

Alabama PEEHIP Wellness, Disease Management, and Technology RFP

1 Introduction/Purpose

1.1 Introduction

The Alabama Public Education Employees' Health Insurance Plan (PEEHIP) is seeking one or more vendors to administer a coordinated well-being program for employees, non-Medicare-eligible retirees, and covered spouses of the statewide public education system. The coordinated well-being program should include, but is not limited to, a digital smart-phone app-based platform/hub, a web portal, engaging online and onsite well-being programs and features, coaching/mentoring services, robust searchable health resources, robust analyses and reporting, customizable communications, customizable points-based incentive reward features with flexibility to allow for options, and tracking of member activity and progress for application of incentives. PEEHIP's objective is a healthier, thriving population achieved through sustained member engagement throughout the year, and increased health mindfulness.

PEEHIP is interested in a cutting edge digital smart-phone app-based platform/hub, and PEEHIP determined best in class Wellness and Disease Management (DM) solution providers. PEEHIP understands all services sought for this coordinated well-being program may not be available through one vendor. Therefore, it is not imperative that one vendor provide the technology, and wellness and DM content and services. PEEHIP may select a technology vendor to provide the app-based platform/hub, and one or more separate wellness and disease management (DM) vendors to provide the core content, programs, and services. Whether the digital app-based platform/hub is provided by a separate technology vendor, or through the selected wellness and/or DM vendor(s), the digital app-based platform/hub will host (link to or preferably integrate with) all of PEEHIP's health and well-being programs. The selected vendor(s) must be nimble to accommodate the needs of PEEHIP and work seamlessly with PEEHIP's other vendors.

The contract term begins on October 1, 2019 and ends on September 30, 2022. There will not be an extension of the contract period. If interested and able to meet the technology, wellness, and/or DM program requirements of this RFP, PEEHIP appreciates and welcomes your offer.

PEEHIP has retained Segal Consulting to assist with the RFP process, including evaluation of proposals. Each proposal will be evaluated in accordance with PEEHIP's selection criteria, including but not limited to the factors listed below:

- Qualifications of the firm, including experience with large membership bases, longevity, financial strength, and staffing;
- Strategy and tools available to increase health mindfulness and sustained engagement;
- Flexibility and ability to customize;
- Ability to demonstrate improvement in the health of the membership through integrated technology, targeted communication and education, use of Evidence-Based Medicine (EBM) guidelines and specific, agreed upon metrics;
- Value of programs and services, taking into consideration the requirements of the RFP, proposed services and any "value added" service levels, terms, and conditions;
- Proven track record of success, competence, and reputation; and
- Cost of the proposed technology, programs, and services.

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2 Response Instructions

2.1 Instructions for Submitting Offers

Please read the entire solicitation package and submit an offer in accordance with the instructions. All forms contained in the solicitation package must be completed in full and submitted along with the technical response and price proposal which, combined, will constitute the offer. **This RFP and your response, including all subsequent documents provided during this RFP process will be incorporated in the contract terms between the parties.**

The RFP process will be conducted via the Internet, using the ProposalTechnologies Network, Inc. (ProposalTech) application. Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support. For content-specific questions, use the "Related Q&A" link under specific content. For general questions, use the "Ask Questions" feature on the main RFP page.

Any modifications made to the RFP prior to the proposal due date will be provided to all registered Bidders via the ProposalTech system.

2.2 Key Dates

Activity	Date
Release of RFP	February 26, 2019
Pre-Bid Conference	March 4, 2019
Deadline for Submitting Bidder Questions	5:00 p.m. EST on March 5, 2019
Deadline for Intent to Bid form and NDA	5:00 p.m. EST on March 5, 2019
Issue Response to Bidder Questions	5:00 p.m. EST on March 11, 2019
Proposal Submission Deadline	5:00 p.m. EST on March 22, 2019
Finalist Interviews	April 3 – April 4, 2019
Finalize Contract Award	May 2019
Implementation	May – September, 2019
Program Go Live	October 1, 2019

2.3 Proposal Delivery

Post final proposals to ProposalTech, at www.proposaltech.com, before the due date and time cited. Access to the eRFP will be locked after that time. Bidders will not be able to post or change their responses. Late proposals will not be considered.

In addition to submission through ProposalTech, hard copies and CDs (or USB flash drives) are required, as follows:

1. **Technical Proposal.** Eight (8) hard copies, bound and tabbed, with one (1) marked "Original", having original signatures; and one (1) electronic copy on a CD or USB flash drive.
2. **Cost Proposal.** Eight (8) hard copies, bound and tabbed, with one (1) marked "Original", having original signatures; and one (1) electronic copy on a CD or USB flash drive.
3. **Redacted Copy.** One (1) hard copy and one (1) electronic copy in pdf, redacted for proprietary information.

