

Date: April 27, 2021

To: All Vendors

Subject: **Request for Information (RFI)** **ETA0046 for the** **Well Wisconsin Program**

**Responses Due: Friday, June 11, 2021 by 2:00 PM CST**

The Wisconsin Department of Employee Trust Funds (ETF) is issuing this Request for Information to solicit input from interested parties for the State of Wisconsin Group Health Insurance Program’s (GHIP) wellness and disease management program, Well Wisconsin.

The following documents are included at the end of the RFI document:

* Non-Disclosure Agreement (NDA)
* Designation of Confidential and Proprietary Information Form

The above documents must be completed and submitted with your RFI response.

Thank you in advance for your response.

Beth Bucaida

Contracts Specialist-Advanced

Department of Employee Trust Funds

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ETFSMBProcurement@etf.wi.gov

**Wisconsin Department of Employee Trust Funds**

**Request for Information**

**ETA0046**

**Well Wisconsin Program**

# 1. General Information

## 1.1 Introduction

The purpose of this Request for Information (RFI) is to solicit information from vendors who possess the resources and expertise to administer wellness and/or disease management services for members in the State of Wisconsin and the Wisconsin Public Employer (Local) Group Health Insurance Programs (GHIPs), managed by the Wisconsin Department of Employee Trust Funds (ETF) with oversight by the State of Wisconsin Group Insurance Board (Board).

This RFI seeks to identify market and regulatory trends affecting wellness and/or disease management programming and the capabilities of qualified vendors that offer similar services.

General Information:

* Responses to this RFI will not be returned and become ETF’s property upon submission to ETF.
* Responses are voluntary and shall not bind either the respondent or ETF in any way. This RFI is issued solely for information and planning purposes and does not constitute a solicitation.
* Responses to this RFI are not an offer and cannot be accepted by ETF to form a binding contract.
* ETF will not respond to vendor questions regarding the contents of this RFI; include any assumptions you make regarding the subject matter of this RFI in your response.
* Responses to this RFI will be reviewed by ETF and may be used to further develop, change, alter or delete specifications, terms, or conditions within a future solicitation.
* Providing a response to this RFI is not a prerequisite to submitting a proposal should ETF offer such an opportunity in the future. The contents of responses to this RFI will not be considered in the review or evaluation of future bids or proposals.
* Responses to this RFI may be reviewed by ETF’s actuarial consultant, therefore, all vendors must complete and submit the attached NDA.
* ETF is not liable for any cost incurred by any vendor who responds to this RFI.
* If you must include confidential/proprietary information in your response, you must provide a redacted version of your submission and provide a list of the confidential/proprietary information in the attached Designation of Confidential and Proprietary Information Form. All vendors should submit this form, even if no confidential/proprietary information is provided; if no confidential/proprietary information is provided, write “none” on the first line, sign and return the form as instructed.
* ETF reserves the right to ask for clarification on any responses.

## 1.2 Background and Current Program

The State and Local GHIP, administered by ETF and 10 contracted health plans, is a fully insured plan for employees of state agencies, the Legislature, University of Wisconsin System, University of Wisconsin Hospital and Clinics, almost 400 local government employers, retired employees, and their dependents. The GHIP makes up one of the largest health plan groups in Wisconsin, spending $1.6 billion in health insurance premiums annually and covering over 240,000 lives

The pharmacy benefit program is self-insured and carved out from the health insurance plan. It has been administered through a Pharmacy Benefit Manager (PBM) since 2004. This includes providing Medicare Part D benefits through an Employer Group Waiver Plan (EGWP) and additional wrap-around benefit since 2012.

