



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
 SECRETARY

Wisconsin Department
 of Employee Trust Funds
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

Correspondence Memorandum

Date: July 14, 2021

To: Group Insurance Board

From: Molly Heisterkamp, Disease Management and Wellness Program Manager
 Tricia Sieg, Pharmacy Program Manager
 Beth Bucaida, Contract Specialist

Subject: Well Wisconsin Return on Investment and Request for Information Results and Recommendations

The Department of Employee Trust Funds (ETF) recommends the Group Insurance Board (Board) authorize staff to prepare and release a Request for Proposals (RFP) to select an administrator for the Well Wisconsin program, effective for the 2024 program year.

Background

The Board contracted with StayWell to administer the wellness and disease management program (Well Wisconsin) beginning with the 2017 program year. Group Health Insurance Program (GHIP) health plans administered the program prior to StayWell from 2014 through 2016. In 2020, WebMD Health Services (WebMD) acquired StayWell. The current contract with WebMD is set to expire December 31, 2023.

The Well Wisconsin program supports GHIP subscribers and spouses with resources to assist them in reaching their personal health and well-being goals. Examples of available resources include personalized health assessments with tailored feedback and health action recommendations, biometric health screenings, lifestyle management coaching, disease management coaching, weight management programs, Well Wisconsin Radio interviews with health experts, and online educational content, videos and challenges. Participants who complete three activities (health assessment, health check and a well-being activity) each year earn a \$150 cash incentive. Additional support is provided to GHIP employers to assist them with implementing workplace wellness programs through the availability of wellness toolkits and marketing materials.

Like other Board programs, Well Wisconsin undergoes continuous evaluation focusing on the Healthcare Triple Aim. Program results were reported to the Board at the

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Eileen K Mallow Electronically Signed 08/11/21

Board	Mtg Date	Item #
GIB	8/18/21	6

November 2020 Board meeting ([Ref. GIB | 11.18.20 | 7B](#)) for program years 2017 to 2019. Key findings from the analyses included:

- Participants had a 19% lower rate of increase in relative health risk scores compared to non-participants.
- Participants had significantly better healthcare utilization rates (e.g. preventive visits, ambulatory ER visits, cancer screenings, preventive dental exams) than non-participants.
- Repeat participants are realizing year-over-year health improvements as measured by data collected through the health assessment and biometric screenings.
- Active employee participants realized a 19.5% greater savings compared to active employee non-participants when evaluating what was expected to be spent on medical and pharmacy costs in 2019 versus actual allowed amounts. There was a 77.9% difference for the retired participants compared to retired non-participants.
- Over 90% of participants continue to be satisfied with most program services.

As shared at the February 2021 Board meeting ([Ref. GIB | 02.17.21 | 7E](#)), the program also experienced health improvements as measured by the StayWell health assessment from 2019 to 2020. There was a 3.0% improvement in average number of health risks overall, 4.6% improvement for those participating in health coaching, and 1.4% improvement for those participating in disease management. Due to the impact of the pandemic, an analysis using DAISI to measure changes in relative risk scores, healthcare utilization rates, and expected versus actual allowed amounts was not completed for 2020.

Program participation is going strong in 2021. Rates of engagement reported to date are substantially higher than 2020 and comparable to 2019, with some activities achieving much higher utilization and others lagging slightly behind 2019. According to WebMD, there are almost 9,000 new participants who have been active in 2021 who did not participate in years prior. Table 1 highlights participation in key activities over the last few years.

Table 1: Participation in Key Well Wisconsin Activities

Activity Type	7/12/2021	7/13/2020	7/14/2019
Health Assessment	29,130	23,377	31,757
Health Check	24,533	12,080	23,381
Employer-Sponsored Activity	2,898	275	NA
Health Coaching: 3 Calls	2,267	662	1,206
Well Wisconsin Radio: 1 Episode	10,673	2,666	NA
Well Wisconsin Incentive Earned	19,017	9,724	19,465

To further assist with understanding the impact on costs, a return-on-investment (ROI) analysis was completed by Segal Consulting in early 2021 for program years 2017 to 2019.

ROI Results and Discussion

ROI is a ratio of program savings to program costs. A recent report by the U.S. Chamber of Commerce (U.S. Chamber of Commerce, 2016) cited literature indicating it can take anywhere from two to nine years to achieve an ROI of \$1.5 to \$3 for every dollar spent on wellness programs. Having completed three years (2017 to 2019) of the program administered by StayWell, the results from the Segal ROI analysis provide an opportunity to check in on program progress from a cost perspective and identify potential modifications to the program or contract. This is particularly helpful since there is an opportunity to develop and release an RFP in early 2022 for program year 2024 implementation.

As identified in Attachment A, a ROI greater than 1.00 can be seen as a positive investment; alternatively, when ROI calculations yield a less than 1.0 or negative figure, it is interpreted as generating a loss of investment.

Table 2: 2017 – 2019 ROI Results

	2017	2018	2019	3-Year Total
ROI (excluding paid incentives)	-2.26	2.57	0.08	0.21
ROI (overall)	-1.27	1.40	0.04	0.12

Segal’s final ROI reported a \$15.6M negative impact, resulting in an overall ROI of -1.27 for the 2017 program year. This is common in programs that are just beginning. Well Wisconsin participants had an increase in overall medical and pharmacy costs, while non-participants experienced a decrease in overall costs. It is possible that participants were encouraged to get preventive care or were managing their chronic conditions, which may have resulted in higher immediate costs.

A positive ROI of 1.40 was measured in 2018, with an estimate of \$1.40 saved for every \$1 spent on the program, totaling \$19.8M in savings. Savings were measured again in 2019, with an estimate of \$.04 saved for every \$1 spent on the program, resulting in a total of \$0.6M in savings. When combined across the three years, the ROI analysis found a net return of \$0.12 for every \$1 spent on the program, or \$4.8M in savings. Other findings indicate participants are on average younger, spend less on medical/pharmacy claims, and have a lower relative risk score as compared to non-participants.

Segal did not provide a comparison of ROI for other wellness programs due to differing study scopes and program designs. However, StayWell/WebMD shared positive ROI results ranging from \$.08 to \$2.95 saved for every \$1 spent in year three for other clients (both public and private) who focus primarily on driving financial returns in their response (Attachment B, pages 9-10). Segal also stated in their report “most

organizations require more than three program years with comprehensive evidence-based programming to yield the levels of return reported in industry literature.”

The current ROI analysis was focused solely on the impact on healthcare finances. Traditional ROI analyses also include costs/savings estimates from workers compensation claims, disability claims, absenteeism, and turnover rates (DHS, 2018). Due to limitations to accessing these types of data, Segal was not able to include them in the ROI analysis for ETF. A broader analysis scope that includes a more robust set of data beyond medical and pharmacy claims may yield different results.

Program Costs

The current program administration fee is less than \$5 per employee per month (PEPM). While the fee has increased slightly since the start of StayWell/WebMD’s administration of the program in 2017, they are holding the fee flat from 2019 through the end of their contract, December 31, 2023. This fee falls within the range of what has been documented, \$3.5 – \$7 PEPM (Aldana, 2020), and per Segal, “appear(s) reasonable and within acceptable ranges.”

However, Segal did recommend revisiting the design of the program fee, suggesting an approach whereby the program is billed at a per participant per month (PPPM) rate rather than per employee per month (PEPM). StayWell/WebMD’s response indicated that the Well Wisconsin PEPM fee includes “several products and services that typically are charged as additional fees” (e.g., a robust communication package including printing and postage, extensive custom reporting and automated data integration, dedicated program management staff members, and travel expenses).

Another cost to the program is the incentive. According to research conducted by ETF staff of other public and private sector wellness programs, the \$150 Well Wisconsin incentive currently in place is a modest amount. A survey conducted by the Business Group on Health found the median incentive was \$600 in 2020 for large organizations, mostly private sector (Business Group on Health, 2020). Mercer’s National Survey of Employer-Sponsored Health Plans reported the median incentive amount was \$300 for employees in the government sector and \$450 per employee across all business sectors who have more than 20,000 employees (Mercer, 2019). StayWell/WebMD indicates the average “incentive value for successful ROI-based programs is above \$400.”

