

Date: February 15, 2021

To: All Vendors

Subject: **Request for Information (RFI) ETA0043** **for the Medicare Advantage Group Health Insurance Program**

**Responses Due: Friday, April 2, 2021 by 5:00 PM CDT**

The Wisconsin Department of Employee Trust Funds (ETF) is issuing this Request for Information to solicit input from interested parties for the Medicare Advantage Group Health Insurance Program for the Wisconsin Public Employers Group Health Insurance Program.

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

ETFSMBProcurement@etf.wi.gov

**Wisconsin Department of Employee Trust Funds**

**Request for Information**

**ETA0043**

**Medicare Advantage Group Health Insurance 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 insure and administer group Medicare Advantage health insurance benefits 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 group Medicare Advantage plans and the capabilities of qualified vendors that operate in the group Medicare Advantage market or offer similar plans such as Medicare Cost plans.

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 with answers to any questions submitted as part of your response; include any assumptions you make in your response.
* Responses to this RFI will be reviewed by ETF and ETF’s actuarial consultant 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.
* ETF is not liable for any cost incurred by any vendor who responds to this RFI.
* ETF reserves the right to ask for clarification on any responses.
* 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.

## 1.2 Background and Current Plans

The State and Local GHIP offers coverage to members through 10 contracted fully insured health plans. The health plans follow the Board’s guidelines for eligibility and program requirements and participate in an annual premium rate bid process. They insure employees, eligible retirees and their dependents of 58 state agencies, the University of Wisconsin (UW) System, the UW Hospital and Clinics and 394 local government employers. The GHIP makes up one of the largest health plan groups in Wisconsin, spending $1.6 billion in health insurance premiums annually.

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.

#### Health Plans Available for Medicare-enrolled Members

Currently, eligible retirees with Medicare have a choice of the It’s Your Choice (IYC) Medicare Advantage plan, a Medicare supplement called the IYC Medicare Plus plan or a Medicare carve-out (or wrap) plan called “Health Plan Medicare” that is offered by all other participating plans in the GHIP. All these plans except IYC Medicare Plus offer a prescribed “uniform benefit” package.

For a summary of differences in benefits see the resources that are linked below.

#### IYC Medicare Advantage

Since 2019, UnitedHealthcare (UHC) has administered the program’s only Medicare Advantage offering. It is fully insured and offers the same benefits as the other insurers under the Health Plan Medicare plan, with minor exceptions. This plan is a nationwide passive preferred provider option (PPO) that allows members to use any healthcare provider in the country that has not opted out of Medicare.

#### IYC Medicare Plus

IYC Medicare Plus is a fully-insured Medicare supplement plan currently administered by WEA Trust. This plan is available to eligible retirees and their dependents enrolled in Medicare and generally only pays Medicare deductibles and coinsurance. This plan permits members to receive care from any healthcare provider nationwide (who has not opted out of Medicare), or during worldwide travel, for treatment covered by the plan.

#### Health Plan – Medicare

The Health Plan Medicare option is only offered to retirees and coordinates with Medicare coverage, meaning Medicare pays first and Health Plan - Medicare pays second. All plans that insure non-Medicare members must offer Health Plan – Medicare coverage and retired members are automatically transitioned to Health Plan – Medicare once they become eligible for Medicare unless they select a different Medicare plan at the time.

Enrollment

Insured retirees and their dependents without Medicare are automatically enrolled in their health plan’s Health Plan Medicare benefit upon becoming eligible for Medicare. Additionally, retirees and their dependents can change health plans when they become eligible for Medicare, during the annual open enrollment period, or with a qualified life event. Starting in January 2020, retirees with family coverage where some family members have Medicare and some do not (called a “Medicare Some” contract), gained the option to enroll in two different health plans. Medicare members could enroll in either the IYC Medicare Advantage plan or the IYC Medicare Plus plan. The non-Medicare family members could be enrolled in one of the plans available to non-Medicare members. For more information on life events, see the resources that are linked below.

