Request for Information (RFI) ETF0005

Wellness Program
for the State of Wisconsin Group Health Insurance

Issued by the
State of Wisconsin
Department of Employee Trust Funds (ETF)

Release Date: August 20, 2015

Responses Due: September 10, 2015 at 2:00 p.m. CST

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1 REQUEST FOR INFORMATION INTRODUCTION

1.1 INTRODUCTION

The Department of Employee Trust Funds (ETF) is a Wisconsin State agency that administers retirement, health, life, income continuation, long-term disability, and long term care insurance programs for 570,000 state and local government employees and annuitants.

ETF is interested in exploring options for expansion of the current wellness program available to eligible participants of the group health insurance program. ETF strives to offer an innovative, engaging wellness program that offers robust resources to participants and impacts the health, and related health care costs, of the insured population. For the short term, ETF is interested in developing a pilot program available to a limited number of state agency locations that provides an onsite health coach as an employee resource. This Request for Information (RFI) details the procedures the Vendor should follow to submit a Response providing company information, details on comprehensive wellness programs and availability of stand-alone onsite health coaching for the State of Wisconsin Group Health Insurance Program.

This RFI is issued solely for information and planning purposes, and does not constitute a solicitation. Responses to the RFI will not be returned. Responses to this RFI are not an offer and cannot be accepted by the State to form a binding contract. The State of Wisconsin is not liable for any cost incurred by the vendor in response to this RFI.

Responses to this RFI will be reviewed and may be used to develop a competitive solicitation for bids or proposals that may lead to the acquisition of Services or products that meet those business needs and requirements. Providing a Response to this RFI is not a prerequisite to submitting a bid or proposal should ETF offer such an opportunity in the future. Nor would the contents of any Response to this RFI be considered in the review or evaluation of future bids or proposals.

1.2 BACKGROUND AND CURRENT OPERATION

The State of Wisconsin Group Health Insurance Program, administered by ETF and 18 contracted health plans, is a fully insured plan for employees of state agencies, the Legislature, University of Wisconsin, University of Wisconsin Hospital and Clinics, over 300 Wisconsin Public Employers, and retired employees. 2015 health plan enrollment is approximately 63,000 state employees, 13,000 local employees and 28,000 retirees covering over 250,000 lives.

The Group Insurance Board (GIB) implemented a uniform wellness incentive beginning January of 2014, primarily administered by the individual health plans. The wellness incentive, known as the Well Wisconsin Incentive program (http://wellwisconsin.wi.gov/Home), is available to all adults covered by the State of Wisconsin Group Health Insurance Program. A $150 incentive is earned once a biometric screening and health plan provided health risk assessment are completed. The Department of Administration currently contracts with Optum for onsite biometric screening. Optum transfers screening data results to the 18 health plans. In 2014 there were approximately 190,000 adults eligible for the incentive, 13% of those received the incentive. A recent benefit consultant report to the GIB on future benefit design does make a recommendation of premium differentials for wellness incentive and a total health management health care model for increased health outcomes.

ETF's Office of Strategic Health Policy is looking to develop and implement a robust and innovative comprehensive wellness program that will increase the rate of engagement, provide valuable health resources and disease management programs to participants, improve or maintain participant health and reduce health care costs for preventable disease states.

1.3 Request for Information Agency Contact

Michael D. McNally, Jr.
Purchasing Agent - Senior
Wisconsin Department of Employee Trust Funds
Direct Line: (608) 261-9032
Email: ETFSMBProcurement@etf.wi.gov

1.4 Definitions and Acronyms

Words and terms shall be given their ordinary and usual meanings. Where capitalized in the RFI, the following definitions and acronyms shall have the meanings indicated unless otherwise noted. The meanings shall be applicable to the singular, plural, masculine, feminine, and neuter forms of the words and terms.

CST means Central Standard Time.

Department or **ETF** means the Wisconsin Department of Employee Trust Funds.

