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| ETF_logo_large | **STATE OF WISCONSIN**  **Department of Employee Trust Funds**  **A. John Voelker**  SECRETARY | 4822 Madison Yards Way  Madison, WI 53705-9100  P. O. Box 7931  Madison, WI 53707-7931  http://etf.wi.gov |

Date: June 24, 2022

To: All Potential Proposers to RFPs ETB0047-49

RE: ADDENDUM No. 1

Request for Proposals (RFPs) ETB0047-49

Third Party Administration of the Well Wisconsin Program

This Addendum is available on ETF’s web site at <https://etf.wi.gov/node/26541>

**Acknowledgement of receipt of this Addendum No. 1:**

**Proposers must acknowledge receipt of this Addendum No. 1 by providing the required information in the table below and including this Page 1 in the forms section of their proposal.**

|  |  |
| --- | --- |
| Company Name: |  |
| Authorized Person (Printed/Typed Name and Title): |  |
| Date: |  |

**Please note the following corrections to RFPs ETB0047-49:**

**1. Revise RFP Appendix 6 – Performance Standards & Penalties, Section II, F. Customer Service – reported by Contractor, Item 7. Call Center Access as follows:**

|  |  |
| --- | --- |
| **7. Call Center Access:** Dedicated toll-free telephone access to Contractor’s customer service center must be available between 8:00 a.m. and 5:00 p.m., CST/CDT, Monday through Friday, at a minimum, except for legal State holidays and other mutually agreed upon Contractor holidays, which will be updated by the Contractor and provided to the Department via email annually. | $2,500 per each Day that call center access is unavailable during the stated hours of availability (maximum of $12,500 per quarter). |

**2. Revise Appendix 2 – Specifications – Well-Being Services, Section 1.2** **Biometric Screenings, F.5.d. as follows:**

d. Allowing the site coordinator for the Employer group to increase or decrease the projected attendance for the event up to ten (10) ~~Calendar~~ Business Days prior to the event;

**3. Revise Appendix 2 – Specifications – Well-Being Services, Section 1.2 Biometric Screenings, I. as follows:**

I. The Contractor must be able to provide fasting and non-fasting biometric screenings via finger stick that include tests to measure:

1. Body mass index (BMI) based on height and weight or other body fat measurement method if prior approval is received from the Department Program Manager;

~~2. Waist to hip ratio;~~

~~3.~~2. Blood pressure;

~~4.~~3. Blood glucose;

~~5.~~4. Cholesterol (total cholesterol, high-density lipoprotein, triglyceride, and low-density lipoprotein).

**4. Revise Appendix 2 – Specifications – Well-Being Services, Section 1.2 Biometric Screenings, N. as follows:**

N. The Contractor must import results data from the Contractor-provided biometric screening, the self-collection lab results, or the healthcare provider lab form into the Participant’s profile or Health Assessment (in the web-portal) within ten (10) ~~Calendar~~ Business Days of the screening date, lab testing, or form submission.

**5. Revise Appendix 2 – Specifications – Well-Being Services, Section 1.3 Flu Vaccine Clinics, F.5.d. as follows:**

d. Allowing the site coordinator for the Employer group to ~~increase or~~ decrease the projected attendance for the event up to ~~ten~~ eleven ~~(10)~~ (11) ~~Calendar~~ Business Days prior to the event; increases shall be allowed up to the event date as supplies and staffing allow;

**6. Regarding the time the Proposal is due, there is a conflict between RFP Section 1.10 Calendar of Events and Form D Request for Proposal Signature Page. The time specified in Form D was incorrect. The correct time is 12:00 PM CDT. Revise Form D as follows:**

Proposals MUST be received no later than:

August 4, 2022 @ ~~2:00 PM CST~~ 12:00 PM Central Daylight Time

**7. Add to the RFPs the following questions regarding RFPs ETB0047-49 from Proposers and answers from the Department:**

**Vendor Questions - ETB0047-49**

| Q # | RFP / Appendix # and Section # | RFP Page | | Question/Rationale | | Department Answer |
| --- | --- | --- | --- | --- | --- | --- |
| Q1 | RFP General Information and Appendix 9 | Pg 4 - 5 | | Can you please confirm the eligible population for Chronic Condition Management Services? Would this be offered to the total population of more than 652K current and former State and Local government employees and their families, OR ONLY those who are subscribers through the health plans? (Noted in Appendix 9) | | All Well Wisconsin services, including Chronic Condition Management, will be available to approximately 160,000 subscribers and spouses enrolled in the State of Wisconsin Group Health Insurance Program. |
| Q2 | RFP | Pg 5 | | Can you please provide some additional data points for the eligible population as follows?   1. Our solutions are available to all adult dependents 18+ years old. Does the ETF want to offer coverage ONLY to subscribers and dependent spouses OR to all adult dependents 18+? 2. Can you share the % male within your subscriber population? | | 1. Well Wisconsin services are available only to subscribers and spouses. Adult dependents 18+ are excluded from the Department-provided eligibility file.  2. As identified in RFP Appendix 9, 47% of subscribers are male. |
| Q3 | RFP | Page 10 | | There’s reference to Phase 1 and Phase 2. Can you share your timeline for the phased approach? | | The Department will work with the Contractor(s) and vendor partner(s) to establish a reasonable timeline. We anticipate being able to use pharmacy claims sooner than medical claims. |
| Q4 | RFP | NA | | What are the last three years program fees for all requested programs (Wellness, Mental Health and Chronic Condition Management)? | | **2019 Program Year:** Admin Fees $9,112,527  **2020 Program Year:** Admin Fees $8,258,792  **2021 Program Year:** Admin Fees $8,640,472 |
| Q5 | RFP | NA | | Please send a copy of the current contracts and any pertinent addendums, including current performance guarantees or provide instructions on how to access this information. | | <https://etfonline.wi.gov/etf/internet/RFP/Wellness_2016/index.html> |
| Q6 | RFP | NA | | Please provide last three years of annual program reports (from current vendors) for the programs requested in the RFP. | |  |
| Q7 | RFP Section 1.4 | 5 | | Please provide the number of Wellness Champions and a list of the geographical locations. | | There are approximately 125 Wellness Champions that the current vendor works directly with. About half of the Wellness Champions work out of a Madison-based office, while the other half are spread across the State. |
| Q8 | Appendix 03 – Specifications – Mental Health Services FINAL  Section 1.1 | 1 | | For Mental Health services, please provide additional information on the interface between the requested digital/virtual coaching services and the interface with Employer's EAP programs and the 11 Health Plans management of mental health benefits? | | The Mental Health services included in the Well Wisconsin program will supplement what is available via the health plans and the Employers’ EAP providers. The Department expects the Well Wisconsin Mental Health vendor to refer Members to their health plan and/or EAP service provider as appropriate. The Mental Health Contractor will also share utilization data with health plans for overall coordination. |
| Q9 | RFP Section 1.4.3 | 7 | | 1. Please identify the program goals for resilience building and Stress Management components - specifically confirm that all services are digital/virtual and not in person.  2. Are all coaches licensed professionals or is certified peer coaching staff acceptable?  3. Of the 26,500 coaching sessions identified, what is the number of participants for those coaching sessions?  4. Are the tools and resources requested for Mental Health in place today?  Please describe the identification and engagement process. | | 1. As stated in RFP Appendix 3, the Department is looking to build a mental health program that will expand over time, initially based on Member health assessment data and pharmacy claims data, but later utilizing medical claims data and predictive modeling. Contractor’s mental health program must include educational programs for Participants to increase their understanding of mental health and build skills to better manage their mental health and well-being, including, but not limited to, access to digital tools and mental health coaches, nurses, and/or licensed counseling providers. All mental health services may be provided virtually.  2. Per Appendix 3, all health coaches and providers in Contractor’s mental health program must have appropriate certifications and credentials, a minimum of one (1) year experience in mental health counseling and participate in on-going education and training. Please include in your response the level of training, certifications and/or licenses your providers have.  3. There were approximately 12,000 participants utilizing coaching services in 2021 for a total of 28,500 sessions.  4. Some mental health services like digital programming, telephonic, and online coaching for mental health are available today. Refer to RFP section 1.4.3 for the current mental health offerings. Identification for current programming is via health assessment results. |