Lastly, the Business Group on Health’s survey found that on average, employers budgeted 4.3% of their health care dollars on well-being programs in 2020 (Business Group on Health, 2020). The GHIP spends less than 1% annually on Well Wisconsin program administration fees and incentives.

ETF staff continue to evaluate opportunities to achieve the best value services for our membership while pushing for efficiencies to lower program costs. With that in mind, as indicated by StayWell/WebMD and discussed later in this memo, it may be worth

considering an increase to program costs (via a higher incentive value), which could lead to more targeted behavior change programming to help strengthen program savings. Segal also recommended revisiting program incentives in its ROI report.

Program Savings

Improving health outcomes and shifting health care utilization patterns are other areas of focus for demonstrating program value and ROI. One study discusses disease management as the most effective at accomplishing a short-term ROI, and lifestyle management programming to help with long-term ROI (Rand Corporation, 2014).

Figure 1: Impact of Disease management and Lifestyle Management, Rand Corporation (2014).

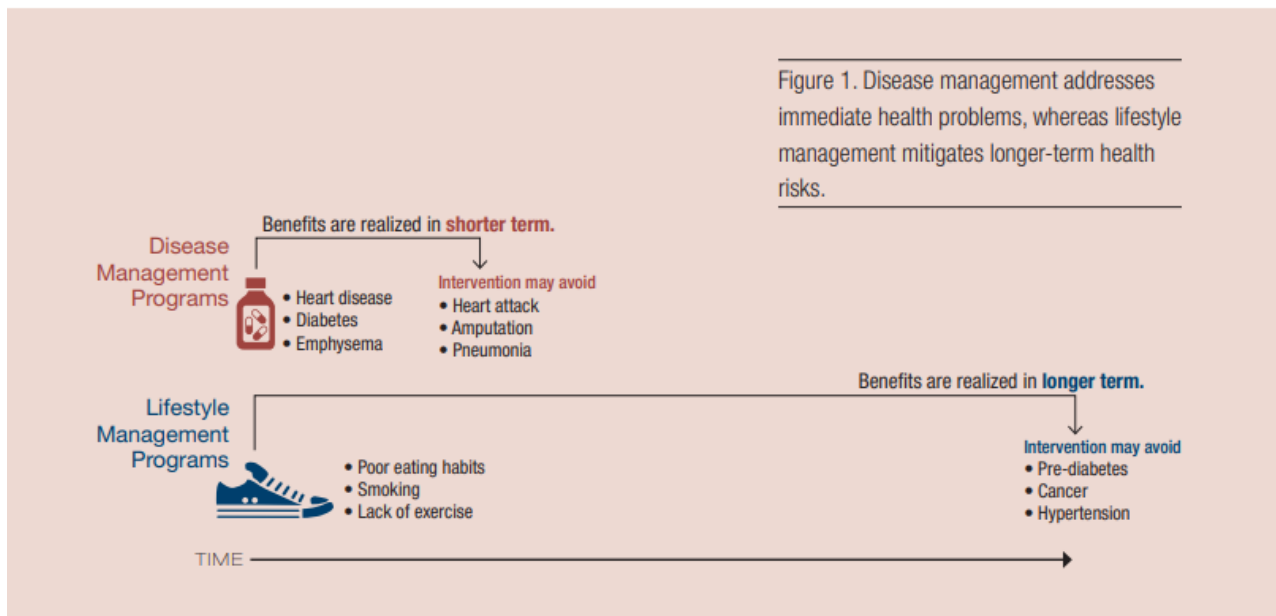


Figure 1. Disease management addresses immediate health problems, whereas lifestyle management mitigates longer-term health risks.

WebMD focuses outreach efforts to individuals who have self-reported as having a chronic condition on the health assessment. The remaining members who do not complete the health assessment may be receiving disease management support via their health plan, but due to variances in health plan programming efforts, it is difficult to fully understand the impact.

Some possibilities to increase the impact of disease management include finding ways to strengthen partnerships between GHIP vendors to expand outreach to more members, offering disease specific programming like the Centers for Disease Control and Prevention's (CDC's) Diabetes Prevention Program, and/or using other data, like pharmacy claims, to target participants for engagement. It should be noted that WebMD agreed to add a performance standard for health risk reduction for disease management participants in the most recent contract amendment signed earlier this year.

Looking to the next few years, the program should not only continue to focus on increasing participation and building trust within the membership, but also increasing efforts to support deeper levels of participant engagement in lifestyle management coaching and behavior change programming. Recent changes to the program design show the program is moving in this direction. For example, the addition of health coaching as one of the health check options to the incentive design in mid-2020 has resulted in greater coaching uptake. There are more members engaging in coaching than in previous years, with over 12,300 unique participants between January and June 2021, compared to approximately 1,400 participants across the same timeframe in 2020 and 1,100 participants in 2019. Based on previous analyses, those who engage in health coaching see better health outcomes compared to those who do not. Monitoring the impacts of adding health coaching to the health check activity will be helpful for continuous program improvement.

WebMD recommends transitioning the incentive strategy to a points-based program. A higher points/incentive value would be associated with behavior change activities that take more commitment from participants, such as health coaching or ongoing digital health programs. Lower points/incentive value would be for those activities that are awareness-building, such as a webinar/podcast. WebMD also recommends coupling this transition with an increase to the incentive value.

Looking Beyond ROI

Even if programs yield lower-than-expected ROI results, the programs can and do result in “increased job performance, overall well-being and happy and thriving employees who contribute to business and community success” (U.S. Chamber of Commerce, 2016). Because of this, workplace wellness experts are expanding measures to newer, more subjective yet meaningful measures such as value on investment (improved employee engagement, satisfaction, morale, production, creativity, innovation, and customer service) and value of caring and quality of life through creating a positive culture, with wellness being more of a common value (DHS, 2018).

The Well Wisconsin program can support these additional value-on-investment measures by fostering a positive and supportive healthy workplace culture, particularly through the inclusion of well-being staff, employed by the contract vendor who are dedicated to the State of Wisconsin account. The two current dedicated well-being staff have demonstrated their ability to influence the workplace culture by providing ready-to-implement activity toolkits for employers, developing a monthly employer newsletter, and sharing participant communications like flyers and emails.

StayWell/WebMD administered a “Culture of Health” survey in 2017 and again in 2020. On behalf of their respective agencies, State agency wellness champions were asked to complete a series of questions related to the culture of support from leadership, the wellness committee composition, communications, peer support, onsite activities, physical activity, nutrition, stress, and more. Because the 2020 survey was implemented at the very start of the pandemic, champions were instructed to respond according to

how things were just before the pandemic. The scores improved 13% from 2017 to 2020, with the greatest improvement observed in the wellness committee design. The greatest areas of opportunity included onsite (or employer-sponsored) activities, peer support, and physical activity.

Another short pulse survey available to all GHIP employers at the end of 2020 found that lack of time continues to be a primary barrier to implementing the resources that the well-being staff developed, which prevented them from doing more to support their staff and being able to create a culture of well-being.

The current well-being staff, included in the contract with WebMD, have also dedicated their time to supporting individual participants by attending onsite screening events and flu vaccine clinics to help answer questions, hosting monthly Well Wisconsin Radio interviews with health experts, conducting demonstrations and presentations on how to engage in the Well Wisconsin program at employer locations and piloting behavior change programs like the Better Blood Pressure Program and a back health program.

During the pandemic, the well-being staff shifted their focus to supporting participants virtually and offered a new program, Self-Care Boost, where they highlighted ways to support well-being during the “safer at home” orders. Examples included a session on managing worry through shifting the mindset, mindfulness, laughter, physical activity, and healthy eating from home.