The Board implemented Well Wisconsin, a uniform wellness incentive program, as part of the GHIP in 2014 which was administered by the individual health plans. The program was (and still is) available to health plan subscribers and their spouses. Child dependents are not eligible to participate. The Board entered a contract with a single program administrator to expand the wellness and disease management program offerings for members beginning in 2017. Current services include health screenings (onsite events, home test kits, physician forms), flu vaccine clinics, health coaching, disease management (asthma, diabetes, coronary artery disease, congestive heart failure and chronic obstructive pulmonary disease), and an online portal (health assessment, challenges, education, trackers, fitness videos, guided meditation, etc.). Participants can earn a $150 debit card for completing the health assessment, health check (health screening, dental exam or one coaching call), and one well-being activity (challenges, education sessions, coaching and more). Medicare Advantage members can utilize services but cannot earn the incentive. Health coaching and disease management participants are identified through self-reporting on the health assessment questionnaire. Currently, health plans do not share medical claims with the wellness and disease management program administrator. The contract also includes two program management staff who support an employer wellness champion network and develop onsite well-being resources, toolkits and participant engagement activities, a robust communication plan and custom reporting.

#### Well Wisconsin Incentive Program Participation

Participation rates in the incentive program have almost doubled since transitioning to a single program administrator in 2017.

Participation is higher among active employees as compared to retirees. The table below identifies percentages of eligible participants who earned the incentive within the primary employee types in 2020.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Eligible | Participants | % Participants |
| State Employees | 55,678 | 16,962 | 30.5% |
| UW Employees | 49,912 | 15,744 | 31.5% |
| Local Employees | 17,419 | 4,428 | 25.4% |
| State Retirees | 40,349 | 4,730 | 11.7% |
| Local Retirees | 2,894 | 373 | 12.9% |

Well Wisconsin Impact on the Triple Aim

The Board adopted the healthcare triple aim (1. health, 2. quality/satisfaction, and 3. cost) as their guiding principle for evaluating all programs and policies. Current analysis of Well Wisconsin’s impact on the triple aim was reported to the Board at the November 18, 2020 meeting ([Ref. GIB | 11.18.20 | 7B](https://etf.wi.gov/boards/groupinsurance/2020/11/18/gib7b/direct)). Some key results shared included:

* Participants have a lower rate of increase in relative risk scores compared to non-participants.
* Participants have significantly better healthcare utilization rates than non-participants.
* Health improvements are being realized for repeat participants as measured by the health assessment.
* Participants continue to be satisfied with program services as measured by annual satisfaction surveys.
* There are savings when evaluating expected versus actual allowed medical and pharmacy claim amounts for participants compared to non-participants.

Further, a return-on-investment (ROI) analysis was completed for Well Wisconsin by the Board’s actuary for the first three years of the program and found that there was a negative ROI.

# Submitting a Response

**a. Due Date and Time: Responses are due no later than 2:00 pm CST, on Friday, June 11, 2021.**

Responses submitted after the due date and time listed above may not be reviewed by ETF.

**b. Submission of Responses:** Responses must be submitted to the following URL: <https://etf.app.box.com/f/eaecce6cb6c44ccb884a479e276510ce>

**IMPORTANT:**

* Do not upload folders to the above-listed URL. Do not upload zipped folders or zipped files to the above-listed URL.
* The maximum individual file size is 15 GB.
* Acceptable file types include PDF, DOCX, **or XLSX.**
* **Do not lock or password protect any uploaded files.**
* **Files must be free** of all malware, ransomware, viruses, spyware, worms, Trojans, or anything that is designed to perform malicious operations on a computer.
* If you experience problems accessing Box to upload your Proposal documents, please consult with your IT department; consider “whitelisting” Box or turning off your VPN to allow uploads.
* If you experience any issues with submitting your response to the above-listed Box URL, please send an email to ETFSMBProcurement@etf.wi.gov, include “RFI ETA0046” in the subject line.

**c. Submission Requirements:**

* + **Submit all documents using the above-listed Box URL.**
* **All uploaded files must include the respondent’s name as the first word of the file name.**
* **Upload your completed and signed Non-Disclosure Agreement.**
* **Upload your completed and signed** Designation of Confidential and Proprietary Information form.
	+ **If your response contains confidential and/or proprietary information/documents: submit a** redacted response, which excludes or redacts **all confidential and proprietary information/documents. This document should be labeled “[Vendor Name] REDACTED RFI Response.”**