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Technical Proposal and Cost Proposal **must be labeled and packaged separately**. In the event of a discrepancy/conflict between the ProposalTech submission and the hard-copy version, the ProposalTech version will take precedence. In the event of a power failure or similar occurrence, the hard-copy version will be used. In the event a document or section is omitted from the ProposalTech version of the Bidder's response, PEEHIP reserves the right to accept the omitted document or section, if included in the hard-copy version. Hard copies and CDs/USB flash drives should be addressed to:

Ms. Jennifer Slutzky
Senior Health Consultant
Segal Consulting
One Paces West
2727 Paces Ferry Road SE
Suite 1400, Building One
Atlanta, GA 30339

All questions regarding this RFP should be submitted through the ProposalTech website to the **Solicitation Contact**, Ms. Jennifer Slutzky, **prior to 5:00 p.m. EST on March 5, 2019**. Questions regarding technical issues with the website should be directed to ProposalTech, by calling (877) 211-8316, ext. #4, and asking for support.

2.4 Intent to Bid Form (with Minimum Requirements) and Data Disclosure Forms

If your company intends to submit a proposal for Wellness services, Disease Management services and/or Technology services please complete the Intent to Bid form and Non-Disclosure Agreement (NDA), and email the forms to Ms. Jennifer Slutzky, at JSlutzky@segalco.com by **March 5, 2019**. The Intent to Bid and NDA forms may be downloaded from the ProposalTech system for completion.

The Intent to Bid form outlines Minimum Requirements for bidding on this RFP. These requirements will need to be confirmed before continuing with the bidding process.

Once you send in your Intent to Bid Form and NDA, you will receive the Initial Cost Proposal, No member level eligibility/claims data or Performance Guarantees will be provided during this phase of the RFP process. PEEHIP and Segal will identify selected Bidders based upon their responses to the Technical RFP and Initial Cost Proposal(s).

Based upon a review of the selected Bidders' proposal submissions (i.e., Technical RFP and Initial Cost Proposal), Segal will extend invitations to Finalists to attend Finalist interviews in Montgomery, scheduled for the week of April 1st.

The selected Bidders will then be sent claims data (for DM), the Final Cost Proposal and the Performance Guarantees. Selected Bidders will also be sent data that identifies the number of PEEHIP members currently targeted to participate in the various components of the Wellness and Disease Management program. Final evaluations will be based upon a review of the selected Bidders complete proposal submission (i.e., Technical RFP, Final Cost Proposal and Performance Guarantees).

Please note that all Bidders (not just Finalists) are required to submit a signed Intent to Bid Form and Non-Disclosure Agreement (NDA) as outlined in the RFP, in preparation to receive data.

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DO NOT post completed Intent to Bid and NDAs to the ProposalTech site. Intent to Bid and NDAs posted to ProposalTech will NOT be accepted.

When completing the Intent to Bid form, you must indicate which section(s) you intend to include in your proposal:

- Wellness Content and Promotion: Sections 5-9, 12 and 13;
- Disease Management Services: Sections 5-8, 10, 12 and 13;
- Technology Services: Sections 5-8 and 11-13; or
- Any combination of services: Sections 5-8, 12, 13, and appropriate service sections.

Appropriate reference documents will be provided based on the sections you intend to include in your proposal.

Attached Document(s): [Non-Disclosure Agreement Segal Model Mutual Bid-related Confidentiality Agreement \(Global\).DOC](#), [Intent to Bid Form Final.doc](#)

2.5 Questionnaire Instructions

All sections must be answered within the ProposalTech system. The RFP is written for flexibility in responses by providing separate sections for Wellness, DM and Technology. However, the Wellness and DM sections will include questions on Technology, and the Technology section will include questions on Wellness services. The questions are intended to provide flexibility for Bidders to highlight specific capabilities and to determine integration capabilities within and between vendors in our analysis. If a question is asked about a component your company does not provide, please simply state this in your answer. DO NOT answer any of the questions by referring to a prior answer or by referring to an attachment. Any such answers will not be considered and will constitute sufficient grounds for proposal rejection.

Many questions within the RFP do not require lengthy responses. When a question does require a written response, please provide a response that is concise and straightforward. Emphasis should be on clarity. ANSWERS SHOULD BE SHORT AND SUCCINCT, TO FACILITATE OUR ANALYSIS AND TO AVOID CONFUSION.

Other documents and information that may be helpful in preparing your proposal are accessible via Internet as follows:

<http://www.rsa-al.gov/>- RSA home page

<http://www.rsa-al.gov/index.php/members/peehip/>- PEEHIP home page

<http://www.rsa-al.gov/index.php/members/peehip/health-wellness/> - PEEHIP Wellness Program home page

<http://www.rsa-al.gov/index.php/employers/peehip/>- PEEHIP employers section of RSA web page

www.sos.alabama.gov - Secretary of State home page

<http://alisondb.legislature.state.al.us/alison/codeofalabama/1975/coatoc.htm> - Statutes establishing and governing PEEHIP – See Title 16, Chapter 25A

Proposals and supporting documents are kept confidential until the evaluation process is complete and a contract has been awarded. Bidders should be aware that any information in a proposal may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect materials included within the proposal from disclosure, if required by law.