Request for Information (RFI) Results and Discussion

After reviewing the ROI findings and assessing the current contract period with WebMD, ETF staff released an RFI to help gauge the types of services and resources that are available in the market and to get input on the current program design. The RFI was released on April 27, 2021, and closed June 11, 2021. ETF reviewed responses from 24 vendors:

Active Health
Cerner
Chip Rewards
Dean Health Plan
Grokker
Healics
HealthCheck360
Humana
LabCorp
Limeade
Onduo
Optum

Reach Fitness
Sharecare
Teledoc Health
Vida Health
Virgin Pulse
Virta
Vivante Health
Weber Health Logistics
WebMD
WellRight
Wellworks for You
Workpartners

Some vendors provide comprehensive services, like WebMD, while others provide services that are more niche. For example, some focus solely on health screenings or

coaching, chronic condition management, telehealth or virtual clinics, or incentive/rewards management.

In the RFI, vendors were asked to share general information about their organization, including ownership structure, number of employees and offices, website addresses, as well as the names and program results of their three largest private sector and three largest public sector clients. The vendors varied in size from under 30 employees to thousands of employees. Their clientele was just as diverse, ranging from a dozen employees to large counties, states, and universities.

A copy of the RFI is Attachment C to this memo.

Program Designs and Offerings

Vendors were asked to describe program designs and services that they find the most beneficial to support participant health and satisfaction while simultaneously controlling costs. Some examples shared included:

- Health Coaching with Registered Nurses, Dieticians, Health Educators, Mental Health Specialists, Exercise Physiologists, Weight Loss Therapists, and Tobacco Cessation Specialists.
- Maternity bundle services that help parents navigate care and benefits.
- Videos for physical, emotional/mindfulness, financial, sleep, and nutritional health.
- Programs that assist employees with type II diabetes, hypertension, and high cholesterol.
- An emphasis on using data to personalize the best solution for supporting overall health and well-being for each participant.

Incentives

According to the vendor responses, many programs use incentives to drive employee engagement. Some examples used to help motivate employees included:

- Gift cards
- Company promotional materials
- Additional days off
- Behavior incentives like reducing pricing on healthier options
- Donations to charities
- Raffles for a trip or event tickets
- Lunch with the CEO
- Discounts at grocery stores/drug stores
- Cash
- Points towards badges and special recognition
- Premium reduction
- Recognition in company newsletter/website
- Subsidized/reimbursements for health coaching, fitness memberships, spa visits, testing supplies, and medications

The clients who offer high value premium differentials, including contributions to health savings or flexible spending accounts, or large cash incentives, experienced the highest rates of participation, health improvement, and cost savings.

The Future of Wellness

The RFI asked vendors to share what they foresee as the top pressures facing wellness and/or disease management, including any financial, market, or regulatory changes and expansions they are expecting in the next three years. In their responses, many addressed embracing analytics to get the whole story of employee health while engaged in wellness and/or disease management programs.

A vast majority of the vendors cited mental/behavioral health issues as the biggest area of opportunity for wellness and disease management programs in the next three years. The vendors suggested different ways to help employees, such as expanding coaching, updating artificial intelligence to recommend programming for participants, and training program champions in mental/behavioral health support. It appears these areas of focus will continue to expand in the future.

Other notable items that vendors believe require additional support in the next three years or beyond include:

- Addressing social determinants of health
- Financial wellness
- Rewards flexibility
- Acceptance of digital health services
- More personalized and coordinated care
- Integration of lab testing
- Virtual group learning
- Predictive analytics
- Advances in remote patient monitoring
- Environmental well-being
- More employees working from home
- Aftermath of COVID-19

Changes to Current Wellness and Disease Management Program

The RFI gave a description of the current Well Wisconsin program and asked each vendor what changes they recommend, including program strengths and weaknesses. While some respondents saw this as an opportunity to suggest ETF transition to their program services, many of which are already included in the current program design, some offered suggestions for the Board's consideration, such as:

- Offer multiple incentives throughout the year to allow for sustained engagement
- Increase the current annual incentive value from \$150
- Provide health management that centers around clinical risk and behavioral health needs
- Enhance focus on supporting mental health

- Integrate medical claims into wellness and disease management services
- Provide health system navigation support
- Expand biometric screening to include more disease and health indicators
- Negotiate performance-based pricing with existing vendor

Fees and Contracting

The RFI asked vendors to describe their pricing structure, including any administrative fees and the types of performance guarantees offered to large clients. Many of the respondents require a flat PEPM fee. In addition, some also require implementation fees to start a program and individual costs for lab services, member consultations, coaching sessions, biometric screenings, flu vaccine clinic attendance, and enrollment fees for each employee who participates in programs for weight loss and diabetes prevention.

Some vendors stated they would honor ETF's current performance standard guarantees. A couple of vendors offered 100% fee reimbursement if performance standards weren't met and/or employee health was not improved to certain thresholds. Other vendors, while not offering 100% of the fees collected, did offer different percentages of credit if employees did not improve or performance guarantees were not met.

Request for Board Discussion

ETF staff requests Board input on restructuring the annual incentive design to weigh behavior change programs, like health coaching, more heavily. To be effective with this approach, an increase in incentive value should be considered and is recommended by WebMD/StayWell.

Based on the discussion during the August GIB meeting, ETF staff can bring forward recommendations for the Board's action to implement in the future.

Conclusion

While the ROI results highlight an opportunity to strengthen future outcomes, the Well Wisconsin program has already demonstrated positive impacts on the GHIP and its members. ETF staff recommend continuing the program and the evaluation of its impact on the Healthcare Triple Aim by monitoring participation, satisfaction, health outcomes, healthcare utilization patterns, and costs.

With the current WebMD contract expiring December 31, 2023, ETF staff recommend proceeding with the preparation and distribution of an RFP as outlined in Table 3 below. The RFP will present an opportunity to add new, innovative, and effective programming strategies to continue driving toward the Healthcare Triple Aim, as well as increasing program value for our employers and members. Staff will continue to analyze the RFI responses and recommendations presented by the vendors and work with key employer

contacts to assess needs and interests in program offerings and integrate these into the RFP.

The contract will be for a three-year period, January 1, 2024 through December 31, 2026, with additional two, two-year extensions permitted. Should the Board approve the release of the RFP, ETF staff will request a Board member to participate on the evaluation committee.

Table 3: Tentative RFP Timeline for Well Wisconsin Program

August 2021	Board approves issuing RFP for Well Wisconsin Program
May 2022	ETF issues RFP
September 2022	Proposals due
February 2023	RFP results reviewed by the Board and Board approves vendor to contract with for 2024
April 2023	Execute new contract
May 2023-January 2024	Transition and Implementation

Staff will be at the Board meeting to answer any questions.

Attachments

Attachment A: Segal's ROI Analysis for the Well Wisconsin Program

Attachment B: StayWell/WebMD's Response to the ROI Findings (CONFIDENTIAL)

Attachment C: Request for Information (RFI) ETA0046 for the Well Wisconsin Program

References

Aldana, S. (2020). How much does an employee wellness program cost? *WellSteps*. Accessed from <https://www.wellsteps.com/blog/2020/01/02/employee-wellness-program-cost/>.

Business Group on Health (2020). 11th annual employer sponsored health & well-being survey: Well-being programs for the changing workforce. Accessed from <https://ww2.businessgrouphealth.org/acton/attachment/32043/f-2688a955-ffa1-42e6-b7a8-6f570dbc4c3e/1/-/-/-/Fidelity%20Survey%20Exec%20Summary.pdf>.

Department of Administration (n.d.). Vision 2030 report for Wisconsin State Government Facilities and Workforce. Access from <https://doa.wi.gov/Secretary/DOAVision-2030.pdf>.

DHS (2018). Introduction: Why have a worksite wellness program. Worksite Wellness Resource Kit. Accessed from <https://www.dhs.wisconsin.gov/publications/p4/p40135-intro.pdf>.

Everyday Health and Global Wellness Institute (2016). Unlocking the power of company caring – the path to improving employee wellness: A survey of the American workers.

IBM Watson Health (2019). Managing health: clinical summary. Health Insights Explorer.

Mercer (2019). National Survey of Employer-Sponsored Health Plans: 2018 Survey Report.