**Note: ETF may need to electronically send your redacted materials to members of the public when responding appropriately to public records requests. In the event that there is a public records request regarding the RFI, your redacted response document(s) is the file that will be shared with requestors. Note that no matter what method you use to redact documents, ETF is not responsible for checking that the redactions match your submitted Designation of Confidential and Proprietary Information form. ETF is not responsible for checking that redactions, when viewed on-screen via electronic file, cannot be thwarted. ETF is not responsible for responding to public records requests via printed hard copy, even if the redactions you made are only effective on printed hard copy. ETF may post your redacted responses on ETF’s public website in exactly the same file format you provided to ETF, and ETF is not responsible if the redacted file is copied and pasted, uploaded, e-mailed, or transferred via any electronic means, and somehow loses its redactions in that process.**

* **Redact only material you/your company authored. For example, do not redact ETF’s question or statement in the RFI you are responding to, only your answer.**
* **Do not redact page numbers. Page numbers should remain visible at all times, even if the whole page is being redacted.**
* **List a descriptor of the redacted items on your submitted Designation of Confidential and Proprietary Information form; sign the form only once. Add as many lines/pages to the form as necessary.**

# Information Requested

Vendors submitting a response to this RFI should address the items listed below. ***Answers should only apply to your wellness and/or disease management services unless otherwise specified.*** Additional information regarding your services is welcome.

## 3.1 Company Information

3.1.1 Briefly introduce your organization, including your company’s ownership structure, number of employees, number of offices and locations.

3.1.2 Provide contact name(s) and information for the person(s) ETF may contact concerning your response and the products and services you offer.

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

3.1.4 List your top six largest clients (three largest in the private sector and three largest in the public sector), years under contract, service offerings, number of eligible and actual participants as of December 31, 2020, and program results/outcomes using the table format below.

|  |  |
| --- | --- |
|  | Client x |
| Client Name & Location |  |
| Years under contract |  |
| Service offerings |  |
| Incentive Value and Type |  |
| Eligible Participants |  |
| Actual Participants |  |
| Program Results (include impact on health, satisfaction and costs) |  |

## 3.2 Market Trends and Experience for wellness and disease management programming

3.2.1 Please describe your experience with offering wellness and/or disease management services to employers with a diverse employee base spread out in multiple geographic locations, various age demographics and employment roles. Specifically identify applicable experience with public employers.

3.2.2 Please describe your experience partnering with health plans, pharmacy benefit managers and data warehouse vendors to explore population health initiatives.

3.2.3 Please describe your experience working with employer networks/sites to support a culture of well-being. Include your experience supporting employer-based policy or environment changes to support well-being.

3.2.4. What do you view as the top pressures facing wellness and/or disease management over the next three years? How do you plan to address these?

3.2.5 What financial, market, or regulatory changes do you see happening over the next three years that could impact wellness and/or disease management programming?

3.2.6 Describe any expansion of offerings you expect to make in the next three years.

3.2.7 Please share any additional information, not already addressed in this RFI, that you feel would assist ETF in better understanding potential plan challenges and opportunities.

## 3.3 Program Design & Offerings

3.3.1 Describe program designs and offerings that you have found are most impactful at supporting 1) participant health and 2) satisfaction while 3) controlling costs. Include a description of the impact observed.

3.3.2 What changes would you propose be made to ETF’s current offerings? Identify what you think are the strengths and weaknesses of ETF’s current program design.

3.3.3 Describe how your approach to wellness and/or disease management is different than other vendors and how it has improved the health and well-being of populations served and/or reduced overall healthcare costs.

3.3.4 Describe, in detail, the tools and resources you make available to participants to support their health and well-being.

3.3.5. What approaches beyond monetary or in-kind incentives do your programs/clients use to drive both participation and outcomes?

## 3.4 Fees & Contracting

3.4.1 Describe your organization’s pricing structure when determining rates, including any administrative fees. If available, provide fee schedules for your services.

3.4.2 Describe the types of guarantees you offer to other large clients pertaining to meeting performance standards.

**End. Please complete and submit the attached forms.**

|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | STATE OF WISCONSIN**Department of Employee Trust Funds****A. John Voelker**SECRETARY | Wisconsin Departmentof Employee Trust FundsPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549etf.wi.gov |

**Request for Information**

**ETA0046**

**Well Wisconsin Program**

**Non-Disclosure Agreement (NDA)**

The Department of Employee Trust Funds (ETF) and The Segal Company (Segal) acknowledge that they shall receive information from the vendor named below that the vendor has designated as confidential information.