| Q10 | RFP | NA | | Identify the number of data interfaces (number of vendors, data received or sent) are required to support all three programs being requested. | | See RFP Appendices 15 – 18 for data exports to the health plans and IBM Watson Health. There are currently 11 health plans in the GHIP. Additionally, eligibility data will be imported daily from the Department or its benefit administration service provider. Data may be exported and imported on an agreed upon frequency between the Contractor(s) and the pharmacy benefit manager. If more than one Contractor is awarded a Well Wisconsin contract, additional data may be imported and/or exported between Contractors/vendors. |
| Q11 | FORM 1 - Cost Proposal Workbook FINAL protected | All tabs | | Please define the difference between Cost per Session and Per Participant Usage Fee. | | Cost per Session is used when there is direct interaction with Participants that may be ongoing or occur more than once, such as coaching or counseling sessions.  Per Participant Usage Fees are for services that are for a one-time service, such as a biometric screening, flu vaccine, or educational training. |
| Q12 | FORM 1 - Cost Proposal Workbook FINAL protected | All tabs | | Please define what services are included in the Administrative PEPM fee - for example, this is reporting, account management, dedicated staff, data/metrics/PG’s, answering the phone - everything excluding the cost of services delivered to a participant. | | The Administrative PEPM will include costs for everything a Contractor will do to carry out the contract requirements, including, but not limited to, reporting, account management, dedicated staff, data/metrics/PG’s, answering the phone, communications; and excluding Per Participant/Session/Unit fees identified in the Cost Workbook. See RFP Appendix I. Cost Proposal Workbook Tab A. Instructions. |
| Q13 | Appendix 02 – Specifications – Well-Being Services FINAL  Section 1.1 | 1 | | Is the State open to additional monetary incentives in the form of HSA, HRA or HIA contributions, premium discounts, or an increase in the monetary value of gift cards? | | The Department is open to new ideas. |
| Q14 | Appendix 02 – Specifications – Well-Being Services FINAL  Section 1.6 | 9 | | What onsite resources are currently being utilized today? | | Onsite resources vary by Employer. Some Employers offer in-person classes and trainings related to well-being and mental health, wellness fairs, etc. |
| Q15 | Appendix 02 – Specifications – Well-Being Services FINAL  Section 1.1 | 1 | | Does the State currently track gym memberships for incentives today? | | No. |
| Q16 | RFP Section 7.6 | 41 | | What engagement percentage goals is the State looking to achieve over the next 3 years? | | The Department would like to see an increase in engagement to a level of 35 - 40% in the next 3 years. |
| Q17 | Appendix 03 – Specifications – Mental Health Services FINAL | NA | | Please confirm that the State is not looking to fully replace the existing behavioral health program administered within the health plan today. | | The Department is not looking to fully replace the existing behavioral health benefits offered by the Department-contracted health plans. Mental health services offered through the Well Wisconsin program are intended to supplement what is already available. |
| Q18 | RFP 1.3.1 | P. 5 - Health Insurance Program Background | | Can you confirm the total number of individuals eligible for the programs? The RFP indicates that the GHIP covers ~240,000 lives but Appendix 9 indicates 165,183 eligible members. Wellness eligible participants is noted as 55,545. | | All Well Wisconsin services will be made available to approximately 160,000 subscribers and spouses enrolled in the State of Wisconsin Group Health Insurance Program. | |
| Q19 | RFP 9.5 | P. 49 - Non-Disclosure Forms | | Is there an opportunity to offer proposed redlines to the NDA? | | No. RFP Form H – Non-Disclosure Agreement (NDA), must be signed and returned with Proposals. | |
| Q20 | RFP 7.8.1 | P. 44 | | Would ETF be interested in a chronic care management solution that also addresses prediabetes and obesity? | | Yes. | |
| Q21 | RFP 1.4 | P. 6 | | The RFP states..."Health coaching and chronic condition management participants are identified through self-reporting on the health assessment questionnaire and pharmacy claims data. Currently, health plans do not share medical claims with the Program administrator." Is there any chance that ETF would consider sharing medical claims if it could drive greater enrollment/engagement through targeted marketing? | | The Department is open to exploring this further. | |
| Q22 | Appendix 4 | P. 1 | | Is there a desire on the part of ETF to bill through claims? | | No, the Department will pay directly for services administered by the Well Wisconsin Contractor(s). | |