Rand Corporation (2014). Do workplace wellness programs save employers money?

Accessed from

https://www.rand.org/content/dam/rand/pubs/research_briefs/RB9700/RB9744/RAND_RB9744.pdf.

Rose, A., Khullar, L., Zettervall, A., Robertson, W. and Walden, B. (2017). Developing University Wellness Programs. Accessed from <https://hr.unc.edu/wp-content/uploads/sites/222/2017/12/Developing-University-Wellness-Programs-ULEAD-2017.pdf>.

U.S. Chamber of Commerce (2016). Winning with Wellness. Accessed from

https://www.uschamber.com/sites/default/files/1-5-17_winning_with_wellness_report_second_edition_-_023061_labr_wellness_report_fin.pdf.



Well Wisconsin Program Return On Investment Analysis

Wisconsin Department of Employee Trust Funds

May 5th, 2021

Introduction

Background

- The State of Wisconsin, Department of Employee Trust Funds (“ETF”) has contracted with The StayWell Company, LLC (“StayWell”) for health, wellness and disease management programs (“Well Wisconsin”). ETF asked Segal to complete a Return On Investment (“ROI”) analysis of the Well Wisconsin program.
- ETF and Segal agreed to the scope of the analysis as being limited to assessing change in group financial factors to calculate the ROI (refer to methodology section on page 3 for more details) for each contract year.

Evaluation Parameters

- The **baseline period** utilized for this analysis was calendar year 2016, the year prior to the launch of the Well Wisconsin program under StayWell’s administration. It is typical of ROI analysis to define the baseline period as being the year preceding the implementation of wellness and disease programs as it provides insights into the change of member experience before and after such implementation.
- **Program year** refers to each calendar year following the baseline period. The evaluation period begins at baseline and is re-evaluated every program year thereafter: 2017, 2018 and 2019.

Definitions

- **Eligible individuals** for this analysis were defined as employees and spouses/domestic partners enrolled in the State’s group health insurance for at least 10 continuous months during each program year evaluated. The initial proposal provided by Segal indicated that eligible individuals would include members having 12 months of continuous coverage in each program year, however due to the high turnover of members observed, Segal and ETF determined that 10 months, or more, of continuous coverage during each period will be set as the new criteria.
- **Participants** were defined as eligible individuals who completed the Well Wisconsin required program activities and received applicable incentives from ETF during each applicable program year. In 2017, these activities included a health screening and health assessment. In 2018 and 2019, a well-being activity was added to the two existing Well Wisconsin program requirements. As mentioned on the following page, this list was provided by ETF through the IBM Watson Health portal.
- **Non-participants** included all eligible individuals who elected not to participate in all of the Well Wisconsin program activities in each applicable program year.

Data

Data

- Enrollment, demographic, risk score, participation designator, medical and pharmacy (“Rx”) claims data were pulled by Segal from the IBM Watson Health (“IBM”) portal. **While Segal performed high-level validation on the reasonableness of the data utilized, it was assumed that the detailed, data pulled from IBM, has been thoroughly validated and checked by IBM and/or ETF for accuracy.**
- In addition to risk scores, Segal assigned each member an age/gender demographic score based on the CCS model (a database developed as part of the Healthcare Cost and Utilization Project [HCUP]).
- The following data elements were pulled, from IBM, at the member level for the baseline period and all applicable program years:
 - Member age and gender
 - Member months: number of months with coverage
 - Medical allowed amount: total medical spend
 - Rx allowed amount: total pharmacy spend
 - Risk score: relative risk score concurrent non-rescaled
 - Participant designator: list of participants based on the definition of participants as outlined on page 1. **Segal relied on the participation designator as provided by IBM and made no subsequent adjustments or edits.**
- Well Wisconsin program costs, which included administrative fees paid to StayWell and financial incentives paid to participants, as shown in the table below, were provided by ETF.

Program Year	Administrative fees paid to StayWell	Incentives paid to participants
2017	\$8,195,001	\$6,375,000
2018	\$8,928,167	\$7,436,250
2019	\$9,112,527	\$7,326,357

Methodology

- The Return on Investment ("ROI") scope of analysis, as agreed upon by ETF and Segal, was produced solely using claims experience analysis, both medical and pharmacy, of eligible individuals. Other influencing clinical factors, such as changes in biometric data and key utilization metrics, are beyond the scope of this analysis.
- The ROI was calculated using a **benefit** to **cost** ratio. **Benefits** were represented by group differences in changes in healthcare Per Member Per Month ("PMPM") cost trends. **Costs** reflected the total of administrative fees paid to StayWell in addition to financial incentives paid to participants.
- In a follow-up request, ETF asked Segal to showcase two versions of the ROI. The first version to reflect ROI based on administrative fees paid to StayWell ("ROI (excluding paid incentives)"), and the second version to reflect ROI based on total investment that included administrative fees paid to StayWell in addition to financial incentives paid to participants ("ROI (overall)")

$$\text{ROI (excluding paid incentives)} = \frac{\text{Well Wisconsin Program Impact}/(\text{Savings})}{\text{StayWell Program Cost}}$$

$$\text{ROI (overall)} = \frac{\text{Well Wisconsin Program Impact}/(\text{Savings})}{\text{StayWell Program Cost} + \text{Paid Incentives}}$$

- An ROI outcome that is greater than 1.00 can be seen as a positive investment; alternatively, when ROI calculations yield a less than 1.0 or negative figure, it is interpreted as generating a loss on investment.
- The table on the following page details the various steps involved in calculating the ROIs. Please note that some rows, such as risk scores, shown in later exhibits were excluded from this table because they did not affect the ROI calculation; those rows were added for observational information. Also, rows with italic font (total exposure and total spend) were added to this table, but not shown in the final exhibits, in order to provide more insight into the PMPM calculation. Lastly, the numbers showcased therein are for illustrative purposes only.

Methodology (Continued)

Sample ROI Calculations

	Participants	Non-Participants	Formula / Calculation	Notes
Program Year (Year 2)				
Members	40,000	100,000	A	Calculated/derived from data
Total Exposure (Member Months)	480,000	1,200,000	B	Not shown in exhibits; calculated from data
Total Spend (Medical + Rx)	\$254,400,000	\$720,000,000	C	Not shown in exhibits; calculated from data
Total PMPM (Medical + Rx)	\$530.00	\$600.00	D = C / B	Total spend divided by total member months
Program Year (Year 1)				
Total Exposure	480,000	1,200,000	E	Not shown in exhibits; calculated from data
Total Spend (Medical + Rx)	\$244,800,000	\$678,000,000	F	Not shown in exhibits; calculated from data
Total PMPM (Medical + Rx)	\$510.00	\$565.00	G = F / E	Total spend divided by total member months
Trends				
Total PMPM	3.9%	6.2%	H = D / G - 1	Calculates the percent change in PMPM YoY
Financial Impact				
Target Total PMPM	\$541.59		I = G x (1 + H)	Calculates what the PMPM would have been had the participants group trended at the same rate as their non-participants counterparts
PMPM Impact/(Savings)	(\$11.59)		J = D - I	Reflects the difference between the actual PMPM (D) and the Target PMPM (I)
Program Impact/(Savings)	(\$5,564,602)		K = B * J	Showcases the total dollar saved, or cost, based on the calculated the value in J
Program Cost	\$2,200,000		L	Derived from data; no calculation
Incentives Paid	\$2,500,000		M	Derived from data; no calculation
ROI (excluding paid incentives)	2.53		O = -K / L	The ratio of total program savings, or impact, to program cost
ROI (overall)	1.18		P = -K / (L + M)	The ratio of total program savings, or impact, to program cost and incentives paid

Methodology (Continued)

Exclusions

- Members enrolled in the Medicare Advantage plan are not eligible for Well Wisconsin program incentives, and were therefore excluded from this analysis.
- All Members not meeting the definition of eligible individuals, participants, and non-participants as outlined on page 1.
- Members with a combined total of medical and Rx spend exceeding \$500,000 within a program year, were excluded from, **and only from**, the ROI analysis of that particular program year. The \$500k threshold was set by Segal based on the State's group health insurance population size as well as the total healthcare expenditures. These exclusions, also referred to as one-off outliers, negatively affect the PMPM trends that are key part of the ROI calculations as outlined on page 3.