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Bidder agrees to intervene in and defend any lawsuit brought against PEEHIP for its refusal to provide Bidder's alleged confidential and/or proprietary information to a requesting party. PEEHIP shall provide Bidder written notice of any such lawsuit within ten (10) days of receipt of service by PEEHIP. Bidder shall intervene within thirty (30) days of notice or will be deemed to have waived any and all claims that information contained in the proposal is confidential and/or proprietary, and any and all claims against PEEHIP for disclosure of Bidder's alleged confidential and/or proprietary information.

Proposals should be prepared simply and economically. PEEHIP will not be responsible for any costs incurred by any Bidder in the preparation of a proposal.

The following documents, labeled Exhibits 1-7 in ProposalTech, must be completed and submitted with your proposal:

The following documents, labeled **Exhibits 1-7** in Proposal Tech, must be completed and submitted with your proposal:

1. State of Alabama Disclosure Statement (Required by Article 3B of Title 41, Code of Alabama 1975) – two pages
2. Sample PEEHIP State Contract
3. Business Associate Agreement
4. Immigration Compliance Certificate (submission must include entire E-Verify Memorandum of Understanding, verified by the U.S. Department of Homeland Security)
5. IRS Form W-9
6. Bidder Verification Adherence to the PEEHIP Statement on HIPAA Compliance Documentation. Please see the Business Associate Data Security Policy as a reference (Exhibit 6A).
7. RSA Third Party Vendor Security Questionnaire

Please confirm you have downloaded, completed and uploaded all of the procurement documents listed above. If not, please explain.

Attached Document(s): [Exhibit 7 - RSA Third Party Vendor Security Questionnaire-Editable format.xlsx](#), [Exhibit 6A - PEEHIP Statement on HIPAA Compliance Documentation.docx](#), [Exhibit 6 - Bidder Verification Adherence to BA Policy.docx](#), [Exhibit 5 - W9.pdf](#), [Exhibit 4 - Immigration Compliance Certificate.pdf](#), [Exhibit 3 - 2018 BUSINESS ASSOCIATE AGREEMENT.PDF](#), [Exhibit 2 - Sample Professional Services Agreement for PEEHIP RFPs 2019.docx](#), [Exhibit 1 - Disclosure Statement.pdf](#)

Single, Radio group.

1: Confirmed,

2: Not confirmed: [500 words]

2.6 Selection of Partner

The proposal shall become the property of PEEHIP. Proposals will be evaluated by an evaluation committee. Selection will be based on maximum points listed below and will represent the best performance and most reasonable costs for PEEHIP. Oral presentations may be required as part of the evaluation criteria. All responding Bidders will be notified of their status within a reasonable length of time following evaluation of proposals.

Proposal Section	Maximum Points
Technical	750 points
Cost Proposal	250 points
Finalist Interviews/Site Visits (optional)	100 points

PEEHIP reserves the right to award any service in whole or in part, if proposals suggest that doing so would be in PEEHIP's best interest. PEEHIP also reserves the right to issue multiple awards, no award, or to cancel or

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alter the procurement at any time, and to extend the proposed RFP period, if needed. PEEHIP recognizes that factors other than costs are important to the ultimate selection of the provider or providers of the services set forth in this RFP. Contract award will not be based solely on cost, but on evaluation of the full package of capabilities, cost, and guaranteed outcomes as set forth in the RFP.

Any contract awarded hereunder shall be subject to the approval of the PEEHIP Board of Control and all appropriate PEEHIP and governmental officials, in accordance with applicable state laws and regulations.

News releases pertaining to this RFP, or to any services to which it relates, will be made only with prior written approval of PEEHIP, which may be withheld for any reason.

3 General Information

3.1 PEEHIP was established in 1983 by the Alabama legislature to provide quality health care insurance benefits for employees of public institutions of education within the state of Alabama which provide instruction at any combination of grades K through 14, exclusively under the auspices of the State Board of Education, the Alabama Community College System Board of Trustees, or the Alabama Institute for Deaf and Blind. These health care benefits are available to all full-time, permanent part-time, and retired employees, and their eligible dependents.

There are approximately 200 local employer systems participating in the PEEHIP. Local employer units consist of all city school systems, county school systems, and community colleges in the state of Alabama. These entities are not allowed to opt out of the PEEHIP program. All 13 state four-year colleges and universities offer the PEEHIP program to their retirees, with only two institutions offering the program to the active population. However, others may join the program subject to meeting applicable requirements. Active and retired non-Medicare-eligible members may choose from one of two medical plans – the BCBSAL Hospital Medical Plan, or the Viva HMO. Retired Medicare members who choose PEEHIP coverage must enroll in the UnitedHealthcare Medicare Advantage Plan.