GIB means the State of Wisconsin Group Insurance Board.

HIPAA is Health Insurance Portability and Accountability Act of 1996, Title 45 of the Code of Federal Regulations, section 160.103.

Protected Health Information or **PHI** is health information protected under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Title 45 of the Code of Federal Regulations, section 160.103.

Response means the complete response of a Vendor to requirements of the RFI, which includes all attachments.

RFI means Request for Information.

Services means all work performed, and labor, actions, recommendations, plans, research, and documentation provided by the Vendor.

State means the State of Wisconsin.

State Statutes or ss or Wisconsin Statutes or Wis. Stats. means Wisconsin State Statutes referenced in this document , viewable at: http://www.legis.state.wi.us/rsb/stats.html.

USPS means United States Postal Service.

University of Wisconsin means the University of Wisconsin System with 13 four-year campuses and 13 two-year campuses with locations throughout the State.

Vendor means a person or company that sells goods or provides Services. Means a firm or individual submitting a Response to this RFI.

1.5 Reasonable Accommodations

ETF will provide reasonable accommodations, including the provision of informational material in an alternative format, for qualified individuals with disabilities, upon request.

1.6 Vendor Questions

Vendors may submit questions regarding this RFI in writing to ETFSMBProcurement@etf.wi.gov. The questions will be compiled and answered as received; prior responses may be updated. The answers will be posted on VendorNet and ETF's Extranet (http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html).

1.7 VendorNet Registration

Only Vendors registered with the State of Wisconsin's VendorNet will receive automatic future official notice for bid opportunities for Services. The State of Wisconsin's purchasing information and Vendor notification service is available to all businesses and organizations that want to sell to the state. Anyone may access VendorNet on the Internet at http://vendornet.state.wi.us to get information on state purchasing practices and policies, goods and services that the state buys, and tips on selling to the state.

2 SUBMITTING A RESPONSE

Response due by **September 10, 2015 at 2:00 p.m. CST.**

Submit one (1) electronic Microsoft Word/Microsoft Excel, and/or Adobe Acrobat 9.0 format version (on CD, DVD, USB flash drive, or email) of the Response to:

UPS, Fed Ex, etc. delivery	USPS Mail delivery:	Email
Employee Trust Funds	Employee Trust Funds	Employee Trust Funds
RFI ETF0005	**RFI ETF0005**	**RFI ETF0005**
801 West Badger Road	PO Box 7931	ETFSMBProcurement@etf.wi.gov
Madison, WI 53713-2526	Madison, WI 53707-7931	

The Vendor's Response shall include the following:

- Answers to the questions listed in Section 3.
- Appendix A - Designation of Confidential & Proprietary Information.
- A copy of the Vendor's standard agreement including company terms and conditions.

Upon receipt and review of the submitted Responses, ETF may seek clarification from certain or all respondents.

3 VENDOR RESPONSE QUESTIONS

Vendors submitting a Response to this RFI should answer the following questions. Additional information regarding your Services is welcome. Responses should be no longer than 30 pages, organized into the following questions.

3.1 COMPANY INFORMATION

3.1.1 Introduce your organization (e.g., background, year established, parent company, size, number of customers, offices, number of employees, etc.). Please include ownership structure.

3.1.2 Identify contact name(s) and information for questions ETF might have concerning this information and the products and Services you offer.

3.1.3 List any relevant web sites for your company and its offerings.

3.1.4 Identify major customers that use your Services and are willing to serve as a reference. Please provide the appropriate contact information. We are especially interested in large public employers. Large corporate client references are also acceptable.+

3.1.5 Describe the largest client your company currently provide Services for, including whether the client has 150,000 or more eligible participants, has 100 or more site, and the largest geographical area served for one client.

3.1.6 Describe your three largest clients including organization type, design of Services offered, number of employees, number of locations and engagement rates in programming.