| Q23 | 1.4.3 | P. 8 | | What was the outcome of the meQuilibrium pilot? Did they remain in place? Was it deemed a success or failure, and why? Also, is there a desire to implement a vendor such as meQuilibrium who is more focused on stress and resilience, or would you prefer a more in-depth comprehensive provider that not only addresses these conditions, but offers the full spectrum of mental health solutions (subclinical and clinical)? | | See the recent meQuilibrium memo here  RFP Appendix 3 states: “The Contractor must provide a mental health program that will expand over time, initially based on Member health assessment data and pharmacy claims data, but later utilizing medical claims data and predictive modeling. Contractor’s mental health program must include educational programs for Participants to increase their understanding of mental health and build skills to better manage their mental health and well-being including, but not limited to, access to digital tools and mental health coaches, nurses, and/or licensed counseling providers.” | |
| Q24 | RFP 9.6 | P. 48 | | Are documents for reference only? When should these be signed/returned? "The Contractor will be required to sign agreements similar to the Data Supplier Agreement, Non-Disclosure Agreement (Data Out), and Data Transfer Authorization Agreement, which are attached to this RFP as Appendices 12 through 14, as examples." | | As stated in RFP Section 9.6, the data documents were included with the RFP as examples. These documents, or similar documents, will be provided to the awarded vendor(s) for review/negotiation and inclusion in the Contract. | |
| Q25 | RFP Section 1.10 Calendar of Events | 14 | | In the Calendar of Events, the submission date is stated as 8/4/2022 at 12 p.m., but Form D, Request for Proposal Signature Page states that it is due at 2 p.m. Which is the correct time? | | The RFP Calendar of Events has the correct time. The due date and time are August 4, 2022, at 12 p.m. Central Daylight Time. (See page 2 above for the correction.) | |
| Q26 | RFP Section 2.4.2 Instructions for Submitting Assumptions and Exceptions Item j. | 20 | | Is it acceptable to create tables for assumptions and exceptions, with one table for the RFP/Appendices (except for Appendix 8) and one for Appendix 8? Re: The entire section. Could you please confirm that not only are we to edit sections of the RFP and appendices that we might take exception to, but also create a separate section of our response or separate document with Assumptions and Exceptions which lists them as well? | | It is acceptable to create various tables for assumptions and exceptions. Do not simply edit the RFP, include all proposed changes, assumptions, exceptions to the various sections of the RFP in the Proposal, in a section labeled Assumptions and Exceptions. See RFP Section 2.4.2, a-j. |
| Q27 | RFP Section 7.1 Information Technology | 35 | | Question 7.1.7 specifically mentions “website” and “web portal” as two separate entities. Is the Department asking that proposers create both a website specifically for the board, as well as provide a web portal/app for users? If our web portal/app does both, is it acceptable not to have a separate website? | | The Contractor must have a dedicated website for the program and a user friendly, tailored, engaging and secure web-portal for Members and Department program administrators. The website will have a link to the web-portal. |
| Q28 | RFP Section 6.4 Customer Service | 31 | | Question 6.4.6, please confirm that it is your intent to have a website, in addition to a web portal/app. If our web platform/app can accommodate information as well as a well-being program, would it be considered? | | The Contractor(s) must have a website with access to a web portal (see A27) and an app. |
| Q29 | RFP 7.2 Computer and Data Processing Facilities, Data Policies | 36 | | Entire section. Would you consider signing a mutual NDA so that we can provide the requested corporate security and IT information requested? As a privately held corporation, we typically do not make such information available without one, particularly at this stage of a selection process, given public disclosure requirements. | | Form H, Non-Disclosure Agreement (NDA) is to be used by Proposers to indicate which parts of their Proposal are confidential. If Proposer is not willing to share the documents requested in 7.2, Proposer should state that in their Proposal. The Department may consider a mutual NDA after the down selection process. |
| Q30 | Appendix 2 | 8 | | Appendix 2 p.8 1.5 Program Website and Web portal. This section seems to indicate that we are to provide a dedicated website and a web-portal as part of the Contract. The website will provide basic Program information. Will a web portal/app that can provide health resources and education, along with basic program information be considered to meet these requirements? | | The Contractor must have a dedicated website for the Program and a user friendly, tailored, engaging and secure web-portal for Members and Department program administrators. The website will provide basic Program information. The website will have a link to the web-portal which will require a login. Upon secure login, Participants can access detailed Program information and their account. If more than one vendor is awarded a Contract as part of the RFP solicitations, the Contractors must work together to allow for a single sign-on from the Well-being Contractor’s website. |