The Wellness and DM programs described in this RFP apply specifically to the active and retired non-Medicare-eligible subscribers and spouses enrolled for primary coverage in the BCBSAL hospital medical plan. Member counts are provided in the chart below. Members of the BCBSAL Supplement (secondary) and Viva HMO plans are not allowed to participate in the programs and are not included in the counts below:

	Contracts	Spouses	Total Eligible Adult Members
Active	82,463	41,912	124,375
Non-Medicare Retiree	13,395	5,684	19,079
Totals	95,858	47,596	143,454

Evolution of Current Program

In January 2015, PEEHIP launched their integrated Wellness and Disease Management program called *Team Up For Health*, collaborating with the Alabama Department of Public Health (ADPH) and ActiveHealth Management (ActiveHealth) to administer the programs. Eligible members were able to earn a \$50/month

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premium waiver for completing 3 required wellness activities – completing a Health Risk Questionnaire, completing an annual biometric screening, and participating in a designated number of coaching sessions, based on health status. Note that the incentive can be earned by both the member and the spouse individually.

- In the 2nd year of the program, PEEHIP added enhanced disease management, which offered a higher level of personalized health coaching care from a licensed ActiveHealth nurse, requiring completion of at least 4 telephonic health coaching sessions, for identified members, before the August 31 deadline.
- In the 3rd year, PEEHIP progressed from collecting data on the Health Questionnaire to focusing more on interventions. Pilot programs for Weight Management, Prediabetes, and Musculoskeletal Pain were implemented through Pack Health. ActiveHealth began pilot programs for Diabetes prevention.
- PEEHIP has recorded 90% or greater participation year over year – best of any state. They have seen both clinical and financial improvement, yet obesity, pre-diabetes, and diabetes risk prevalence continues to grow. As a result, PEEHIP is looking to develop solutions that help reverse the progression towards diabetes. These new solutions are to be focused on:
- **Continuous engagement** in health and wellness, activity, and positive behavioral health choices
- **Educating**, training and addressing misconceptions about health at a cultural level- making it **socially desirable to be healthy**

4 Minimum Capabilities and Expectations

4.1 PEEHIP is restructuring their current wellness and DM programs, to be effective October 1, 2019 - implementing a new 3-tiered approach in an effort to reverse diabetes escalation within their covered population. PEEHIP desires partnering and nimble integration among all vendors to work in harmony toward a healthier membership, through:

- **Member engagement:** Open up pathways for continuous engagement and continuously offer and continuously reward healthier choices;
- **Provider engagement:** Through partnership with the Medical Benefits Administrator, develop value based initiatives to encourage providers to promote lifestyle change and strive for better outcomes; and
- **Cultural engagement:** Recognize that the issue is an Alabama-wide challenge that must be solved at the cultural level, through tools such as community programs, state-wide challenges, worksite wellness activities/coaching, and advertising.

PEEHIP is seeking one or more vendors to implement and administer the redesigned comprehensive coordinated wellbeing program. The program will consist of wellness and health promotion content and resources designed to enhance the physical, emotional, social, and financial health of PEEHIP members; disease management programs and coaching designed to support and provide guidance to PEEHIP members who have complex health conditions; and a digital platform/hub to provide a highly customized experience for the individual member in which they are presented with content specific to their personal health, including biometrics, and activities specific to their health needs.

The digital platform/hub will serve as the backbone for all of PEEHIP's wellbeing programs and activities. This platform will be a plug-and-play model that will integrate with all of PEEHIP's benefit programs and activities. Members will have access to a variety of targeted evidence-based well-being programs offered through different formats, seeking to engage them where they are, at the right time, and with the right message.

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The specific wellness and DM program/activity identification data may be provided by another PEEHIP vendor depending upon the results of this RFP. The specific programs/activities may be offered by one or more other PEEHIP vendors. For example, the hub should display the weight management program(s) offered by weight management vendor(s) of PEEHIP to those members identified by another PEEHIP vendor as candidates for weight management programs.

Going forward, the wellness credit (contribution reduction incentive) will be based on a points system, requiring attainment of a certain number of points each year by the August 31 deadline, in order to earn the \$50/month premium reduction incentive that PEEHIP offers today for active employees, non-Medicare retirees and spouses. Members attaining the required number of points after the deadline will earn the incentive prospectively. The platform/hub will be used to deliver tailored wellness activities and track the members' progress in all well-being programs and activities. Members may also be able to self-report certain activities. The platform/hub Bidder will be able to track and assign points for completion of programs and activities that are specific to the needs of the member and presented through the app. To ensure PEEHIP members receive credit for their wellness activities as close to real-time as possible, point accumulations and/or completion data must be transmitted to PEEHIP on a daily basis, in PEEHIP's file format.

The well-being and disease management programs will complement other benefits offered by PEEHIP. These programs may be offered by vendor(s) selected through this RFP, by vendors currently contracted with PEEHIP. Regardless of who offers well-being programs, all must be integrated with the digital platform/hub. Participants will connect to the platform/hub through a mobile app and/or web portal and interact with all well-being vendors (program/content providers). Members must have the same level of access to and interaction with all robust wellness programs and resources, no matter the access route – e.g., mobile app, smart-phone, tablet, computer, etc. A single sign-on between the platform/hub and other vendors is preferred.