Adjustments

- Given the exclusions identified above, some members who received incentives were still excluded from the ROI analysis for not meeting the minimum continuous coverage criteria of at least 10 months. Therefore, and in order to reflect an appropriate ROI, the StayWell administrative fees and incentives paid to employees provided by ETF (see page 2) were adjusted (prorated down) to reflect the total number participants included in each program year's analysis.

Program Year	Adjusted Administrative fees paid to StayWell	Adjusted Incentives paid to participants
2017	6,905,266	5,371,698
2018	7,700,932	6,414,088
2019	7,893,441	6,346,228

Key Observations and Recommendations

Key Observations

- Participants in the Well Wisconsin program were younger, average age of 49 compared to 54 for non-participants. Participants were also healthier, based on their relative risk score, when compared to non-participants.
- As mentioned on page 3, a ROI outcome that is greater than 1.00 can be seen as a positive investment; alternatively, when ROI calculations yield a less than 1.0 or negative figure, it is interpreted as generating a loss on investment
- Program year 2017, considered a “build-up” year for the Well Wisconsin program, showed significant impact of about \$15M, resulting an overall ROI of -1.27. While significant, it is not unusual for year 1 of a wellness program to bleed money as members are engaged.
- Program year 2018 showed a significant program savings of about \$20M, resulting in an overall ROI of 1.40; while program year 2019 reflected a modest program savings of \$600K resulting in an overall ROI of 0.04.
- Cannot compare ROI with other clients as each conducted study differed in scope.
- In the long run, if wellness programs are truly working, they should keep healthy people healthy and reduce modifiable risk factors to slow down the onset and progression of chronic diseases, thereby reducing demand for services, which helps to hold down costs. This, in turn, will reduce future health care costs. Because wellness programs alone can do very little to directly impact the unit costs of care, the expectation for drastic reduction in overall medical claim costs by instituting wellness programs, or expecting wellness programs to “bend the cost curve” is unrealistic.

Key Observations and Recommendations

Recommendations

- While the scope and focus of this analysis is to showcase hard-dollar return on investment (ROI), Segal also recommends tracking and studying the clinical and behavioral progress of the population. The metrics for measuring the performance of wellness programs must capture the value of multiple interventions in delivering various wellness services. The end result could be an estimation of the amount by which clinical interventions were able to control costs by reducing future health care utilization.
- We suggest conducting a more in-depth ROI analysis where we can compare risk-adjusted populations of participants vs non-participants, and tracking metrics in the following areas, among others:
 - Health care utilization – necessary and avoidable, including ER, urgent care, specialist visits, inpatient admissions etc.
 - Clinical metrics – such as medication adherence
 - Biometrics improvement – such as HbA1C levels

The difference in the above metrics can be quantified to calculate the financial ROI

- StayWell program fees can be revisited. Several new well-being programs charge on the basis of per participant per month (“PPPM”) as opposed to per employee per month (“PEPM”). This eliminates the concern of wasteful spending on non-participants, but at the same time helping those who truly want to engage and change behaviors.
- Current program Incentives can be revisited. We have added a section on designing incentives in the appendix.

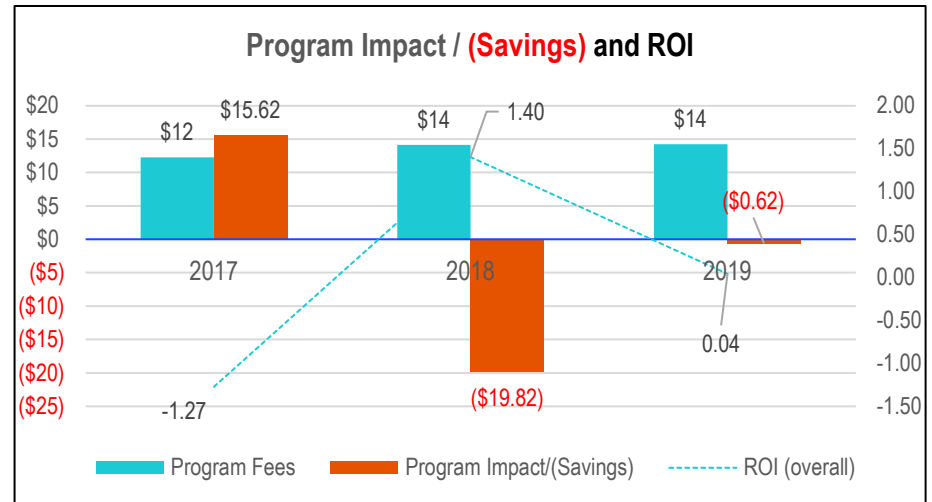
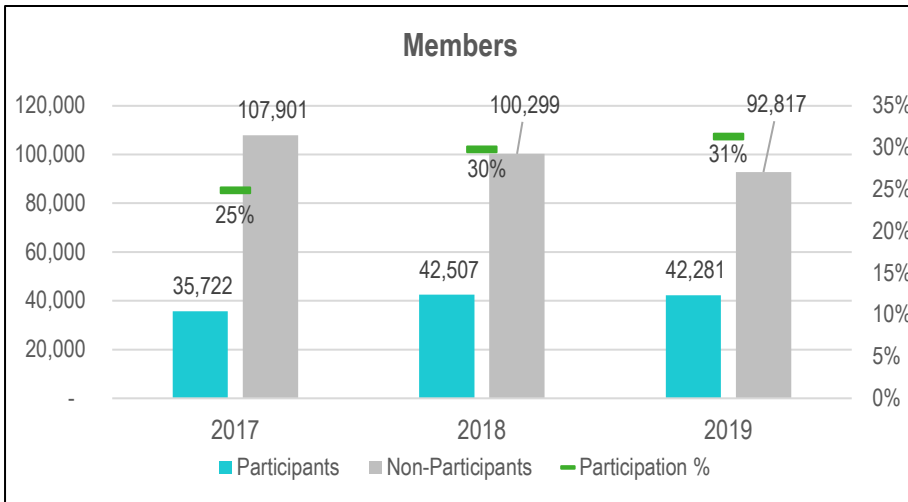
Summary of ROI

	Program Years					
	2017	2018	2019	2017	2018	2019
	Participants			Non-Participants		
Members	35,722	42,507	42,281	107,901	100,299	92,817
Average Age	49	49	48	55	55	54
Medical PMPM	\$510.50	\$560.54	\$580.28	\$537.59	\$634.72	\$652.23
Rx PMPM	\$139.26	\$139.80	\$142.12	\$181.37	\$182.58	\$186.81
Total PMPM	\$649.76	\$700.34	\$722.40	\$718.96	\$817.30	\$839.04
Total PMPM (YoY ¹ % Change)	3.2%	11.9%	8.9%	-2.6%	18.1%	9.1%
Relative Risk Score	0.74	0.76	0.76	1.09	1.10	1.11
Relative Age/Gender Factor	0.84	0.83	0.83	1.05	1.07	1.08
	2017	2018	2019	3-Year Total		
Program Impact/(Savings)	\$15,621,379	(\$19,816,596)	(\$621,789)	(\$4,817,006)		
StayWell Program Cost	\$6,905,266	\$7,700,932	\$7,893,441	\$22,499,639		
Incentives Paid	\$5,371,698	\$6,414,088	\$6,346,228	\$18,132,013		
Net Impact/(Savings)	\$27,898,342	(\$5,701,576)	\$13,617,880	\$35,814,646		
ROI (excluding paid incentives)	-2.26	2.57	0.08	0.21		
ROI (overall)	-1.27	1.40	0.04	0.12		

Observations

- The table above pulled key data metrics from the detailed exhibits in order to compare changes over 3 consecutive program years.
- Participants in all program years were younger (based on average age and relative age/gender factor) and healthier (based on relative risk score) than their non-participants counterparts.
- Over the 3 program years, the Well Wisconsin program resulted in close to \$5M in savings, however StayWell administrative costs and participants paid incentives were close to \$40M in total, resulting an on overall ROI of 0.12
- Program years 2017 and 2019, showed a loss on investment with overall ROIs of -1.27 and 0.04 respectively; while program year 2018 showed a significant return on investment with an overall ROI of 1.40. *See observation on page 9 regarding program year 2017 comparison of ROIs.*

Summary of ROI (Continued)



Observations

- Well Wisconsin program participation percentage increased every year. At 31% in 2019, this was slightly lower than observed industry participation rates for a similarly designed program (see page 14 for more details).
- As mentioned on the previous page, the significant change in overall ROI was driven by the significant fluctuation in YoY PMPM trends.