| Q31 | RFP Section 1.4 Well Wisconsin Program Overview-Background Information | 6 | | Paragraph 3 indicates that currently, health plans do not share medical claims with the Program administrator. Is this by design? Medical claims ingestion could support both the member and ETF experience. Is ETF open to discussing the benefits of medical claims ingestion? | | The Department is open to exploring this further. |
| Q32 | RFP Section 1.4 Well Wisconsin Program Overview-Background Information | 6 | | Paragraph 4 – Please confirm that the two dedicated program management staff are full-time and onsite. | | The two dedicated program management staff need to be located within a reasonable drive to Madison, Wisconsin to support onsite activities at Employer locations. |
| Q33 | RFP Section 1.4 Well Wisconsin Program Overview-Background Information | 6 | | Paragraph 6 – Please share a copy of the ROI analysis completed for 2017-2019. | | <https://etf.wi.gov/boards/groupinsurance/2021/08/18/gib6/direct> |
| Q34 | RFP Section 1.4.2 Worksite Biometric Health Screenings and Flu Vaccine Clinics | 7 | | Who is the biometrics screening and flu vaccine partner of the current Program Administrator? What is ETF’s level of satisfaction with the current vendor (or vendors)? | | Quest Diagnostics is the current provider of onsite biometric screenings and self-collection/home test kits.  Total Wellness is the current provider for flu vaccine clinics and processing health care provider forms.  The Department is satisfied with the services provided by both vendors. |
| Q35 | RFP Section 1.4.2 Worksite Biometric Health Screenings and Flu Vaccine Clinics | 7 | | For the 95 worksite biometric health screening events held in 2020, please provide:   * Location address including zip code * Hours of each event   Number of participants at each event | |  |
| Q36 | RFP Section 1.4.2 Worksite Biometric Health Screenings and Flu Vaccine Clinics | 7 | | For the 121 flu vaccine clinic events held in 2020, please provide:   * Location address including zip code * Hours of each event * Number of participants at each event | |  |
| Q37 | RFP Section 1.4.2 Worksite Biometric Health Screenings & Flu Vax Clinics | 7 | | Please confirm that ETF does not pay the Program Administrator directly for the cost of the flu vaccines, rather the Program Administrator works with each health plan to secure payment. | | The current flu vaccine administrator bills the GHIP health plans directly. The Department covers the expense needed to meet minimum clinic requirements, if needed. |
| Q38 | RFP Section 6.8.4 Implementation | 33 | | Please provide ETF’s definition of a “detailed description and history” of our program implementations and the number required. Since our inception we have implemented thousands of new clients and suspect the Department does not wish for responses to this question to be overly burdensome for us to compile nor for evaluators to review. | | Please include the number of implementations you have completed in the past 5 years and the average number of Business Days it took to complete them. Include a summary of how well the implementations went and what you have learned along the way. Include at least one client reference. |
| Q39 | Appendix 1  Section 1.1 Implementation  1.1.D.5. | 2 | | This section notes that the web portal must be available to all Members no later than September 15, 2023. In other places in the RFP 1.1.2024 appears to be your desired launch date. Please clarify your optimal launch date and/or what functionality is expected for the September 15, 2023 launch. | | We expect the Contractor(s) to have a dedicated web page available with information available to Members on the program services available September 15, 2023, in preparation for open enrollment so they can learn basic information about program services. The fully functioning, tailored web-portal will launch January 1, 2024. |
| Q40 | Appendix 1  Section 1.1 Implementation  1.1.D.6. | 2 | | Please share how many Employer Kick Off meetings will be held in September 2023, dates, hours, and a description the Program Administrator’s role in these meetings. | | There will likely be two to four Employer Kick Off meetings scheduled. The dates and hours are still undetermined. The vendor(s) will present an overview of their services for Employers’ reference. If the meetings will be held in-person, the Contractor(s) will also set up and staff an informational booth. |
| Q41 | Appendix 1  Section 1.1 Implementation  1.1.D.8. | 2 | | Please share how many Benefit Fairs or webinars the Program Administrator is expected to attend, dates, and hours. | | The dates and hours of Benefit Fairs are undetermined. Typically, Employers start to schedule them in the spring/summer of each year for that fall. Benefit Fairs take place during open enrollment, which is typically in late September through October. With the Covid-19 pandemic, there has been a shift to more virtual Benefit Fairs, but we’re seeing more Employers offering in-person events now. Prior to the pandemic, there were at least 30 – 40 Benefit Fairs scheduled. |
| Q42 | Appendix 1  Section 1.8 Marketing & Communication  1.8.F.2.a. | 10 | | Please confirm the number of unique households currently, and an estimate of the number of newly enrolled households anticipated each year. | | There are approximately 110,000 households. There is typically some turnover from year to year, but the total number of households remains relatively stable. |