Required technology capabilities of the digital platform/hub of the digital platform/hub include, but are not limited to:

- The ability for members to access customized wellness activities specific to their health needs through a smart-phone app available both on Apple (iOS) and Android products
- Clear, engaging, and fun user-interface and overall quality of the app, so that it is perceived by PEEHIP membership as a best-in-class exclusive and valuable benefit
- Ability to receive from PEEHIP on a daily basis, eligibility files in PEEHIP's file format
- Ability to receive and timely process specific wellness program/activity identification data so that specific programs or activities are displayed and available to be accessed within the hub by the specific members identified for those programs/activities
- Ability to link to and communicate with other health apps on the phone to develop a more comprehensive picture of health and lifestyle
- Ability to push notifications to the group, or targeted members, in the form of nudges, reminders, achievement acknowledgements, announcements, and other customizable content
- Ability to apply proven app and points-based models to health, to create infrastructure for ongoing healthy decision making
- Ability to track and assign points for completion of programs and activities
- Ability to transmit to PEEHIP on a daily basis, point accumulations and other completion data as deemed necessary by PEEHIP, in PEEHIP's file format

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- Consistent access across all devices – computer, tablet, phone, etc. Not all PEEHIP members will have smartphone or internet access. Therefore, the Bidder must have the ability to successfully meet the members where they are and replicate the program experiences via telephone, U.S. mail, or onsite means.
- The ability to launch a successful sign-up campaign driving members to download and register on the app and provide current contact information

Required capabilities for well-being and DM Bidders include, but are not limited to:

- Identifying gaps in care and pushing notifications in multiple formats to both members and providers
- Tracking closures of gaps in care
- Providing customized wellness and healthy lifestyle development activities in multiple formats including digital (both app-based and computer-based), telephonic, paper, and onsite
- Providing disease management coaching (including but not limited to weight management, diabetes prevention, diabetes management, and other DM management/prevention coaching programs) in multiple formats including digital (both app-based and computer-based), telephonic, paper, and onsite
- Seamlessly integrating with PEEHIP’s digital platform/hub vendor
- Reporting completion activity to PEEHIP’s digital platform/hub vendor as close to real time as possible and within 24 hours of member action/completion

Selected Bidder(s) must be willing to work in partnership with PEEHIP and its other vendors, to share data, and communicate programs and activities in order to meet PEEHIP’s strategic goals - without duplicating services or causing delays in services among vendors, subject to HIPAA. A collaborative relationship is imperative to ensure that members’ health issues and well-being are addressed in a holistic manner.

Based on expectations described here, determine whether or not you will submit a proposal to provide the digital platform/hub technology, the wellness programming and content, disease management (DM) and coaching, or any combination of the three and complete the applicable RFP Sections, as noted below.

- Wellness Content and Promotion: Sections 5-9, 12 and 13;
- Disease Management Services: Sections 5-8, 10, 12 and 13;
- Technology Services: Sections 5-8 and 11-13; or

Any combination of services: Sections 5-8, 12, 13, and appropriate service sections.

4.2 Select the applicable lines of coverage you will be submitting for. A 'No' response will deactivate the corresponding section.

	Response
Wellness Content and Promotion	Yes/No.
Disease Management Services	Yes/No.
Technology Services	Yes/No.

5 Qualifications of the Firm

5.1 State the full name and address of your organization, and if applicable, the branch office or other subordinate element that will perform or assist in performing the work hereunder.

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Unlimited.

5.2 Indicate whether you operate as an individual, partnership, limited liability company, or corporation.

Unlimited.

5.3 In which state are you formed or incorporated?

Unlimited.

5.4 Are you licensed to operate in the State of Alabama?

Unlimited.

5.5 Has your organization filed for bankruptcy within the last 5 years?

Unlimited.

5.6 List your current financial rating, from the following rating companies:

Company	Rating	Date of current rating
A.M. Best	20 words.	20 words.
Standard & Poor's	20 words.	20 words.
Moody's	20 words.	20 words.
Other	20 words.	20 words.

5.7 Have any senior officers, board members, or directors of your organization been convicted of a felony?

Unlimited.

5.8 Include the name, title, e-mail address and telephone number of the person(s) within your organization authorized to execute the proposed contracts with PEEHIP.

Unlimited.

5.9 Identify lead individuals by name and title and include a resume of each.

Unlimited.

5.10 Confirm that your organization has been in the business, for the services you are proposing, whether digital platform/hub development/management and/or administering Wellness and DM programs for a minimum of 3 years.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

5.11 Confirm that all services listed in this RFP, for the services you are proposing, are currently being provided by your organization to at least one client with 100,000 members or more.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

5.12 Include a brief statement (maximum 1,000 words) concerning the relevant experience of persons from your firm who will be providing services associated with the Wellness programs, Disease Management services

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and/or managing the digital platform/hub. Do not include general corporate background brochures. Emphasize experience directly applicable to the services described in this RFP and included in your proposal:

- Administration and oversight of Wellness and Disease Management programs - digital, in-person, telephonic, and paper correspondence – including but not limited to effective programs for obesity, pre-diabetes, and diabetes - for clients with an active and non-Medicare membership at least as large as 100,000 lives;
- Significant knowledge and experience with Wellness and Disease Management programs, including quality measures, ROI methodology and program assessment, and the ability to support an outcome and goal-based approach;
- Ongoing onsite health coaching at the membership’s workplace;
- HIPAA, Health Care Reform knowledge, and general legislative compliance expertise;
- Oversight of accessible and intuitive custom member portal (both, app and web-based) that, at a minimum, provides online health modules with the most up to date motivational content, prompts and provides access to the member’s specific required activities, tracks the member’s activity and points accumulated, and pushes customizable notifications to members;
- Robust reporting, superior customer service, ability to interface with vendors, staffing, member communication and education;
- Significant knowledge and expertise in integration technology (digital platform/hub) and the ability to support the custom portal and all aspects of the program in an efficient and effective manner; and,
- Significant knowledge and expertise in both smart-phone app and web-based design and user interface to create an engaging, robust, and fun user experience.

Unlimited.

5.13 What sets your organization apart from your competitors?

Unlimited.

6 General Proposal Conditions

Below are the general conditions for submitting a proposal. By checking “Agree”, Bidder represents the proposal submitted adheres to these conditions, unless otherwise noted in the proposal. **Failure to meet any of these conditions may result in disqualification of proposal.** This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms and policy between the parties. If a Bidder takes exception to any of these conditions, it must be so noted in the Bid Exceptions and Deviations Document of their proposal response. These requirements will also explicitly apply to any subcontractors used by the Bidder to deliver services to PEEHIP.

6.1 Any award will be made to the Bidder(s) whose proposal(s) is/are deemed to be in the best interest of PEEHIP. PEEHIP reserves the right to reject any and all proposals.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.2 Bidder agrees to respond to this RFP in full, including all requirements.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

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6.3 Any cost incurred by Bidder in preparing and submitting proposals or attending Finalist Interviews is Bidder's sole responsibility. Proposals will not be returned.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.4 Bidder will not be bound by oral explanations or instructions given during the competitive process or after the award of the contract(s). However, PEEHIP reserves the right to request that Bidder put any such oral explanations or instructions into writing and, once in written format, such documentation shall become part of Bidder's proposal for purposes of becoming part of the final agreement.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.5 Bidder agrees to be bound by its proposal for a period of at least 270 days, during which time PEEHIP and/or Segal may request clarification or correction of the proposal for the purpose of evaluation. Amendments or clarifications shall not affect the remainder of the proposal, but only the portion as amended or clarified.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.6 Any exceptions to terms, conditions, or other requirements in any part of these specifications must be clearly pointed out in the appropriate section of the proposal. Otherwise, it will be considered that all items offered are in strict compliance with the specifications.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.7 The proposal must be signed (electronic signature is acceptable) by a legal representative of the bidding firm, who is authorized to bind the firm to a contract in the event of the award. All rates, fees and terms presented will be considered legally binding. Please see the PEEHIP Binding Signature document, attached in the Manage Documents section of the eRFP.

Attached Document(s): [PEEHIP Binding Signature Final.docx](#)

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.8 All Bidder services must adhere to relevant federal and state laws and regulations.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.9 Any early termination provision contained in your contract cannot be tied to financial provisions or penalties. Either party can terminate the contract without cause. However, PEEHIP can provide 30 days' notice while you will be required to provide 180 days' notice to PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.10 Bidder agrees to provide completed Alabama Disclosure Statement, Immigration Compliance Certificate (entire E-Verify Memorandum of Understanding (MOU), verified by U.S. Office of Homeland Security), and IRS Form W-9 with submission of proposal.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.11 Bidder agrees that the MOU for e-Verify will match the EIN on the IRS Form W-9 or offer an explanation on company letterhead of why the numbers are different.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.12 Bidder agrees there will be no initial or ongoing commissions or finder's fees payable on any plan or services as a result of this RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.13 There are NO additional fees (beyond those outlined in the Price Proposal) required to provide the services outlined in this RFP. Any mandatory fees must be clearly outlined in the Price Proposal. Under no circumstances will PEEHIP be liable to Bidder for fees not disclosed in Bidder's written proposal.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.14 Bidder agrees to abide by the following contract language: Contractor acknowledges that Contractor is an independent contractor, and neither Contractor nor Contractor's employees are to be considered employees of PEEHIP or entitled to benefits under the State of Alabama Merit System.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.15 Bidder agrees to abide by the following contract language: Contractor acknowledges that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article 11, Section 213 of the Constitution of Alabama, 1901, as amended by Amendment Number 26. It is further agreed that if any provisions of this Agreement shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Agreement, be enacted, then that conflicting provision in the Agreement shall be deemed null and void. Contractor may not assign this Agreement or any interest herein or any money due hereunder without the expressed written consent of PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.16 Bidder agrees to abide by the following contract language: To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless PEEHIP, the State of Alabama, and their affiliates, and their respective administrators, officers, directors, agents, and employees (the "Indemnitees"), from and against any and all claims, damages, losses, and expenses, including, but not limited to, attorney's fees, arising out of or resulting from the Contractor's performance of services under this Agreement and/or any other of

