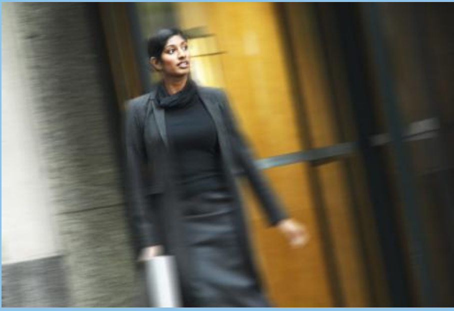

Health Management/Wellness Program

Request for Proposal

San Joaquin Valley Insurance Authority (SJVIA)

Gallagher Benefit Services
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The San Joaquin Valley Insurance Authority (SJVIA) Background

San Joaquin Valley Insurance Authority (SJVIA) is a Joint Powers Authority organized under the laws of the state of California. The Authority currently provides medical benefits to the County of Fresno (self-funded PPO and Minimum Premium HMO) and the County of Tulare (self-funded PPO). The Authority is governed by a Board of Directors made up of publically elected representatives from each Member County. The Authority began operations in December 2009 and renewed the second plan year beginning January 1, 2011.

The management responsibilities of the Authority are currently being shared by staff from each county. These management duties include, but are not limited to: Executive Director duties; legal and regulatory review and bookkeeping and auditing functions. The San Joaquin Valley Insurance Authority has formed a strategic alliance with Gallagher Benefit Services (GBS), a wholly-owned subsidiary of Arthur J Gallagher Co, for the purpose of providing benefits consulting, actuarial and design services to its target market.

The market for alternative options in the public sector is extremely broad. Currently there are few programs available that are specifically tailored and targeted to the unique needs of the public sector. The San Joaquin Valley Insurance Authority has enjoyed outstanding initial success and believes our value proposition will resonate within the tight-knit population of public entities

Health Cost Management/Wellness Initiatives

The SJVIA is committed to health risk management initiatives that will result in improving the health and well being of our population utilizing targeted specific intervention and addressing emerging health situations. SJVIA is interested in creating a partnership with a vendor who will deliver a program specific to keep the healthy employees healthy, specifically engage at risk individuals in programs and widely reach their dispersed population with communicated information education.

The SJVIA is committed to providing competitive benefits to its members while maintaining overall cost effectiveness.

SJVIA's goals with respect to its benefit plans and costs are to:

- Promote provider accountability and value
- Pursue targeted health care strategies
- Provide incentives to promote health and well being
- Make design changes that maximize the gain to SJVIA and minimize pain to its members
- Enhance employee health and performance
- Improve vendor performance
- Achieve documented ROI of health care benefit changes

To this end, the SJVIA would like to partner with the successful bidder to:

- Decrease SJVIA's overall trend by educating and counseling participating employees and their dependents on how to effectively manage their care and facilitate the efficient use of health care resources.
- Optimize program participation through best-in-class identification, program enrollment and continued engagement techniques.
- Track and report SJVIA-specific program eligibility, enrollment/engagement and outcomes.
- Provide programs which deliver the necessary level of intervention for the participant.

- Successfully implement on-site biometric screenings in accordance with the sample schedule.
- Maximize satisfaction with the program based on negotiated performance standards, documented by satisfaction survey results.
- Integrate with other vendors, including (but not limited to) the transfer of data to and from pharmacy, data warehouse and other vendors.

Vendor Selection Process

The vendor selection process requires all vendors to analyze the SJVIA claims data supplied with this Request for Proposal and provide a report that will identify the eligible population for each category of Health Management programs, the expected engagement levels for each program, outcomes for engagement and performance guarantees tied to program results.

RFP SUBMISSION SCHEDULE

The following table is an overview of the selection activities and timeline:

Activity	Timeframe
RFP Release	6/30/2011
Intent to Bid Form (Appendix 1), must be completed, signed, and faxed or scanned and emailed to 866.331.1838 or ali_payne@ajg.com, Attention: Ali Payne by 5:00 p.m. CST.	7/08/2011
An electronic copy of the RFP Response must be submitted to GBS by close of business (5:00 p.m. PST) to Ali Payne, ali_payne@ajg.com	7/21/2011
Three (3) hard copies of RFP Response must be received by Gallagher no later than 12 noon CST. Please send hard copy packages to: Gallagher Benefit Services, Inc. Ali Payne 3600 American Blvd Suite 500 Bloomington, MN 55431	7/27/2011
Finalist Presentations, Performance Guarantees, Contract Terms Finalized	8/16-8/18/2011
Decisions Finalized	9/01/2011
Effective Date	1/1/2012

RFP Submission Requirements:

1. Electronic Submission must be submitted in Microsoft Word format.
2. All bidders must include proposed performance guarantees.
3. All bidders must include sample contract.

