits by market. The State Legislature determines which benefits should be added to the Washington State benchmark plan.**

17. What is the expected range of obesity treatment products and services to be analyzed? Should the analysis include emerging treatments or only those currently FDA-approved?

**Answer: The Vendor should analyze data necessary to produce the report required by the RFP.**

18. Are there specific CPT/HCPCS codes or service definitions that should be used to identify the treatment components (e.g., behavioral therapy, surgery, medications)?

**Answer: The Vendor should analyze data necessary to produce the report required by the RFP. The Contractor is required to conduct a utilization and cost analysis of each of the following service components of obesity treatment – intensive health, behavioral, and lifestyle treatment, metabolic and bariatric surgery, and Food and Drug Administration-approved obesity medication.**

19. Since the Cost Proposal needs to be deliverable based, can the OIC specify the timing and frequency of each deliverable during the contract period?

**Answer: As described in section 3.2, the Contractor is required to submit a technical proposal that includes a project schedule which indicates when the elements of the work, as described in Section 1.2, will be completed. The project schedule must ensure that any deliverables requested are met.**

20. Should the contractor costs be itemized separately in the cost proposal, even if they are part of a fixed deliverable-based fee?

**Answer: The budget proposal does not need to itemize costs but should take into account all necessary expenses to accomplish each deliverable.**

21. Will the contractor be expected to update the analysis if new data becomes available during the contract period?

**Answer: The Contractor is responsible for obtaining utilization and cost data from the WA-APCD and, if needed, Washington State health carriers as defined in RCW 48.43.005, that is sufficient to estimate the cost impact of including an obesity treatment benefit in the commercial health plan market.**

22. Can the OIC provide examples of similar actuarial analyses performed in the past, including contract values, durations, and frequency of deliverables?

**Answer: Yes, several OIC actuarial contracts are available on the OIC website:**  
<https://www.insurance.wa.gov/about-us/contracting-opportunities/current-contracting-opportunities/s2504-obesity-treatment-actuarial-analysis>

23. Has the OIC conducted analyses for public programs like PEBB or SEBB before? If so, what was the scope and outcome of that work?

**Answer: See the responses to Questions #9 and #23 above.**

24. Is there a contractor/incumbent currently doing this work? If so, can the State provide the name of the current contractor(s)/incumbent(s), and the current contract value?

**Answer: No.**

25. Will there be a public bid opening or a posting of the bidders list? If so, can OIC provide details on how to attend the public opening or where the list of bidders will be posted?

**Answer: This solicitation was posted to WEBS (<https://pr-webs-vendor.des.wa.gov/BidCalendar.aspx>) and to OIC's website (<https://www.insurance.wa.gov/about-us/contracting-opportunities/current-contracting-opportunities/s2504-obesity-treatment-actuarial-analysis>) as well as to OMWBE and provided to various commissions to post on any contracting boards they have. Proposals must be submitted via email per the solicitation instructions. A list of all bidders will not be posted, but a Notice of Award will be sent to all bidders identifying the awarded vendor. Once the Notice of Award has been sent, unsuccessful bidders may request a debriefing (see RFP section 4.6) and bid submission information will be public information at that point. Post award, bid submissions become subject to public disclosure per RCW 39.26.030.**

26. Is there a requirement that Vendors' proposals meet Section 508 accessibility requirements?

**Answer: The draft and final reports submitted to OIC by the Contractor must meet the accessibility principals identified by the Washington State Office of the Chief Information Officer's Accessibility Policy, stated below:**

- **Perceivable - Information and user interface components must be presentable to users in ways they can perceive.**
- **Operable - User interface components and navigation must be operable.**
- **Understandable - Information and the operation of user interface must be understandable.**
- **Robust - Content must be robust enough that it can be interpreted reliably by a wide variety of user agents, including assistive technologies.**

**All documents generated by Contractor must pass the built-in accessibility checks in their respective programs (e.g. Microsoft Word, Adobe Acrobat, Adobe InDesign).**

27. The RFP states that Vendor's proposals must include the following items:

- a. Letter of Submittal, including signed Certifications and Assurances (Exhibit A to this RFP).
- b. Technical Proposal.
- c. Management Proposal.
- d. Experience / Related Information; and
- e. Cost Proposal.

Should items A-E be submitted together in one file or should they be submitted as separate files? If they may be submitted together, should the cost proposal be submitted as a separate document?

***Answer: Proposals should provide information in the same order as presented in the Proposal Content section of the RFP with the same headings. Files may be submitted as separate attachments or in one file, but files submitted separately will be combined into one document.***

28. The RFP states that "the Letter of Submittal is to include by attachment the following information about the Vendor..." Please confirm:

- a. Whether the items listed in Section 3.1 A-F are to be included as an attachment following the letter with introductory remarks, or incorporated within the body of the letter; and
- b. Whether the signature for the letter should appear after the introductory remarks (i.e., before the attachment) or at the end of the attachment of items from Section 3.1 A-F.