Program Year 2017

	Participants	Non-Participants
Program Year (2017)		
Members	35,722	107,901
Average Age	49	55
Medical PMPM	\$510.50	\$537.59
Rx PMPM	\$139.26	\$181.37
Total PMPM	\$649.76	\$718.96
Average Risk Score	183	270
Relative Risk Score	0.74	1.09
Relative Age/Gender Factor	0.84	1.05
Baseline Year (2016)		
Medical PMPM	\$484.08	\$507.96
Rx PMPM	\$145.67	\$230.32
Total PMPM	\$629.75	\$738.28
Average Risk Score	164	234
Relative Risk Score	0.76	1.08
Relative Age/Gender Factor	0.84	1.05
Trends		
Medical PMPM	5.5%	5.8%
Rx PMPM	-4.4%	-21.3%
Total PMPM	3.2%	-2.6%
Average Risk Score	11.2%	15.1%
Relative Risk Score	-2.8%	0.6%
Relative Age/Gender Factor	-0.3%	0.1%
Financial Impact		
Target Total PMPM	\$613.28	NA
PMPM Impact/(Savings)	\$36.48	
% PMPM Impact/(Savings)	5.6%	
Program Impact/(Savings)	\$15,621,379	
StayWell Program Cost ¹	\$6,905,266	
Incentives Paid ¹	\$5,371,698	
Net Impact/(Savings)	\$27,898,342	
ROI (excluding paid incentives)	-2.26	
ROI (Overall)	-1.27	

Observations

- 35,733 eligible individuals participated in the Well Wisconsin program in 2017 with an average age of 49 years and a relative risk score of 0.74.
- In contrast, 107,901 eligible individuals did not participate in the Well Wisconsin program in 2017. Non-participant average age was 55 with a relative risk score of 1.09.
- While relative risk score did not affect the ROI calculation, it is worth noting that the relative risk score of participants went down 2.8% compared to the non-participants' score that went up 0.6%
- The total PMPM trend of participants was 3.2% compared to the -2.6% trend of non-participants.
- The variance in the trends mentioned above had a significant impact on the target total PMPM, which in turn resulted in a program impact of about \$28M (when combining program impact and fees/incentives paid).
- While first-year wellness programs are expected to underperform financially, the loss showcased here are higher than expected.
- The outcomes of the 2 versions of ROI might seem misleading because of the high program impact amount (\$15M). The ROI formula divides the program cost by the program impact(savings), therefore the higher the numerator, in this instance, the lower your ratio.

Program Year 2018

	Participants	Non-Participants
Program Year (2018)		
Members	42,507	100,299
Average Age	49	55
Medical PMPM	\$560.54	\$634.72
Rx PMPM	\$139.80	\$182.58
Total PMPM	\$700.34	\$817.30
Average Risk Score	193	282
Relative Risk Score	0.76	1.10
Relative Age/Gender Factor	0.83	1.07
Program Year (2017)		
Medical PMPM	\$491.97	\$515.48
Rx PMPM	\$133.80	\$176.39
Total PMPM	\$625.77	\$691.86
Average Risk Score	175	249
Relative Risk Score	0.77	1.10
Relative Age/Gender Factor	0.84	1.07
Trends		
Medical PMPM	13.9%	23.1%
Rx PMPM	4.5%	3.5%
Total PMPM	11.9%	18.1%
Average Risk Score	9.9%	13.1%
Relative Risk Score	-2.2%	0.7%
Relative Age/Gender Factor	-0.4%	0.1%
Financial Impact		
Target Total PMPM	\$739.23	NA
PMPM Impact/(Savings)	(\$38.89)	
% PMPM Impact/(Savings)	-5.6%	
Program Impact/(Savings)	(\$19,816,596)	
StayWell Program Cost ¹	\$7,700,932	
Incentives Paid ¹	\$6,414,088	
Net Impact/(Savings)	(\$5,701,576)	
ROI (excluding paid incentives)	2.57	
ROI (Overall)	1.40	

Observations

- 42,507 eligible individuals participated in the Well Wisconsin program in 2018, while 100,299 eligible individuals did not participate in the Well Wisconsin program.
- Similarly to 2017, relative risk score of participants continued to decrease, down by 2.2% YoY, compared to an increase of 0.7% for non-participants
- The total PMPM trend of participants was 11.9% compared to the 18.1% trend of non-participants.
- As with the previous year, the variance in the PMPM trends had a positive impact on the target total PMPM, which in turn resulted in a net program **savings** of \$5.7M (when combining program impact and fees/incentives paid).

Program Year 2019

	Participants	Non-Participants
Program Year (2019)		
Members	42,281	92,817
Average Age	48	54
Medical PMPM	\$580.28	\$652.23
Rx PMPM	\$142.12	\$186.81
Total PMPM	\$722.40	\$839.04
Average Risk Score	187	275
Relative Risk Score	0.76	1.11
Relative Age/Gender Factor	0.83	1.08
Program Year (2018)		
Medical PMPM	\$535.41	\$598.85
Rx PMPM	\$127.78	\$170.12
Total PMPM	\$663.20	\$768.97
Average Risk Score	175	249
Relative Risk Score	0.78	1.10
Relative Age/Gender Factor	0.83	1.08
Trends		
Medical PMPM	8.4%	8.9%
Rx PMPM	11.2%	9.8%
Total PMPM	8.9%	9.1%
Average Risk Score	6.7%	10.3%
Relative Risk Score	-2.5%	0.8%
Relative Age/Gender Factor	-0.3%	0.1%
Financial Impact		
Target Total PMPM	\$723.63	NA
PMPM Impact/(Savings)	(\$1.23)	
% PMPM Impact/(Savings)	-0.2%	
Program Impact/(Savings)	(\$621,789)	
StayWell Program Cost ¹	\$7,893,441	
Incentives Paid ¹	\$6,346,228	
Net Impact/(Savings)	\$13,617,880	
ROI (excluding paid incentives)	0.08	
ROI (Overall)	0.04	

Observations

- Participation levels remained relatively flat when compared to 2018. 42,507 eligible individuals participated in the Well Wisconsin program in 2018, while 92,817 eligible individuals elected not to participate.
- Relative risk score of participants decreased a further 2.5% when compared to 2018, which in-turn had decrease 2.2% compared to 2017. The relative risk score of non-participants remained relatively unchanged reflecting a slight increase of 0.7%
- The total PMPM trend of participants and non-participants were comparable in 2019, at 8.4% and 8.9% respectively.
- The small variance in total PMPM mentioned above contributed to a minor savings on the target total PMPM, which in turn resulted in a net program cost of about \$13.6M (when combining program impact and fees/incentives paid).

How Do Program Fees Compare?

StayWell Administrative Fees

	2017	2018	2019
Wellness Program PEPM	\$4.65	\$4.65	\$4.83
Per Participant Fees			
Screenings	\$52	\$52	\$55
Health Coaching	\$45	\$45	\$46
Disease Management	\$75	\$75	\$78
Flu Shots	\$30	\$30	\$31
Health Care Provider Forms	\$15	\$15	\$15

Without doing an RFP, there is no apples to apples comparison of any well-being program – product wise. From our understanding of the Well Wisconsin program, below are 3 vendors whose product offerings come closest to what the State of WI is buying today from StayWell. These numbers are from 2018-2019, and for a similar sized client as the State.