| Q43 | Appendix 1  Section 1.10 Data Integration  1.10.E | 12 | | Secure data transfers are anticipated between the Program Administrator and how many GHIP vendors? | | Assuming there isn’t a change in the number of health plans, there will be data transfers with 14 other GHIP vendors. If more than one vendor is awarded a Contract as part of the Well Wisconsin RFP solicitations, there could be one to two more GHIP vendors. |
| Q44 | Appendix 2  Section 1.2 Biometric Screenings  1.2.D. | 3 | | Based on past experience, how many onsite screening events will require bilingual, Spanish speaking staff? | | There were two biometric screening events in 2021 that required bilingual Spanish speaking staff. |
| Q45 | Appendix 2  Section 1.3 Flu Vaccine Clinics  1.2.C. | 5 | | Based on past experience, how many flu vaccine events will require bilingual, Spanish speaking staff? | | There were zero flu vaccine clinics scheduled in 2021 that required bilingual Spanish speaking staff. |
| Q46 | RFP Forms A-I |  | | For the forms requiring signature, is an electronic signature sufficient, or does State of Wisconsin require a wet signature? | | An electronic signature on the forms is acceptable. The Department does not require a wet signature. |
| Q47 | RFP Section 1.4.2 | 7 | | Biometric Screening Events and Flu Vaccine clinics have ancillary fees and assumptions associated with these services. Is the Contractor able to provide that information in our response? | | All costs must be included in the specified cells in Form I Cost Proposal Workbook. Form I states: “All costs must reflect the level of customization and features represented in the Proposal, including any and all one-time and recurring fees, charges, or costs, and implementation, transition, and run-out fees.” Also in Form I: “Additional Services: include any other proposed services that are not included in the fees listed above. If the proposed service is not offered on a per participant basis, enter the annual cost in Column C "Estimated Total Annual Cost" and explain this in the Comments cells. If another cost basis is used, include the cost and explanation in the Comments cells.”  If there are optional, “Additional Services” that the Proposer is offering, include those in Form I where indicated. |
| Q48 | RFP Section 6.7 | 32 | | The instructions for this question read, “Provide information about your organization’s previous experience in providing record-keeping and accounting services for similar programs including using electronic transfer via file transfer protocol (FTP), virtual private network, encrypted email, and paper.”  Please provide an example of what types of records or accounting system you would like to have a vendor provide to you via electronic transfer. | | Example: Participant incentive data for processing taxes. |
| Q49 | RFP Appendix 1, Section 1.9 | 11 – Item A | | Question: Section 1.9, Item A requires 12 months’ notice to migrate to a different data or web platform. Please clarify what you mean by “different data or web platform.” For example, if we move from Microsoft IIS to a different web server for front-end hosting, does that require 12 months' notice? If we move one of our datacenters to another facility? | | Any major migrations or changes that will require the Department’s information technology team, will impact existing data exports/imports, or will result in major noticeable changes for Participants will need to be discussed and agreed upon by the Contractor and the Department at least 12 months before such change is effective. |
| Q50 | RFP Appendix 1, Section 1.13 | 16 | | Because the Contractor would need to provide a comprehensive transition plan to the Department at least 90 Calendar Days prior to Contract termination, and given the language here that details the Run-out Period, when would the Department notify the Contractor that the Department wishes to terminate? Would this be 180 Calendar Days prior? Please clarify this timing. | | Example: if the Department gave the Contractor 180 Calendar Days’ notice of termination on 1/1, the transition plan would be 90 Calendars Days prior to the end of the 180 Calendar Days. The run-out period begins on the effective date of termination and ends 180 Calendar Days thereafter. Example: notice of termination is given on 1/1, the transition plan is due 90 Calendar Days later on 3/31, the effective date of termination is 6/30, and the run-out period extends through 12/31. |
| Q51 | RFP Appendix 6 – Performance Standards & Penalties, Section II | Item F8 | | Regarding complaints and grievances processing, what is the time in which a written response must be provided? | | Written responses must be provided within 10 Business Days. |
| Q52 | Appendix 8 – Department Terms and Conditions, Section 28 | 14 | | Question: Section 28.0(h)2: Will a SOC 2, Type II audit covering Security, Availability, Confidentiality and Privacy meet State of Wisconsin’s attestation requirements for this section? | | The Department is looking for an external assessment of security controls. This ensures a third-party reviewed and validated the security controls. The recommendation is to have a SOC2 Type2 assessment, but the Department will accept and evaluate other assessments. This could include HiTrust, an independent audit of the ISO standards, FISMA, or several other security standards. The external assessment will be evaluated against a standard set of security criteria and independence. |