***Answer: items A-F of Section 3.1 may be provided after the letter or included in the body of the letter. For ease of review, we recommend using the A-F listing format. The signature for the letter may come after the introductory remarks or at the end of items A-F of Section 3.1 if they are included as part of the body of the letter.***

29. May resumes be included as an attachment to the Vendor's proposal?

***Answer: Resumes must be included as part of the Management Proposal, see Section 3.3(A)2(b) of the RFP, which should be presented in the same order as the RFP Proposal Content section (starting on page 16 of the RFP) with the same headings.***

30. If applicable, may Exhibit C Diverse Business Inclusion Plan be included as an attachment at the end of Vendor's proposal, or should it be included following Section 3.3.C?

***Answer: Exhibit C should be included in Section 3.3(C)2 if Vendor intends to use subcontractors.***

31. The RFP states "Vendor's that are not certified with either entity but propose and commit to using a subcontractor that is certified with either entity may will receive the five (5) Supplier Diversity Certification points in their evaluation. Proof of certification must be submitted with the proposal." Is there a minimum percentage required to receive the five points?

***Answer: The 5 points for supplier diversity will be awarded in total if proof of DVA or OMWBE certification is provided. Partial points will not be awarded.***

32. Can OIC provide a template for the cost proposal?

***Answer: OIC does not have a cost proposal template available. Please see Section 3.5 Cost Proposal of the RFP for the cost proposal requirements. Executed OIC contracts that include cost proposal submissions are available on***

**the OIC website for reference:** <https://www.insurance.wa.gov/about-us/contracting-opportunities/current-contracting-opportunities/s2504-obesity-treatment-actuarial-analysis>

33. The form contains the following statement: "We are submitting a scanned signature of this form with our proposal." Is an electronic signature that is an uploaded picture of the signatory's hand drawn signature acceptable?

**Answer: Yes**

34. Please confirm that Exhibit C is not required if Vendors do not plan to utilize subcontractors.

**Answer: Yes, Exhibit C is not required if Vendors do not intend to use subcontractors.**

35. Regarding the projected cost and state fiscal impact of adding the obesity treatment benefits in 2028-2029: should costs be assessed on a steady-state basis or should they consider the likelihood of pent-up demand in the early years of the benefit offering?

**Answer: The analysis should provide projected cost of adding obesity treatment benefits in PY 2028 and 2029. The vendor should determine whether pent-up demand will influence the cost of the benefit in those years.**

36. Regarding the analysis of current obesity treatment coverage and member cost-sharing in the commercial market: what level of granularity is needed? For example, are plan and/or issuer-level of detail needed, or will average market-level coverage options suffice?

**Answer: The Vendor should determine the level of granularity needed to produce the cost analysis described in the RFP.**

37. Would OIC expect the contractor to develop the criteria to identify service components of obesity treatment (Intensive health, behavioral, and lifestyle treatment, metabolic and bariatric surgery, and Food and Drug Administration-approved obesity medication), or will the specific procedure and diagnoses codes be specified by OIC or provided?

**Answer: The Contractor is responsible for obtaining utilization and cost data from the WA-APCD and, if needed, Washington State health carriers as defined in RCW 48.43.005, that is sufficient to estimate the cost impact of including an obesity treatment benefit in the commercial health plan market.**

38. For the projecting costs into benefit years 2028-2029, given the regulatory uncertainty with regard to the ACA individual market specifically, how many distinct regulatory scenarios does WA OIC anticipate the contractor to produce?

**Answer: The Contractor's analysis must estimate the total annual cost per member per month cost, as well as any state fiscal impact of implementing an obesity treatment benefit in the following markets both separately and in the aggregate for plan years 2028 through 2029: Individual, Small Group, Large Group, Public Employees Benefit Plan (PEBB), and School Employee Benefit Plan (SEBB). The analysis should also include the extent to which intensive health, behavioral, and lifestyle treatment, metabolic and bariatric surgery, and Food and Drug Administration-approved obesity medication or related services are currently covered by commercial plans including any associated cost-sharing.**

39. Has the OIC performed any other studies on Obesity Treatment Cost or Utilization in the last 10 years? If so, can those studies be shared as part of the RFP process? If not, are there similar studies that the OIC has performed that can be shared as part of the RFP process?

***Answer: OIC has not done other Obesity Treatment Cost or Utilization studies in the last 10 years.***

40. Does the scope of work include all Commercial plans regardless of funding type (i.e., fully insured, split/level funded, and self-funded)?

***Answer: The scope of work includes fully-insured health plans and the self-funded Uniform Medical Plan offered through the PEBB and SEBB programs.***

41. What other deliverables are anticipated in addition to the preparation of a report to the Legislature? Will the vendor be providing summary information and presentation information such as PowerPoints?

***Answer: The Contractor is required to submit a draft report to the OIC, prepare a final report for submission to the Legislature, and prepare materials for presentation of the analysis results to the OIC, other state agencies, legislative committees, and other interested parties.***