The table below shows the average enrollment by plan from January through December 2020.

|  |
| --- |
| Average Enrollment of Subscribers and Participants by Plan |
| January - December 2020 |
| Medicare Eligible Participants |
|  | **Subscribers** | **Participants** |
| IYC Medicare Advantage | 6,270 | 9,477 |
| IYC Medicare Plus | 5,142 | 6,830 |
| Health Plan -- Medicare | 13,874 | 21,080 |
| Total | **25,285** | **37,387** |

For more information on benefits for ETF’s Medicare-enrolled members, see the resources below:

* [[Medicare Benefit Comparison](https://etf.wi.gov/its-your-choice/2021/state-employee-retiree-health-plan/health-insurance-retirees-medicare/breakdown-your-costs-medicare-plan-design)](https://etf.wi.gov/its-your-choice/2021/state-employee-retiree-health-plan/health-insurance-retirees-medicare/breakdown-your-costs-medicare-plan-design)
* [Life Events Guide](https://etf.wi.gov/its-your-choice/2021/state-employee-retiree-health-plan/how-choose-enroll-your-benefits/life-events-guide)
* [Retiree Decision Guide](https://etf.wi.gov/its-your-choice/2021/21et-2108/download?inline=)

# Submitting a Response

**a. Due Date and Time: Responses are due no later than 5:00 pm CST, on Friday, April 2, 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/435c10a1c2c04acba5a2a2dd3c4aeefb>

**IMPORTANT:**

* Do not upload ZIP files to this URL. Acceptable file types include PDF, Docx, **or xlsx.**
* **Do not lock or password protect any submitted 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 any issues with submitting your response to the above-listed Box URL, please send an email to ETFSMBProcurement@etf.wi.gov, include “RFI ETA0043” in the subject line.

**c. Submission Requirements:**

* + **Submit one folder** containing your unredacted response**. The file folder should be labeled “[Vendor Name] RFI Response ETA0043.”**
* **Include your completed and signed Non-Disclosure Agreement in this folder.**
* **Include your completed and signed** Designation of Confidential and Proprietary Information form in this folder.
	+ **If your response contains confidential and/or proprietary information/documents: In addition to the above folder, submit another folder** containing your redacted response. All files contained in this folder should **EXCLUDE or REDACT all confidential and proprietary information/documents. This file folder should be labeled “[Vendor Name] REDACTED RFI Response ETA0043.”**

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

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

# Information Requested

Vendors submitting a response to this RFI should address the items listed below. ***Answers should only apply to your group Medicare Advantage or Medicare Cost plans 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 ten largest group customers, product type, administrator headquarters, and number of covered lives for your group Medicare Advantage or Medicare Cost plans as of January 1, 2021 in the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| Table 1Group Name & Location | Covered Lives | Is this an MA-PD plan (Y/N)? | Product Type |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

3.1.5 List your total lives in the table below by Medicare product as of January 1, 2021.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Table 2 | Covered Lives Wisconsin MA-PD | Covered Lives Outside of Wisconsin MA-PD | Covered Lives Wisconsin MA only | Covered Lives Outside of Wisconsin MA only |
| Group PPO |  |  |  |  |
| Group HMO |  |  |  |  |
| Group Other |  |  |  |  |
| Individual PPO |  |  |  |  |
| Individual HMO |  |  |  |  |
| Individual Other |  |  |  |  |

## 3.2 Market Trends and Experience for Group Medicare Advantage and Medicare Cost Plan

3.2.1 What percentage of the market in Wisconsin do you estimate you have for the region in which you operate? Identify region(s).

3.2.2 What year did you start offering plans in Wisconsin?

3.2.3 If you have been offering coverage in Wisconsin for less than two years, describe your experience offering such plans in other states if you have provided coverage there for a longer period of time.

3.2.4 What do you view as the top pressures on plan rates over the next three years? This could be specific to Wisconsin or in general.

3.2.5 What financial, market, or regulatory changes do you see happening over the next three years that could impact rates, accessibility, benefits, claims, or the general market for such plans?

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 Provider Network Design & Capacity

3.3.1 Identify the provider network structures you offer (e.g., regional HMO, nationwide PPO, passive PPO, etc.).

3.3.2 Please describe in detail the group market in Wisconsin in which you operate. If you offer a regional HMO, identify the counties included. If you offer a statewide offering, affirm that providers are available in each county of Wisconsin.

3.3.3 Explain your approach to provider network development, including how you determine the breadth of the provider network, maintain quality, and remain cost competitive. Include a description of the criteria used.

3.3.4 Describe any plans for expanding or enhancing your provider network in the future.

3.3.5 Do you rent a provider network through a vendor? If yes, please share which vendors and how the rented network supplements your own network.

3.3.6 Do you offer different networks for your non-Medicare enrollees in the same large commercial groups compared to your Medicare network? If so, describe how the networks are different. Provide examples of how you communicate network differences to Medicare retirees.

3.3.7 Describe any innovative approaches to provider reimbursement that you have implemented that were not yet addressed in this subsection and specifically describe how those efforts have improved the quality of care and/or reduced costs.