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the Contractor's acts and/or omissions under this Agreement. Without limiting the foregoing in any manner, the Contractor shall indemnify, defend, and hold harmless the Indemnitees from and against any and all claims, damages, losses and expenses, including, but not limited to, attorney's fees, (a) incurred as a result of the Contractor's violation of any law, rule or regulation; (b) arising out of, or related to, the Contractor's breach of warranty or representation; or (c) arising out of, or related to, the Contractor's negligent or willful misconduct.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.17 Bidder agrees to abide by the following contract language: Contractor acknowledges and agrees that, PEEHIP shall not indemnify or hold harmless Contractor, its affiliates, administrators, officers, employees, or agents. Contractor further acknowledges and agrees that PEEHIP shall not be liable to Contractor for any late fees, penalties, collection fees, or attorney fees.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.18 Bidder agrees to abide by the following contract language: Contractor acknowledges that, in the course of performing its responsibilities under this Agreement, Contractor may be exposed to or acquire information that is proprietary or confidential to PEEHIP or its members. Contractor agrees to hold such information in confidence and not to copy, reproduce, sell, assign, license, market, transfer, or otherwise disclose such information to third parties or to use such information for any purpose whatsoever, without the express written permission of PEEHIP, other than for the performance of obligations hereunder or as required by applicable state or federal law. For purposes of this Agreement, all records, financial information, specifications, and data disclosed to Contractor during the term of this Agreement, whether submitted orally, in writing, or by any other media, shall be deemed to be confidential in nature unless otherwise specifically stated in writing by PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.19 Bidder agrees to abide by the following contract language: Contractor acknowledges that PEEHIP may be subject to Alabama open records laws or similar state and/or federal laws relating to disclosure of public records and may be required, upon request, to disclose certain records and information covered by and not exempted from such laws. Notwithstanding anything to the contrary contained in Contractor's proposal or in this final Agreement, Contractor acknowledges and agrees that PEEHIP may comply with those laws and any such compliance shall not be deemed a violation with any provision of Contractor's proposal or final Agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.20 Bidder agrees to abide by the following contract language: By signing this contract, the contracting parties affirm, for the duration of the Agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the Agreement and shall be responsible for all damages resulting therefrom.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.21 Bidder agrees to abide by the following contract language: In compliance with Act 2016-312, Contractor hereby certifies that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.22 Bidder agrees to abide by the following contract language: In the event of any dispute between the parties, senior officials of both parties shall meet and engage in a good faith attempt to resolve the dispute. Should that effort fail and the dispute involve the payment of money, Contractor's sole remedy is the filing of a claim with the Board of Adjustment to the State of Alabama. For any and all other disputes arising under the terms of this Agreement which are not resolved by negotiation, the parties agree to utilize appropriate forms of nonbinding alternative dispute resolution including, but not limited to, mediation. Such dispute resolution shall occur in Montgomery, Alabama, utilizing where appropriate, mediators selected from the roster of mediators maintained by the Center for Dispute Resolution of the Alabama State Bar.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.23 Bidder agrees to abide by the following contract language: This Agreement shall be governed by and construed in accordance with Alabama Law, without giving any effect to the conflict of laws provision thereof.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.24 Bidder agrees to make changes in a timely manner in such instances where the Alabama Legislature enacts legislation that impacts PEEHIP and requires such changes.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.25 Insurance. Bidder shall maintain or obtain (as applicable), with respect to the activities in which Bidder engages pursuant to this Agreement, professional liability (errors and omissions) insurance and general liability insurance in amounts reasonable and customary for the nature and scope of business engaged in by such party. Bidder shall deliver to PEEHIP evidence of such insurance on or before the Effective Date and annually thereafter and name PEEHIP as an additional insured. Please specify the liability coverage amounts you are offering for this account.

Single, Radio group.

- 1: Agree, please specify coverage amounts.,
- 2: Disagree, explain: [Unlimited]

6.26 If selected as a finalist, PEEHIP will require that you provide copies of all privacy policies, terms of use protections and any other terms related to cyber security protection. Please note that this applies not only for how you will use and transfer data but also as it relates to employee sites or portal access.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.27 Bidder will accept liability for any mistakes, errors, or omissions it makes in providing services to PEEHIP and its members.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.28 Bidders must have all licenses necessary to do business in the State of Alabama and to perform the services required by PEEHIP. If you have an application for license pending please provide a copy of the application. Such license(s) must be in effect before October 1, 2019.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.29 Bidder agrees to provide a sample Services Agreement that includes provisions for all agreed-upon bid conditions. Bidder shall upload the sample agreement in the corresponding Required Documents section of this RFP. By accepting Bidder's proposal, PEEHIP is not agreeing to nor accepting the terms of Bidder's sample agreement. PEEHIP reserves the right to negotiate or reject the terms of Bidder's agreement.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.30 PEEHIP requires that the contract be signed, at least 30-days prior to go-live. Bidder agrees to meet this deadline.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.31 Bidder will execute and remain in full compliance with the attached Business Associate Agreement (BAA) with PEEHIP.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.32 Bidder must notify PEEHIP within 30 days of purchase, acquisition and/or any other change in its ownership or partners or control affecting 10% or greater interest, any acquisition by it of 10% or greater interest in any new subsidiary; and any new agreement with, by, or between any affiliates and any third party that is relevant to the contract with PEEHIP or the services being provided thereunder.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.33 Bidder will not render or administer services off-shore, and all work performed will be in the contiguous United States.