Medical plan type and carrier information

Currently, the San Joaquin Valley Insurance Authority is self-insured for the medical and Rx coverage of approximately 9,000 employees and their dependents, with Anthem Blue Cross and HM Life for medical coverage and WHI for prescription drug coverage. There are currently 6 PPO plans and 1 HMO plan offered.

Current Plan Design

*** Please see attachment for a description of all plans ***

Current Health Management Programs:

- Anthem Blue Cross 360 Health
  - Online Health Assessment
- Utilization Review/Management - Anthem Blue Cross
- Case Management - Anthem Blue Cross
- Disease Management: - Anthem Blue Cross
- Lifestyle Management
  - Available through Anthem Blue Cross

Proposed Health Management Programs

- Health Assessment
- Biometric Screening (Venipuncture based only)
- Health Coaching (telephonic and online)
- Lifestyle Management Programs
- Onsite Wellness Programs

*If you do not offer all of these programs, please respond to the Sections of the RFP that apply to the programs you offer.

**Please note if these programs can be purchased separately or bundled.

I. GENERAL INFORMATION

1. Provide the following information for the primary contact responsible for completing and answering questions for this proposal:

- Name
- Title
- Address
- Phone
- Fax
- E-Mail address

2. Provide the following information regarding your corporation:

- Business operation date
- Organizational structure overview
- Number of clients
- Average client size
- Number of clients that have renewed
- Client turnover rate (% of clients who terminated their contracts)
- Number of employees
- Brief history of organization, including mergers, acquisitions, divestitures to include mission statement
- Any anticipated changes in the ownership or organization of the operation

II. OVERALL SERVICE AND ACCOUNT TEAM

1. Provide your program delivery staffing structure to include number of employees, experience, credentials, education and role in each area.

	# of Staff	Avg. Years of Experience	Required Credentials and Education	Role in Program Delivery
Health Educators				
Exercise Physiologist				
Register Dieticians				
Communication Support Staff				
Health Coaches				
Managers				
Customer Service Representatives				
Other – Please describe:				

3. Provide a description on the ongoing management of your services for this client.

4. Identify who is designated to monitor and report participation and employer satisfaction.

5. Provide an implementation plan, including task, timeframes and resources. Do you have implementation managers or other personnel dedicated to the implementation process? Provide a brief explanation of this role.

6. Indicate your hours of operation for the following areas (please include time zone):

HOURS OF OPERATION						
	MONDAY – FRIDAY		SATURDAY		SUNDAY	
	From	To	From	To	From	To
Account Team						
Customer Service (automated voice messaging service)						
After Hours Support						
Other:						

III. CLIENT PROFILE

1. List the percentage of your target Health Improvement Programs clients by size:

Population Size	# of Clients	% of Client Base
Less than 1,000 employees		%
1,000 – 1,500 employees		%
1,501 – 5,000 employees		%
5,001 – 20,000 employees		%
20,001 + employees		%
TOTAL		100%

2. List Business/Industry of clients:

Type of Business/ Industry of Client	# of Covered Lives	% of Client Base
Manufacturing / Production		%
Gaming / Hospitality		%
Food/Beverage Distribution		%
Other:		%
TOTAL		100%

3. Show client growth base for last five years:

	2005	2006	2007	2008	2009	2010	2011 (projected)
Client #							

4. Please provide three active client references and three terminated client references (name, address, company, telephone number of key contact, and e-mail) we may contact.

IV. PROGRAMS

1A. Complete the chart below for each service your organization provides, check all that apply:

	DELIVERY MODE					OUTSOURCED VENDOR
	Direct Mail	Online	Telephonic	Onsite	Seminars / One-on-One Counseling	Name of Vendor
Health Assessment						
Biometric Screenings						
Health Coaching						
Health Education and Awareness Campaigns						
Disease Management						
Other:						

1B. Complete the chart below for each service your organization provides, check all that apply:

	INCENTIVE MANAGEMENT					OUTSOURCED VENDOR
	Incentive Available	Incentive Tracking	Incentive Distribution Capability	Provide Incentive (gift card, merchandise, etc.)	Incentives Included in Pricing	Name of Vendor
Health Assessment						
Biometric Screenings						
Health Coaching						
Health Education and Awareness Campaigns						
Disease Management						
Other:						