| Q53 | Appendix 2 – Specifications – Well-Being Services, Section 1.2 | Item E | | “The Contractor must provide privacy screens for all flu vaccine clinics.” How many screens are necessary? | | The Contractor must provide enough privacy screens at flu vaccine clinics to allow for the privacy of Participants during vaccine administration. |
| Q54 | Well-being Services/ Appendix #6/  Section #1 | 1 | | For #A1 *Biometric Screening Protocols*, the question is - is the penalty for one time or more? | | I.A.2: **Biometric Screening Events: “**The Contractor must establish and make available to Employer groups the process, as approved by the Department Program Manager, for scheduling 2024 biometric screening events no later than November 10, 2023. Penalty is $500 per Calendar Day late.”  For every Calendar Day after November 10, 2023 that the Contractor does not provide the scheduling process to Employer groups, the Contractor will be subject to a $500/Calendar Day penalty. |
| Q55 | ETB0047- Well-being Services/ Appendix #6/  Section #1 | 1 | | For #A2 *Biometric Screening Events*, We need more clarity around “process” - Would this be our standard process on how to submit for a screening to be scheduled? | | The process should include information on how to request a biometric screening event and information on what next steps will entail (when they can expect to receive event confirmation, when the scheduling tool will open, when they’ll receive promotional materials, when they’ll receive registration updates, etc.) |
| Q56 | ETB0047- Well-being Services/ Appendix #6/  Section #1 | 1 | | For #s B1, 2, & 3, can we negotiate pricing penalties? | | Proposers may propose penalty fees and the Department may choose to review/negotiate the fees during Contract negotiations. |
| Q57 | ETB0047- Well-being Services/ Appendix #6/  Section #1 | 1 | | For #B4, more clarity needed on type of complaints that need to be notified to the DPM – Our standard is to provide client with a satisfaction survey report and an escalation track for any major items that would require the DPM attention. | | Per Appendix 2, “The Contractor must provide all Employer site coordinators with a satisfaction survey within five (5) Calendar Days after the date of the event. The survey must use a five (5)-point rating scale and content must be approved by the Department Program Manager prior to distribution.”  The results of this survey must be provided to the Department Program Manager at least quarterly.  Other issues, including, but not limited to screening staff not showing up, screening staff not having adequate supplies, screening staff not having access to facilities, etc. need to be brought to the attention of the Department Program Manager as soon as possible, but no later than one (1) Business Day after the occurrence. |
| Q58 | ETB0047- Well-being Services/ Appendix #6/  Section #1 | 1 | | For #B5, can we discuss a compromise on this PG? | | Proposers may propose alternatives and the Department may choose to review/negotiate the proposed alternatives during Contract negotiations. |
| Q59 |  |  | | The proposal is due August 4, 2022 for a January 1, 2024 launch. Given the uncertainty of the economy, inflation, etc., is there an opportunity to modify the fees included in the initial response, based on inflation or an actual increase in the cost of providing the services? | | Costs provided in the Contractor’s final Form I – Cost Proposal Workbook or BAFO must remain firm for the Initial Term of the Contract (see Section 1.11 Contract Term).  The Department understands that there might be price increases due to market fluctuation in the rates for vaccines for each flu season. While the Contractor will bill (and negotiate prices for) flu vaccines directly through the GHIP health plans, with at least a ninety (90) day notice, the Department is willing to negotiate a flu vaccine price increase annually for those that will get billed through the Contract. |
| Q60 |  |  | | Is there any flexibility related to the contract term (e.g., extending the initial contract term from 2 years to 3 years)? | | No, as stated in the RFP the initial term is for three program years (2024, 2025, and 2026), and there is an option for two, two-year renewals for a total of seven years.  RFP Section 1.11 states: One to three separate Contracts may be awarded. The term for each Contract for providing the Services will commence on the date the Contract is executed and extend through December 31, 2026 (Initial Term), unless terminated earlier per the terms of the Contract. By submitting a Proposal, Proposer agrees Proposer’s pricing as accepted by the Department in the final Contract shall remain the same throughout the Initial Term.  The Board retains the option, by mutual agreement of the Board and the successful Proposer(s), to renew a Contract for two (2) additional two (2)-year periods extending the Contract through December 31, 2030, subject to the satisfactory negotiation of terms, including pricing. |
| Q61 | Section 6 |  | | The Department may require Proposers to submit audited financials for the two most recent fiscal years. (See end of Section 6). Is there any financial documentation that can be provided in lieu of full financial statements. | | Proposer’s current audited financial statements are preferred.  If a Proposer does not have audited financial statements, the Proposer should provide current financial information that it provides to other entities that will enable the Department to assess Proposer’s financial soundness, such as what is provided to creditors/investors when raising funds. |