ETF and Segal agree to the following four limitations on the use of that confidential information:

1. Segal may not use the confidential information for any work other than for ETF.
2. Segal may not add the confidential information to its own database or other databases used by Segal for comparisons or analyses outside of the work for ETF.
3. Segal and ETF may not publish the confidential information in any report to be made public for ETF or any other employer.
4. Segal and ETF may not sell the confidential information or otherwise provide the confidential information to a third party.

All parties agree that ETF is subject to the provisions of the Wisconsin Public Records Law (Wis. Stat. §19.31 et seq.), which provides generally that all records relating to a public agency’s business are open to public inspection, disclosure and copying in the manner provided in the Public Records Law. Accordingly, ETF cannot represent or guarantee that any information submitted by the vendor named below will be considered confidential under the Public Records Law. In the event ETF receives a request under the Public Records Law, ETF’s sole responsibility will be to notify the vendor of the request and allow the vendor to seek protection from disclosure in a court of competent jurisdiction. With the exception of the information designated as confidential information by the vendor, ETF shall be able to comply with such request without any liability under this NDA.

In the event the designation of confidential information is challenged as a request under the Public Records Law, ETF will notify the vendor within three (3) days of the State’s receipt of such challenge. The vendor will need to obtain legal counsel or provide other necessary assistance to defend the designation of confidential information and hold ETF and the State of Wisconsin harmless for any costs or damages arising out of ETF’s agreeing to withhold the confidential information. If ETF is required to disclose confidential information pursuant to any order or directive of a court or governmental agency of competent jurisdiction, ETF will inform the vendor of such order or directive prior to disclosure, where legally permitted.

**Vendor**

Authorized Representative

Signature

Authorized Representative

Type or Print Name

Date

**Department of Employee Trust Funds The Segal Company**

Authorized Representative  Authorized Representative

**A. John Voelker Kenneth C. Vieira**

Date April 27, 2021 Date April 27, 2021

|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | STATE OF WISCONSIN**Department of Employee Trust Funds****A. John Voelker**SECRETARY | Wisconsin Departmentof Employee Trust FundsPO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)Fax 608-267-4549etf.wi.gov |

**Designation of Confidential and Proprietary Information**

The material my company has submitted in response to **RFI ETA0046 Well Wisconsin** includes proprietary and confidential information that qualifies as a trade secret, as provided in § 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, my company requests that certain pages of our response, as indicated below, be treated as confidential material, and not be released without our written approval. I understand other information cannot be kept confidential unless it is a trade secret.

Trade secret is defined in § 134.90(1)(c), Wis. Stats. as follows: “Trade secret” means information, including a formula, pattern, compilation, program, device, method, technique, or process to which all the following apply:

* The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
* The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

Prices always become public information when responses are opened, and therefore cannot be kept confidential.

S**ign and submit this form as instructed in the RFI.** Failure to include this form with your response may mean that all information provided as part of your response will be open to examination and copying. The state of Wisconsin (State) will consider other markings of confidentiality in your response to be insufficient.

**If you are not including any confidential or proprietary materials with your response, please write “none” in the first row below, sign and submit this form as instructed in the RFI.**

**My company requests the following documents/sections/pages not be released:**

|  |  |
| --- | --- |
| **Topic/Subject Matter** | **Response Page #** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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 **Attach additional copies of this form if necessary.**

In the event the designation of confidentiality of the above-listed information is challenged, my company hereby agrees to provide legal counsel or other necessary assistance to defend the designation of confidentiality and to hold the State harmless for any costs or damages arising out of the State withholding the materials. My company agrees to hold the State harmless for any damages arising out of the release of any materials unless they are specifically identified above.

|  |  |
| --- | --- |
| Vendor Name: | Click or tap here to enter text. |
|  |  |
| Name & Title of Authorized Representative: | Click or tap here to enter text. |
|  |  |
| Authorized Representative Signature: |  |
|  |  |
| Signature Date: | Click or tap here to enter text. |