



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION,
DIVISION OF BENEFITS ADMINISTRATION
REQUEST FOR INFORMATION
FOR
Population Health Program

RFI # 31786-00135
July 15, 2016

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Finance and Administration, Division of Benefits Administration ("State") issues this Request for Information ("RFI") for the purpose of soliciting information on population health programs and the companies which offer these types of programs for group health plans. The State is interested in receiving information from companies with experience managing large member populations for large employers. The State acts like an insurance company for multiple employer groups by managing various benefit plans for three separate risk pools, therefore, experience serving insurance companies or other similarly structured clients is desirable. We appreciate your input and participation in this process.

The information provided will assist the State in comparing emerging best practices in population health to determine our future wellness program design, including options for service delivery. The State would also like to explore the potential of utilizing more than one vendor to ensure that we are providing the best programs and service delivery, and we are open to how this can be achieved. Ideally, we would like to have one primary vendor to manage the overall program, either independently or through subcontracts, but we are open to an independent vendor who can deliver a specific program for weight loss, pre-diabetes or metabolic syndrome. These can be separate contracts but all programs need to be integrated within the program as a whole. The State, under authority of the State Insurance Committee, is conducting a study of these options. This market research is not a competition. No evaluation of participating vendors will occur and your participation is not a promise of future business with the State. Responding or not responding to the RFI does not preclude the Vendor from submitting a proposal to any future solicitations/requests for proposals issued by the State. The tables in the Informational Form of this RFI request general price ranges for the wellness programs described in Section 2 below. The State is **NOT** requesting specific pricing for any components or services addressed in this RFI. Instead, the State is seeking price ranges for programs in order to determine approximately, what these types of programs sought by the State will cost. **Do NOT provide specific pricing amounts in response to this RFI.** Should responses from this RFI generate additional questions from the State all vendors responding to this request will receive the additional questions.

2. BACKGROUND:

The current wellness program was expanded and integrated into the health plan in 2011 with the launch of our redesigned PPOs. All plans cover the exact same services and utilize the same networks. The real difference is that the Partnership Promise is required of those enrolled in the Partnership PPO. Members enrolled in the Partnership PPO agree to the Partnership Promise and take steps to improve their health. In exchange, they pay reduced premiums as well as lower co-pays, deductibles and out of pocket maximums. The promise is an annual commitment. In general, members are asked to complete a health questionnaire and every other year all members are required to complete a biometric health screening. The screening includes measures like blood pressure, glucose, blood lipid levels, height, weight and body mass index. Lastly, those identified for coaching have to participate to maintain the lower cost share. Coaching includes lifestyle, disease and case management. Lifestyle behaviors including tobacco, weight, stress, nutrition and exercise are the focus of the Lifestyle Management (LM) coaching. Chronic disease conditions with the corresponding Disease Management (DM) program include Diabetes, Asthma, Coronary Artery Disease (CAD), COPD and CHF. Case management helps coordinate care for those with complicated medical needs, chronic conditions and catastrophic illness or injuries and is managed by the state's medical carriers, not the wellness vendor. Members in the other PPOs (Standard and Limited) have access, at no additional charge, to all of the wellness services, but they do not have to commit to the Partnership Promise. A Consumer Driven Health Plan (CDHP) was introduced in 2016. Those who enrolled in the Wellness Health Savings CDHP received money in their HSA if the member and spouse, if applicable, completed the Partnership Promise.

Five years into this updated benefit design and integrated wellness model, we have seen positive results from this approach - improvements in adherence to preventive care and lower avoidable costs for those enrolled in the Partnership PPO. While we have seen consistently high participation rates (80% - 85%) using this approach, there is a chasm between participation and engagement. Most view the program as a hurdle, not a benefit. Our "prepaid" incentive model creates a disconnect for members and most take the position that the program is punitive and forced upon them - even though they agreed to complete the wellness requirements in exchange for the lower cost share in premiums and out of pocket costs. Most significantly, the EEOC Regulatory update makes our plan design out of compliance as our benefit design is considered a "gated program". We will be making some small changes to our incentive design for the 2017 program year to ensure the plan complies with the updated regulations. We do anticipate additional changes to the program and incentive structure that will coincide with the award of our next wellness program vendor in 2018. We hope to propose an updated design that will reward those members who choose to take action toward improving their health and participation will be voluntary. We also propose expanding the ways our members can engage in and complete wellness activities by offering a menu of options and a variety of program delivery methods (in-person, digital, telephonic, etc.). In this RFI, we are looking for emerging programs and best practices. Not only in the types of programs offered but also alternative delivery modalities. We want to provide more choice in what members can do to complete the wellness requirements and most importantly, improve member satisfaction and engagement.