| Q62 | Section 7.2 |  | | Is the submission of SOC2 Type II attestation sufficient? | | The Department is looking for an external assessment of security controls. This ensures a third-party reviewed and validated the security controls. The recommendation is to have a SOC2 Type2 assessment, but the Department will accept and evaluate other assessments. This could include HiTrust, an independent audit of the ISO standards, FISMA, or several other security standards. The external assessment will be evaluated against a standard set of security criteria and independence. |
| Q63 | Section 16 of Appendix 8 |  | | Gives the Department the right to terminate the Contract upon 180 days’ notice without cause. Will any deviations from this requirement be granted? | | No. |
| Q64 | Section 9.4 |  | | Please provide examples of institutions that would be able to take advantage of the cooperative purchasing clause in Section 9.4. | | Examples: another state; another Wisconsin state agency; a university; a local unit of government. |
| Q65 |  |  | | Our solution provides two options for administration, support, and customization of the technology. The first is retail (direct to employer groups, or by line of business, geography, risk stratification etc.) supported by our teams. The second allows WDoETF to support their employer groups and employees as needed with custom content and separate configurations as well as empowering WDoETF to be the "face" of administration and support for the groups and the members. These options are prices appropriately. Which approach sounds more aligned with your goals? | | The Contractor must provide a customized web-portal that is further broken down by a variety of different needs. For example, there may be some resources/links to other benefits that should show up for a Participant based on their eligibility/enrollment (i.e., link to a health plan based on enrollment, or access to pre-tax program information, EAP, etc.). The Contractor must manage the customizations and provide the resources to carry out this work. |
| Q66 |  |  | | Will the entire population be moved at the beginning of the term onto the new contractors platform(s). Or will each of the 1,500 employer groups need to “opt in” individually? | | Every Employer that is currently enrolled in the GHIP will have access to the services provided by the vendor(s) awarded the Contract(s). Currently, there are approximately 400 local Employers who have opted into the GHIP, as well as the state employers and University of Wisconsin System as identified in Appendix 10 GHIP Employer Group Detail. |
| Q67 | |  | | N/A | Will scoring preference be given to vendors that respond to all RFPs? | No. | |
| Q68 | |  | | N/A | Do you have a preference for one vendor for all RFP’s listed or are you willing to choose separate vendors based the best fit for each RFP? | The evaluation team will score each RFP separately. Multiple vendors could be awarded contracts or one vendor could be awarded a contract for all three programs. | |
| Q69 | |  | | 6 | “Currently, health plans do not share medical claims with the Program administrator.” Would the Board be willing to consider sharing medical, pharmacy and lab data in phase one for health plans willing to do so if there is a compelling justification? | Pharmacy claims will likely be available in phase one. The Department does not have access to lab data. Medical claims will likely not occur in phase one. | |
| Q70 | |  | | 6 | Is there currently any timeline anticipated for phase 2 of the program where all claims are utilized? | There is not a timeline in place. | |
| Q71 | | Appendix 8 | | 27 | Do you only need Appendix 8 if we are selected as the Vendor of Choice? (per page 27 of RFP) | The Department is not seeing a reference to Appendix 8 on page 27 of the RFP. Appendix 8 Department Terms and Conditions will apply to the final Contract(s). If a Proposer has any issues with Appendix 8, those must be presented in the Proposal in the Assumptions and Exceptions section. Per RFP Section 2.4.2.f. “All provisions on which no changes are noted will be assumed to be accepted by the Proposer as written and will not be subject to further negotiation or change of any kind unless otherwise proposed by the Department.” See RFP sections 2.4.2 and 2.4.3. | |
| Q72 | | Form C | |  | We use short-term subcontractors internally, but any that we list now wouldn’t likely be active at launch. How would you like us to address subcontractors in this scenario? | Form C Contractor Information should list the subcontractors the Proposer currently believes it would work with to fulfill the terms of the Contract. Form C must be updated prior to the Contract start date and throughout the Contract term as necessary. Internal, contracted staff persons do not need to be put on the list. | |
| Q73 | | Form G | |  | Is this form in place of an MNDA? | No. Form G Designation of Confidential and Proprietary Information is not a master non-disclosure agreement; the purpose of Form G is stated at the top of Form G. The Department and the Contractor(s) may choose to put a MNDA in place. | |