2. Complete the chart below for the lifestyle management programs you provide:

Lifestyle Management Programs - Delivery Mode						
	Mailings	**Self Directed Programs**	**Telephonic Coaching**	**Onsite Seminars Lunch and Learns**	**One-on-One Counseling**	**Other**
Heart Disease						
Diabetes						
Cholesterol						
Hypertension						
Asthma						
Nutrition						
Fitness and Exercise						
Women's Health						
Men's Health						
Self Care						
Smoking Cessation						
Weight Management						
Stress Management						
Other:						
Other:						
Other:						

3. Provide details on how your programs remain current based on research and industry trends.

4. Describe the medical staff and/ or advisory board who are responsible for reviewing your programs.

5. Provide your organizations guidelines for program content.

6. Describe enrollment strategies (opt in, opt out, claims data, passive etc,).

7. Describe your “pro active" approach if programs are opt-in or passive enrollment.

8. Provide the process for a participant to dis-enroll in the programs. Is there a penalty if a member dis-enrolls? If so explain.

9. Provide a list of the tools available to program participants (goal setting activities, interactive tools, action plans, journals, etc,).

10. Describe any programs which would require a minimum amount of employees in one location to participate. Indicate the number required.

V. ONSITE INITIATIVES

1. Describe all onsite programs available to your employees. Are they incentive based?

2. Include the cost and number of initiatives available annually.

3. Identify incentives available for each program.

4. Do you manage the tracking and distribution of incentives?

5. Describe your strategy to drive participation and maintain participant engagement.

6. Provide participation and completion rates for five clients for the following type of onsite initiatives:

   - Walking programs
   - Exercise programs
   - Weight loss challenges (total weight loss)
   - Nutrition programs (vending machine, employee dining room menu modifications, etc.)
   - Other

7. Describe any programs which would require a minimum amount of employees in one location to participate. Indicate the number required.

8. Describe your capabilities to manage or offer the following, check all that apply:

	SERVICES				OUTSOURCED VENDOR	
	Offer	**Manage**	**Coordinate**	**Community Partnership**	**Name of Vendor**	**Service Not Offered**
Onsite clinic						
Onsite Fitness Center						
Fitness Center discounts						
Weight Loss competitions						
Stress Management (Yoga, Tai Chi, etc)						
Walking programs						
Other:						
Other:						
Other:						

VI. PERSONAL HEALTH COACHING

1. Do you offer face-to-face personal health “coaches”?
2. What lifestyle areas are covered by your personal health “coaches”?
    - tobacco cessation
    - weight loss
    - exercise
    - nutrition
    - other
3. What are the qualifications of the “coaches”?
4. Who supervises the personal health “coaches”?
5. Do the “coaches” specialize in different areas such as weight loss, tobacco cessation?
6. Who do you target for receiving personal health coaching?
7. How are the potential participants contacted?
8. How long does the typical coaching session last?
    - How many sessions are typically offered to participants?
9. What is the average number of sessions per lifestyle area?
    - tobacco cessation
    - weight loss
    - exercise
    - nutrition
    - other
10. If a participant has multiple health risks, how do the personal health “coaches” prioritize which lifestyle area/s to address first?
11. What is the average number of participants working with each coach?
12. Is there a maximum number of sessions for working with an individual? If yes, please describe.
13. If a participant has reached the maximum number of sessions and still requires additional coaching, what does your program do?

14. Hours of Operation. Please complete the following chart with hours of operation. Please indicate the time zone in your response.

HOURS OF OPERATION						
	MONDAY – FRIDAY		SATURDAY		SUNDAY	
	From	To	From	To	From	To
Account Team						
Customer Service (automated voice messaging service)						
Health "coaches" (Inbound)						
Health "coaches" (Outbound)						
After Hours Support						
Other:						

VII. PROGRAM OVERVIEW BIOMETRIC SCREENING

1. Provide a brief overview of your onsite biometric screening program. Please include your program's goals and objectives.

2. Provide answers to the following categories:

Program Marketing

Please describe if you provide a turnkey marketing program that includes:

Yes	No		Fees
________	________	Posters (11 x 17 inch) and (8 ½ x 11 inch)	________
________	________	Flyers (8 ½ x 11 inch)	________
________	________	Paycheck Stuffers	________
________	________	Employee Announcement Memo/Letter	________
________	________	Direct Mail Letter to customers/employees	________
________	________	Print Ad Artwork	________
________	________	Press Release	________

Appointments System

Describe if you can provide enrollment using the following three methods:

Yes	No	
________	________	Telephone-based using a toll-free number
________	________	Sign-up with Site Coordinator (Site coordinator takes appointments and enters data using Internet-based system)
________	________	Direct patient/customer sign-up using Screening Vendor's proprietary Internet-based appointment system.