	Wellness and DM (PEPM)	Health Coaching (per case)	Biometric Screening
Vendor 1	\$3.50	\$100-\$150	\$60
Vendor 2	\$4.34	\$15 (per participant per year)	\$65
Vendor 3	\$6.05	\$40-\$170	\$50

Based on the above high level review, StayWell administrative fees appear reasonable and within acceptable ranges.

Are You Getting the Right Participation?

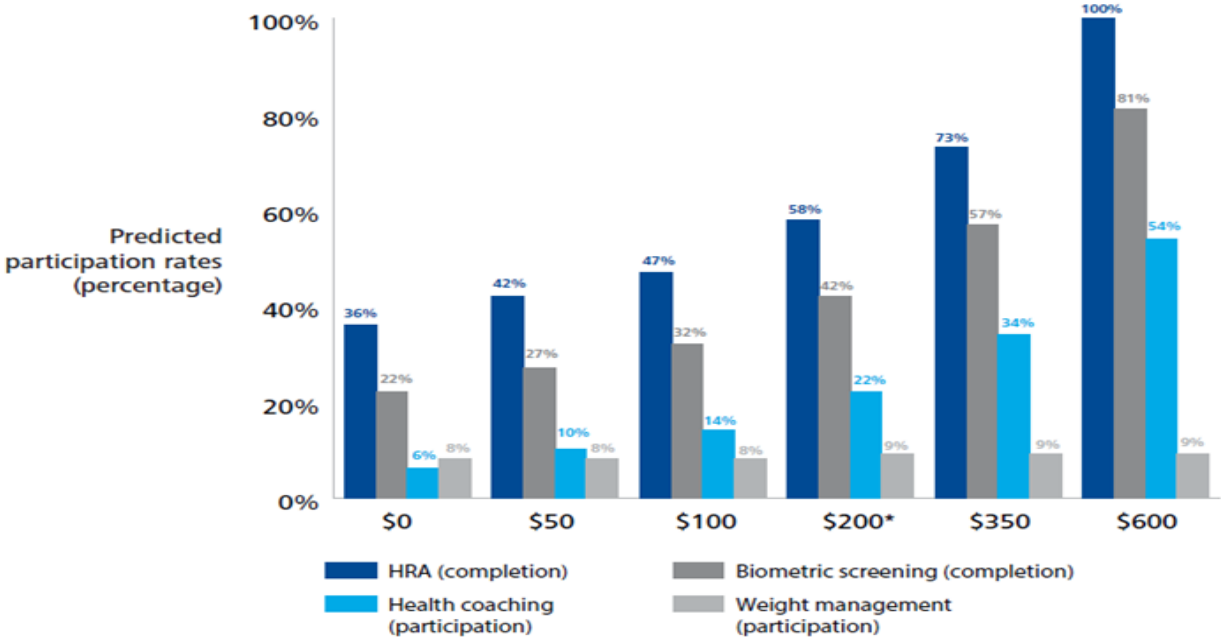
Incentives Paid to Well Wisconsin Program Participants

Each participant earned a \$150 debit card for completing the following:

- 2017: health screening and health assessment
- 2018 & 2019: health screening, health assessment and one well-being activity

The chart below illustrates the predicted participation rates in various components of the wellness program based on incentive values. Based on this, there might be an opportunity to adjust the current level of incentives

Figure 5. Predicted participation rates by incentive value



Source: Nyce, Steven. Boosting wellness participation without breaking the bank. Towers Watson, Insider. July 2010.

*Baseline assumptions of model = \$200 incentive value and five healthy culture and communication tactics

Appendix

5 Key Lifestyle Drivers of Chronic Disease



Nutrition



**Risky Behaviors
(e.g., Tobacco)**

Laboratory Test		Notes	High Risk
Total Cholesterol (mg/dL)			
LDL-C Direct (mg/dL)		248	
HDL-C (mg/dL)		164	
Triglycerides (mg/dL)			
Non-HDL-C (mg/dL) (calculated)			
po B (mg/dL)		189	
-P (nmol/L)			

**Preventive
Screenings/Care**



Physical Activity/Sleep



Stress

Offering Wellness Activities is the Easy Part



- Health Assessments
- Biometric Screenings
- Lunch & Learn Sessions
- Online Health Education Classes
- Walking Groups
- Competitions
- Lifestyle Coaching
- Chronic Condition Coaching
- Gym Memberships
- Employer-paid Fitness Trackers

Incentives: NOT the Cure-All

- Employers using incentives to increase engagement... **BUT do incentives create long-term behavior change?**
- Important insights from two recent studies:
 - Through incentives, people meet minimum requirements, but no more
 - Incentives drive short-term behaviors but not long-term change

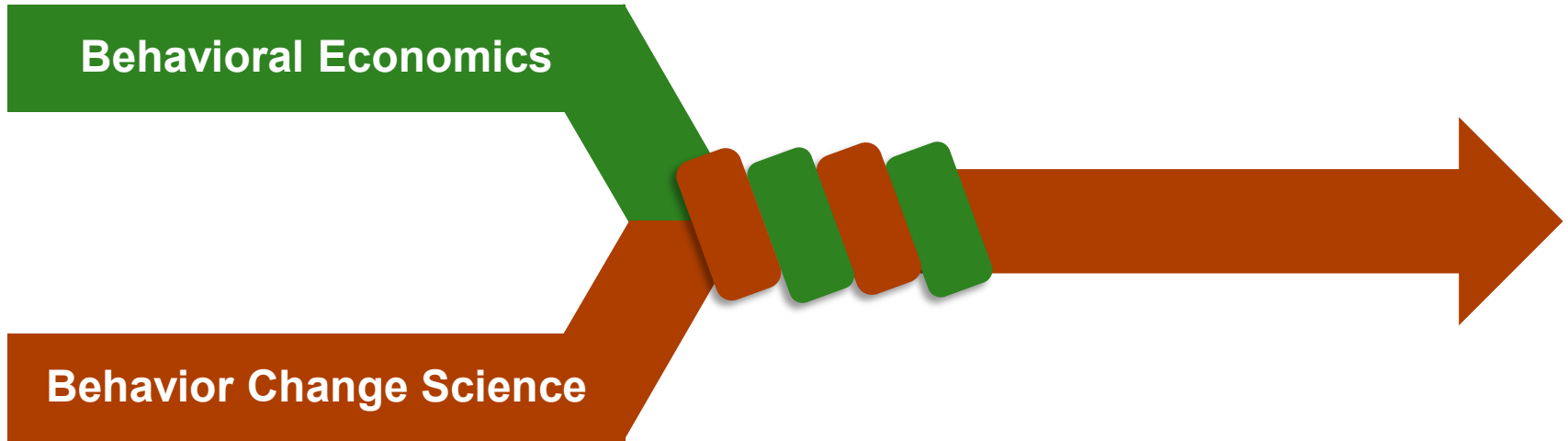


Sources:

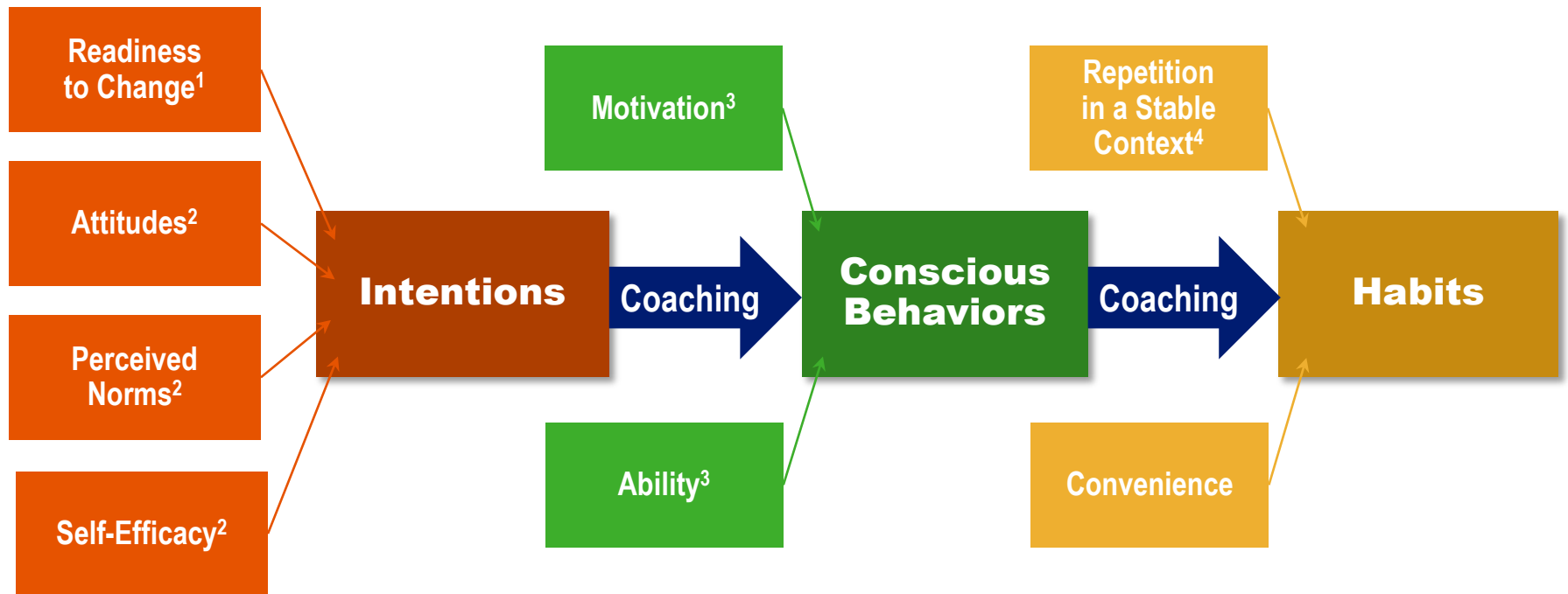
1. "Framing Financial Incentives to Increase Physical Activity Among Overweight and Obese Adults" by Mitesh S. Patel, MD, MBA, MS, et al, *Ann Intern Med.* 2016;164:385-394
2. "Premium-Based Financial Incentives did not Promote Workplace Weight Loss in a 2013 – 2015 Study" by Mitesh S. Patel, MD, MBA, MS, et al, *Health Affairs*, NO. 1 (2016): 71 – 79

So, is there a Magic Potion, a Secret Incantation?

Behavioral Economics and **Behavior Change Science** offer important insights



Health Coaching is Critical—and Smartphones Are Here to Help



¹ *Transtheoretical Model* developed by James Prochaska, PhD, Carlo DiClemente, PhD, and John Norcross, PhD

² *Theory of Planned Behavior* developed by Icek Ajzen, PhD

³ *Fogg Behavioral Model* developed by B.J. Fogg, PhD

⁴ *Research in Habit Formation* developed by Wendy Wood, PhD

The Four Tenets of Sustained Health Improvement

The Four Tenets of Sustained Health Improvement

Keys to Helping Employees Move from *Activities* to *Outcomes*

1. **Extrinsic** motivators (carrots/sticks):

- ✓ short-term behaviors
- ✗ long-term behaviors

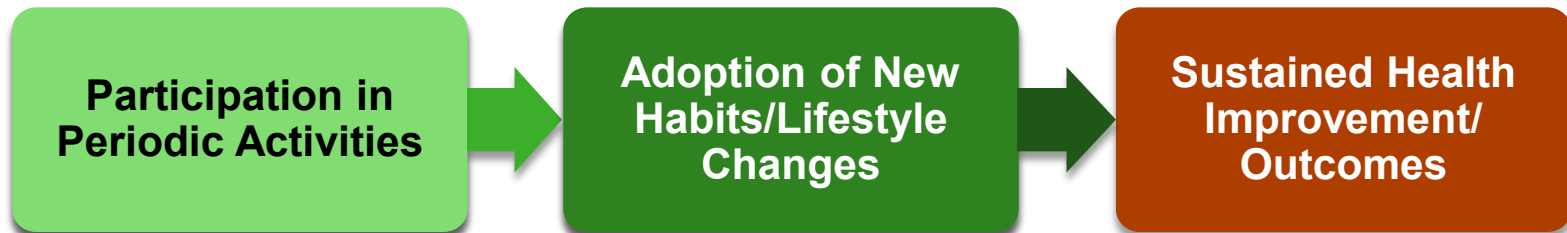
2. **Intrinsic** motivation—**sustains** behavior change; helps build intrinsic motivation:

- “What’s in it for me?”
- “I can do this!”
- “What’s everyone else doing?”

3. **Two more very effective behavior change strategies:**

- Help employees develop new habits and disrupt bad, old ones
- Change environment to make **healthy choices easy**

4. **Coaching can be the catalyst**



Total Health Management Strategies

Population Management

Healthy

Goals:

- Early detection
- Individual responsibility
- Engagement
- Health Maintenance
- Promote healthy lifestyle

At-Risk

Goals

- Health education
- Improved adherence
- Appropriate setting of care
- Reduce / Eliminate co-morbid outcomes

Episodic Management

Chronically Ill to Catastrophic

Goals

- Accurate Diagnosis
- Early Intervention
- High quality providers



Strategies:

- **Mobile App** based health promotion / education
- Biometric screening / Health risk appraisals (HRA)
- Routine screenings and Immunizations
- **Creative Incentives** for members to participate and engage – based

- **Mobile App** based health promotion / education
- Coaching and **incentive** programs
- Telemedicine
- Patient centered medical homes

- Specialty Rx management
- Second medical opinions
- Narrow networks / direct contracting
- Reference based pricing / direct contracting
- Centers of Excellence / bundled payments



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

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
(608) 267-3933
ETF SMBProcurement@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

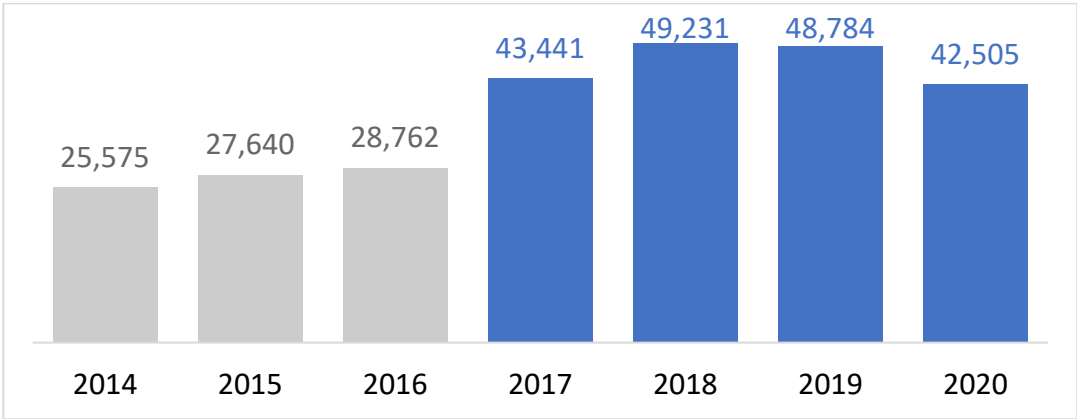
The State and Local GHIP, administered by ETF and 10 contracted health plans, is a fully insured plan for employees of state agencies, the Legislature, University of Wisconsin System, University of Wisconsin Hospital and Clinics, almost 400 local government employers, retired employees, and their dependents. 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](#)). 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.

2. 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 ETF SMBProcurement@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.

3. 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.



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
SECRETARY

Wisconsin Department
of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931
1-877-533-5020 (toll free)
Fax 608-267-4549
etf.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



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
 SECRETARY

Wisconsin Department
 of Employee Trust Funds
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
etf.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.

Sign 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.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.

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.