3.2 COMPREHENSIVE WELLNESS PROGRAMS

3.2.1 Health Risk Assessment

Describe your health risk assessment, including accreditations, ability for customization and ability to identify participant’s willingness to change. From the participant perspective include detail on ease of use/simplicity of web navigation, length of time to complete, user ability to confirm status of completion, scores or summaries provided, and ability to track change from prior year. From the employer group perspective include detail on the ability to customize content (including employer specific modules), aggregate data for engagement and improvement of participant health.

3.2.2 Biometric Screenings

Describe your Services for providing onsite biometric screenings and your process for accepting results from the participant’s physician in lieu of onsite participation. Include the minimum and maximum number of participants that could be accommodated at an event, the average time to complete a basic screening, how the results are presented to the participant, the opportunity to collect feedback from participants and your ability to staff simultaneous events statewide.

3.2.3 Health Coaching

Describe your health coaching services. Include type of service (in person, telephonic…), targeted population(s), credentials of health coaches, ability to evaluate level of impact of coaching and the opportunity to collect feedback from participants on both individual coach performance and on overall coaching service.

3.2.4 Disease Management Programs

Describe your disease management programs. Include detail on typical engagement rates, ability to evaluate return on investment, and coordination capability with participant's health plan and/or physician.

3.2.5 Comprehensive Wellness Programs, Engagement, Evaluation and Return on Investment/Value of Investment

Describe your comprehensive wellness program design and how your company is innovative and an industry leader in this area. Address engagement rates, ability to evaluate program effectiveness on health outcomes and return on investment/value of investment.

3.2.6 Promotion, Communication and Customer Service

Describe your tools and approaches for program promotion, communication, and customer service to large (100,000 or more employees) and diverse employer groups. Include detail on customer service provided for program participants.

3.2.7 Performance Guarantees

Describe specifically what guarantees your company has offered to other large clients pertaining to meeting performance standards.

3.2.8 Data Management

Describe your ability to handle large and complex datasets in a timely and accurate manner and whether each client is assigned a dedicated data team. Include your ability to work with multiple external vendors for one client, create manual processes for data that fails an automated process, and your ability to divert resources for unexpected issues.

3.2.9 Security, Privacy and Electronic Data Interchange

Describe how the organization maintains confidentiality and complies with HIPAA security, privacy, and electronic data interchange requirements.

3.3 STAND-ALONE ONSITE HEALTH COACHING

3.3.1 Models for Onsite Health Coach

Describe your offerings for onsite health coaching, including but not limited to: one-on-one coaching, lunch & learns, group activates/challenges, tools used to successfully build promotion and drive site specific participation. Describe innovative approaches used for providing an onsite, rotating health coach at multiple employer locations. Specify the maximum number of locations and geographical limitations of your company can accommodate.

3.3.2 Price Structure

Describe your pricing structure for stand-alone onsite health coaching including all Services and fees. If available, provide fee schedules. Include in your Response sample invoices or billing statements provided to clients and detail of how cost for travel, development of program and promotional materials is addressed, and other fees such as no-show and late cancellations.

3.3.3 Utilization Models

Describe whether your company has implemented models with other large clients where each employer location has an allocated number of contract hours available under the contract. Include how re-allocation was addressed to balance the locations with a surplus of hours and those interested in utilizing more than their original allocation.

3.3.4 Reporting

Describe the reporting capabilities of your Services for health coaching. Include information about reporting on the status of meeting or not meeting contract deliverables, addressing Protected Health Information (PHI), and ability to audit/confirm participation. Please provide example reports.

3.3.5 Performance Guarantees

Describe specifically what guarantees your company has offered to other large clients pertaining to meeting performance standards.

APPENDIX A
DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in the Response to **RFI ETF0005** includes proprietary and confidential information which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this response be treated as confidential material and not be released.

Section #	Page #	Topic

____

Vendor Representative Printed Name

____ ____________________

Vendor Representative Signature Date