3. Does your on-line appointment system include the following?

Yes	No	
________	________	Employee Registration by date and time
________	________	E-mail Appointment Confirmation
________	________	Standby Status (wait list) if time is full
________	________	Cancellation features – Standbys notified
________	________	E-mail reminder the day prior to the clinic
________	________	E-mail notification to client when registration is nearing "booked" status so additional slots can be scheduled
________	________	Notification to client when scheduling is 80% full

4. Describe how you tailor your program to provide a fully customized program encompassing multiple locations with multiple shifts, with varying numbers of employees to achieve maximum health improvement for SJVIA.

Additional Biometric Screening Questions:

1. Describe the blood test result process (laboratory testing) including information and the efficacy and accuracy of the test results.

2. List the lab partners you work with and how long the relationship has been in place.

3. Please list any additional screening tests that will be provided as part of the biometric screening program, if any.

4. Do you offer follow-up screening tests through your lab network within the same year (ex. six-month re-check – currently offered by screening vendor)?

5. Does your program encompass counseling of individuals following their screening (excluding the participants that were identified as high risk within 48 hours of the testing)? If so, please describe and include the qualification of the counselors.

6. Can you administer home screenings?

7. Check those screenings your organization currently offers.

	Venipuncture
Total cholesterol	☐
Total cholesterol/HDL	☐
Lipid panel	☐
Glucose	☐
Nicotine	☐
Body mass index	☐
Blood pressure	☐
Resting heart rate	☐
Thyroid	☐
PSA	☐

# of tests in Blood Test Panel _________

8. What services are included in your proposal?

Services include the following:

Yes	No	
________	_______	Health Screening Test (as outlined above)
________	_______	Two to three minutes of counseling with the health screening
________	_______	Online appointment system
________	_______	Marketing materials
________	_______	Program management
________	_______	Local travel expenses
________	_______	Shipping of supplies
________	_______	Medical waste removal
________	_______	Dedicated program manager
________	_______	Aggregate report by site and consolidated
________	_______	Individual results sent electronically to third-party
________	_______	Site screening report

9. What services would be offered outside the stated fees?

10. Do you include year over year trending aggregate and personal reports?

11. Outline your financial ROI methodology.

Funding of Screening Program (exclusive of per participant pricing)

1. Do you allow the clients to run the blood draw screening program costs through their medical plan? If so, what CPT codes are being used to bill and what amount is being billed? What amount is being applied to wellness benefit?

2. Do you bill for an office visit? Why? If applicable, do you collect the office visit copay?

3. If you do bill for an office visit, does that wipe out a patient's ability to visit their own physician under the same coding since many plans are limited to one annual wellness visit?

Health Assessment

1. Please provide a sample of your HA.

2. Are you able to transfer HA data to the SJVIA Medical/Rx vendor?

3. Describe what type of authorizations will be required in order to transmit results to third parties and any costs related to this transfer?

4. What are the distinguishing features of your HA tool that make it effective?

5. Please demonstrate a process flow chart for the proposed biometric screening program.

Clinic Administration

Yes	No	
________	________	Select and schedule staff based on clinic requirements
________	________	Assign Team Leader
________	________	Establish back-up staff and procedure
________	________	Receive medical equipment, supplies, and forms
________	________	Verify medical equipment is working and calibrated
________	________	Hold training session and certify staff
________	________	Confirm directions, parking, and room with site
________	________	Final confirmation call with site
________	________	Travel to Reyes Holdings site

Communication/Education Campaign

Yes	No	
________	________	Confer with site coordinator to customize campaign
________	________	Provide site coordinator with downloads and marketing materials
________	________	Site Coordinators Market Program
________	________	Appointments (Onsite, Telephone, and Internet)
________	________	Answer questions on 800 line

Screening Execution

Yes	No	
________	________	Administer screenings at each location in accordance with the sample schedule
________	________	Arrive and contact site coordinator
________	________	Verify table and chairs are set up
________	________	Set up screening stations and administrative table
________	________	Calibrate medical equipment
________	________	Conduct clinic
________	________	Team Leader monitors quality of program throughout event
________	________	Screening Vendor contacts site coordinator for day-of-event feedback
________	________	Clean up any SJVIA screening sites
________	________	E-mail satisfaction survey to site coordinator
________	________	Document opportunity areas for improvement