3.3.8 How do you handle claims from providers that don’t accept Medicare assignment, have opted out of Medicare, or aren’t willing to bill the plan?

## 3.4 Benefit Design & Program Offerings

3.4.1 Describe current benefit designs that you have found are most popular with Medicare beneficiaries.

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

3.4.3 Would you recommend ETF move to an MA-PD model? If so, why? Specifically address the financial and clinical benefits of integration.

3.4.4 If you offer different plans or networks to your non-Medicare enrollees in the same large commercial groups (as answered in 3.3.6 above), describe any differences in benefits or cost-sharing and provide examples of how you communicate the differences to Medicare retirees.

3.4.5 Describe any supplemental benefits you provide and any limits you place on these benefits.

3.4.6 Describe any innovative approaches to medical management and quality of care improvement that you have implemented and specifically describe how those efforts have improved the quality of care and/or reduced costs.

3.4.7 Describe, in detail, the tools available to members to support healthcare decisions, such as self-management of at least one chronic condition, cost estimators, tools for provider selection, quality comparisons, and shared decision-making tools.

3.4.8 ETF offers a wellness and disease management program through WebMD. Describe your wellness and disease management program(s) that are available to Medicare-eligible members and indicate under which plan such programs are available. For this program, are you able to work cooperatively with another vendor like WebMD? In your response, detail each of the following:

* Available member incentives and rewards
* Discount programs available to members
* Access to SilverSneakers® or other gym membership programs

3.4.9 Describe any member financial incentive programs you currently offer to encourage members to get appropriate and timely care, steer patients to certain providers, or other desired behavior modifications. Note any eligibility requirements or limitations. Describe how these efforts improve health outcomes.

3.4.10 Describe in detail any CMS pilots or demonstrations your organization is currently participating in that relate to cost containment and/or quality of care involving providers or members in Wisconsin. Indicate if there are any eligibility requirements or limitations.

## 3.5 Premium, Rating, & Contracting

3.5.1 Describe your organization’s pricing methodology when determining premiums, including any administrative fees.

3.5.2 Describe your approach to risk adjustment. Include information on any innovative methods or programs you use to improve the accuracy of your risk scores. Include how you maximize risk scores for individuals aging into Medicare. Include in your response any improvement in scores you have been able to achieve in the last three years.

3.5.3 The Board currently has multi-year contracts for some of its health plans, and annual contracts for other health plans. Describe the challenges and opportunities for each approach in fully insured group health contracts. In your response be sure to address the potential impact on medical management programs, quality initiatives, and premiums.

3.5.4 Describe your experience contracting with employer groups on a risk-sharing basis for fully insured plans. Describe the basis of risk sharing, the method for determining the incentive or penalty, whether those incentives/penalties are prospective or retrospective, and if the arrangement is cost only, or cost and quality. Include the number of employers and covered lives, the percent at risk, and whether it covers both upside and downside risk.

## 3.6 CMS Star Ratings

3.6.1 Provide your Star Ratings for each measure and domain included in the CMS Star Rating for each of the last three years and your overall Star Rating for your plan offered in Wisconsin.

3.6.2 Describe your organization’s Star Maximization program in detail, including a description of the data and tools you use to drive your strategy and how it has changed over time. Include any provider incentives and what percent of your providers are eligible for such incentives.

3.6.3 Describe how your Star Ratings might change over the next two years and why.

End. Please complete and submit the attached forms.

|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | STATE OF WISCONSIN**Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | PO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)etf.wi.gov |

**Request for Information**

**ETA0043**

**Medicare Advantage Group Health Insurance 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

**Robert J. Conlin Kenneth C. Vieira**

Date February 12, 2021 Date February 12, 2021

|  |  |  |  |
| --- | --- | --- | --- |
| ETF_logo_large |  | STATE OF WISCONSIN**Department of Employee Trust Funds****Robert J. Conlin** SECRETARY | PO Box 7931Madison WI 53707-79311-877-533-5020 (toll free)etf.wi.gov |

**Designation of Confidential and Proprietary Information**

The material my company has submitted in response to **RFI ETA0043** includes proprietary and confidential information that qualifies as a trade secret, as provided in § 19.36(5), Wis. Stats., or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, my company requests that certain pages of our response, as indicated below, be treated as confidential material and not be released without our written approval. I understand other information cannot be kept confidential unless it is a trade secret.

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

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

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

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

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

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

|  |  |
| --- | --- |
| **Topic/Subject Matter** | **Response Page #** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| 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. |