3. COMMUNICATIONS:

- 3.1. Please submit your response to this RFI to:
Seannalyn Brandmeir, Procurements and Contracting Manager
Department of Finance and Administration, Division of Benefits Administration
312 Rosa L. Parks Ave, 19th Floor WRS TN Tower
Phone: 615-532-4598
Fax: 615-253-8556

3.2. Please feel free to contact the Department of Finance and Administration, Division of Benefits Administration with any questions regarding this RFI. The main point of contact will be:

3.3.

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3.4. Please reference RFI # 31786-00135 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		July 15, 2016
2.	RFI Response Deadline	2:00 p.m.	July 29, 2016
3.	In-Person Meetings with Respondents		August 15 -31, 2016

5. GENERAL INFORMATION:

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

5.4. The State will conduct in person meetings in Nashville, Tennessee with respondents to ensure that the State understands the information received from the respondents. Attendance at in person meetings by respondents is not mandatory and is not a prerequisite for responding to any future solicitations related to this project.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

RFI #31786-00135	
TECHNICAL INFORMATIONAL FORM	
1.	RESPONDENT LEGAL ENTITY NAME:
2.	RESPONDENT CONTACT PERSON: Name, Title: Address: Phone Number: Email:
3.	Please provide a brief description of your company's experience providing population health programs or services for large clients.
4.	Describe your three largest clients including organization type, services offered and engagement/enrollment numbers for those services. Do any of these clients have 200,000 or more eligible participants?
5.	List and describe all population health services available to prospective clients (i.e., condition/disease management, online tools, trackers, wellness challenges, educational resources, online platforms, etc.), including if you offer a full suite of wellness programming and services or deliver one specific program. Are any of these services delivered by a subcontractor?
6.	Are there population health programs, which, in your experience, provide better value than others do? If so, please provide the details and rationale. <input type="checkbox"/>
7.	Thinking about the most successful wellness programs you've seen employers implement, describe the key elements of these programs. What has led to their success?
8.	What is your organization's philosophy on a more holistic approach to wellness (well-being)? Do your programs emphasize the whole person? Please describe the approach.
9.	Describe your experience designing programs that appeal to a wide range of age groups and personalities. How do the programs vary and are they customized to different demographic groups?
10.	What is your experience integrating data from (or as) an independent vendor? Be sure to include any successes, challenges or issues that have arisen, if any, if you have done this previously.
11.	Describe your ability to provide a seamless program through integration of all health and wellness programs including other wellness vendor partners and health plans - including but not limited to the following: independent or specialty programs, case management, behavioral health, EAP and PBM. Please detail how you monitor population health activities across multiple vendors.
12.	Do you have the ability to review risk factor and disease data (HRA, biometrics, claims) to identify the highest priority health issues?
13.	In looking at your large employer clients, what percentage of the population typically qualifies to enroll in health coaching once you have assessed the population's risk through methods such as HRA completion, biometric screening and/or risk stratification via claims data? Please address