Program Review and Improvement

Yes	No	
________	________	Receive feedback from
________	________	Reyes Holdings site coordinator
________	________	Screening Vendor Local Staffing Managers
________	________	Screening Vendor Account Executive and Program Manager
________	________	Identify areas for program improvements
________	________	Discuss and share feedback in daily conference calls
________	________	Incorporate action items into future events
________	________	Update Procedure Manual (Customized)
________	________	Communicate target action items to SJVIA

VIII. PERFORMANCE GUARANTEES

1. Provide a list of the performance guarantee parameters you use.

IX. LEGAL CONSIDERATIONS

1. Are you currently involved in any legal actions? If so, please describe.

X. HIPAA

1. Explain your HIPAA policy and procedures as it relates to wellness programs.

XI. PRICING

Appendix 1

PROPOSAL RESPONSE

We have reviewed the above information in this request for proposal (RFP) to provide wellness programs and services for your employees, and express our response objective as:

☐ We will respond to this RFP prior to the due date

☐ We decline to respond at this time

_____________________________ _____________________________

Company Name *Date*

_____________________________ _____________________________

Company Representative Signature *Title*

_____________________________ _____________________________

Print Name *Phone Number*

____

E-mail

Please FAX or Scan and Email your response to:

Ali Payne
Area Vice President, Wellness
ali_payne@ajg.com
866.331.1838

Attachment:
SJVIA Benefit Plan Matrix
2011 Anthem Blue Cross Plan Designs

	COT Anthem HDPPO $2500 In-Network	COF - Actives Anthem HDPPO $3000 In-Network	COT Anthem PPO $1000 In-Network	COF - Retirees Anthem HDPPO $1500 In-Network
DEDUCTIBLE				
Per Individual	$2,500	$3,000	$1,000	$1,500
Per Family	$5,000	$6,000	$2,000	$3,000
OUT OF POCKET MAX				
Per Individual	$5,000	$3,000	$4,000	$3,000
Per Family	$10,000	$6,000	$8,000	$5,000
PREVENTATIVE SERVICES				
Adult Preventative Visits	10%	$0	$0	$0
Routine Physical Exams (age 7 & older)	$25	$0	$20	$0
Well Baby Routine Physical Exams (birth to age 6)	$25	$0	$45	$0
PHYSICIAN SERVICES				
Office Visits	10% after Ded	N/C after ded.	$45	20% after Ded
Lab and X-Rays	10% after Ded	N/C after ded.	20%	20% after Ded
OUTPATIENT SERVICES				
Surgery	10% after Ded	N/C after ded.	$250/surgery + 20%	20% after Ded
HOSPITALIZATION SERVICES				
Inpatient Services	10% after Ded	N/C after ded.	$1000/year + 20%	20% after Ded
CHIROPRACTIC SERVICES	Not Covered	N/C after ded. 24/Visits	$25 12/visits	20% after Ded (24 max)
PRESCRIPTON DRUG				
Generic	10% after Ded	N/C after ded.	$10	20% after deductible
Brand	10% after Ded	N/C after ded.	$20	20% after deductible
Non-Formulary	10% after Ded	N/C after ded.	$35	20% after deductible

Attachment:

SJVIA Benefit Plan Matrix

2011 Anthem Blue Cross Plan Designs

	COT Anthem PPO $500	COF - Actives Anthem HMO	COT Anthem PPO $0	COF - Actives Anthem PPO $250
	In-Network	In-Network	In-Network	In-Network
DEDUCTIBLE				
Per Individual	$500	$0	$0	$250
Per Family	$1,000	$0	$0	$500
OUT OF POCKET MAX				
Per Individual	$3,000	$1,000	$2,000	$3,000
Per Family	$6,000	$2,000	$4,000	$5,000
PREVENTATIVE SERVICES				
Adult Preventative Visits	$0	$0	$0	$0
Routine Physical Exams (age 7 & older)	$20	$0	$20	$0
Well Baby Routine Physical Exams (birth to age 6)	$35	$0	$20	$0
PHYSICIAN SERVICES				
Office Visits	$35	$15	$20	$20
Lab and X-Rays	20%	No charge	10%	No charge
OUTPATIENT SERVICES				
Surgery	$125/surgery + 20%	No charge	10%	No charge
HOSPITALIZATION SERVICES				
Inpatient Services	$250/admit + 20%	No charge	10%	No charge
CHIROPRACTIC SERVICES	$25 12/visits	$15 (60 days)	$25 12/visits	No charge 24/Visits
PRESCRIPTON DRUG				
Generic	$10	$10	$10	$10
Brand	$20	$20	$20	$20
Non-Formulary	$35	$35	$35	$35