lifestyle and disease management programs separately.
14. Indicate all methods utilized to identify individuals with health risks or chronic conditions (HRA, medical and pharmacy claims, BHO claims, biometric screening or other). Do you have the ability to “stratify” them according to risk/condition and provide options for wellness activities that coincide with the risk stratification and would help improve risk or condition management?
15. Describe your approach to engaging healthy members and those who demonstrate a low risk profile?
16. If you offer an independent program for weight management, nutrition, metabolic syndrome, etc., please detail the program, how enrollment works, the delivery method for the program and if there is a guaranteed ROI. If so, list the ROI.
17. Using the template table included as “Attachment A”, indicate with an “x” which condition management program(s) your organization offers. Include the delivery method available (in person, telephonic, digital format, etc. Do you risk stratify enrollment (high, medium, low) and the frequency of interaction based on the risk stratification. Is there a guaranteed ROI, and, if so, list the ROI.
18. For the condition management programs offered, please indicate which, if any, allow for graduation. If so, how is graduation determined (goals met, mitigated risk factors, completed program, etc.)?
19. For the condition management programs listed above, how is success measured and what type of data is collected to measure program success?
20. Using the template table included as “Attachment B”, indicate with an “x” which disease management program(s) your organization offers, including the delivery method available (in person, telephonic, digital format, etc. Do you risk stratify enrollment (high, medium, low) and the frequency of interaction based on the risk stratification. Is there a guaranteed ROI, and, if so, list the ROI.
21. For the disease management programs offered please, indicate which, if any, allow for graduation. How is graduation eligibility determined (met goals, completed program, etc.)?
22. For the disease management programs listed above, how is success measured and what type of data is collected to measure program success?
23. Please describe your relationship with subcontractors in providing any of the programs listed in “Attachment A and/or B,” including the specific condition/disease management programs provided by the subcontractor, the duration of your relationship and a short summary of past projects completed together.
24. Describe your reporting capabilities, and your ability to report program participation, completion/graduation and member satisfaction for all programs offered.
25. Are your client’s reports available via a web-browser or other means so staff can obtain reports themselves?
26. Attach one sample of all standard reports and label it “ Attachment C. ”
27. Does your organization have experience reporting the status of member activities to clients, claims payers or other entities that would permit the administration of member incentives? This could be anything from the number of points a member has earned to those activities that a member has completed.
28. Comment on the potential outcomes and success rates for a “point system” as listed above.
29. Describe in detail what performance guarantees you have offered to other large clients and how successful you have been in meeting those standards. If you did not meet the guarantees, explain why and how you corrected it moving forward?
30. Provide a summary of benchmarks your large clients use to measure the success of their program. Is it VOI, member satisfaction rates, participation rates, reduction in lifestyle-related risk factors,

improvement in cost and utilization metrics or some other measure?
31. List any measurement and evaluation studies your organization has completed (or is in the process of conducting) indicating the impact/value of your programs. Was this evaluation completed by an outside third party?
32. Are any of your program(s) approved as an allowed medical or wellness expense under any health plans with a corresponding CPT code? If not, are there plans to move in this direction?
33. Describe your involvement in educating members on the value of your program and recruiting them to participate. Include any promotional materials available for this purpose.

COST INFORMATIONAL FORM
1. Describe your pricing structure for your various behavior change programs. Does pricing differ depending on the program delivery method (i.e., telephonic versus other digital delivery methods like text, email, online chat function or video coaching)?
2. Provide your price structure if you offer one or more specific program models (prediabetes, metabolic syndrome, weight management).
3. Describe your ability to pro-rate billing for partial month member participation or enrollment. For example, a member is due for a coaching call on the 7 th of the month, but is not reached during the month. Does your billing system allow for the use of billing days versus billing the entire month? If so, realistically, would this method increase the monthly price?

ADDITIONAL CONSIDERATIONS
1. Please provide input on alternative approaches or additional things to consider that might benefit the State:

Attachment A

Condition Management Program	Provide (not subcontracted)	Plan to provide	Delivery Method (in person, telephonic, digital, etc.)	Risk Stratify (High, Medium, Low) and frequency of outreach	Guaranteed ROI? If yes, list ROI.
Pre-diabetes					
Metabolic Syndrome					
High Blood Pressure					
High Cholesterol					
Nutrition					
Weight Management/Weight/Loss					
Stress/Resiliency					
Financial Wellness					
Tobacco Cessation					
Exercise					
Sleep Programs					
Other					
Other					
Other					

Attachment B

Disease Management Program	Provide (not subcontracted)	Plan to provide	Delivery Method (in person, telephonic, digital, etc.)	Risk Stratify (High, Medium, Low) and frequency of outreach	Guaranteed ROI? If so, include ROI
Adult asthma					
Chronic Obstructive Pulmonary Disorder (COPD)					
Chronic Pain					
Congestive Heart Failure (CHF)					
Coronary Artery Disease (CAD)					
Depression					
Adult Diabetes					
End Stage Renal Disease					
High Risk Pregnancy					
Musculoskeletal					
Overweight/Obesity					
Migraines					
Other					
Other					
Other					