Single, Radio group.

1: Agree,

2: Disagree, explain: [Unlimited]

6.34 Bidder agrees to provide its organization's last audited financial statement and the most recent unaudited financial statement if the most recent audited financial statement is older than 12 months as well as the latest SSAE 18 report.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.35 Bidder acknowledges and agrees that Bidder has a continuing obligation to disclose any change of circumstances that will affect its qualifications as a Bidder.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.36 UNIQUE MEMBER IDENTIFIER ADMINISTRATION REQUIREMENT: Bidder must be able to accept, store, and report member-level detail, using the following data elements:

1. Social Security Number
2. Individual Personal Identification number (PID), assigned by PEEHIP to each covered member (subscribers and dependents)
3. Subscriber Personal Identification number (PID), assigned by PEEHIP and reported for each covered member on an account

PEEHIP stores and tracks member-level detail using SSNs and unique PEEHIP-assigned PIDs. ALL eligibility and member-level reporting must include these unique identifiers. The Bidder must be able to accept and track each individual plan member based upon the SSN and PEEHIP-assigned member PID. The following chart provides an example of how the Unique Member Identifier should be structured.

Contract Participants	Individual SSN	PEEHIP-assigned Individual PID	PEEHIP-assigned Subscriber PID
John Doe – Subscriber	XXX-XX-XXX1	12222222	12222222
Jane Doe – Spouse	XXX-XX-XXX2	22345678	12222222
Julie Doe – Child	XXX-XX-XXX3	32345678	12222222
Jack Doe – Child	XXX-XX-XXX4	42345678	12222222

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [500 words]

6.37 Confirm that all file transmissions will include member-level detail using these identifiers - SSNs, PEEHIP-assigned Individual Personal Identification Number (PID)s, and PEEHIP-assigned Subscriber PIDs.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.38 Bidder must have the ability to process and maintain eligibility files transmitted on a daily basis, and to transmit to and receive from PEEHIP, monthly, an electronic reconciliation file, in PEEHIP's eligibility file format. PEEHIP will provide their file format to the Bidder

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

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6.39 Bidder agrees to the specified eligibility rules established by PEEHIP and as stated in the PEEHIP Member Handbook.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.40 Bidder must provide detailed disclosure of all invoice line items to PEEHIP at each monthly billing cycle.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.41 Bidder agrees that all reporting submitted by Bidder must be reconciled to the billing.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.42 Bidder will attach a copy of its most recently completed HIPAA assessment in the Required Documents section of the RFP.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.43 Bidder will supply PEEHIP with the most recent copy of its completed HIPAA assessment every time one is completed within 10 business days of Bidder's receipt of same.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.44 All personnel/staff in Bidder's organization must have completed HIPAA training, at least annually.

Single, Radio group.

1: Agree, explain: [Unlimited] ,
2: Disagree, explain: [Unlimited]

6.45 All employees at Bidder's organization have been trained on how to report a security incident or potential breach under HIPAA.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.46 If awarded the contract, PEEHIP or its agent or representative may, at any point during the Agreement, perform an on-site self-assessment of Bidder's organization based on HIPAA requirements.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

6.47 Bidder has attached documents that indicate Bidder is in compliance with the PEEHIP Statement on HIPAA Compliance Document in the Additional Procurement Documents section of the RFP.

Single, Radio group.

1: Agree,
2: Disagree, explain: [Unlimited]

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6.48 Bidder has attached a copy of its Information Security Policy and Procedures in the Required Documents section of the RFP. These policies must apply to the systems, processes and personnel directly related to the work included in this contract and not for other subcontractors or lines of business.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.49 Bidder must be able to accept and process standard HIPAA-compliant enrollment data electronically, on a daily basis.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.50 Bidder agrees that PEEHIP owns its data and that such data will be considered proprietary and will not be shared, except at PEEHIP's request, with full knowledge and express written consent.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.51 Upon termination of the contract, Bidder must provide historical data to succeeding Bidder or PEEHIP, as directed, at no additional charge. Bidder must provide, at no additional cost to PEEHIP, up to five (5) files of historical data, for the three previous contract years, to any new Bidder selected by PEEHIP. Transition of data will begin immediately following notification of termination and must be complete within 90 days of that notification. Within 14 days of notification, Bidder must provide files as of the notification date. Bidder must provide all data on a rolling basis at least once every 30 days thereafter until all PEEHIP data has been provided to the succeeding bidder or to PEEHIP as directed.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.52 Bidder must notify PEEHIP, in writing, immediately upon identification of system-related problems, programming problems or data transfer problems. Bidder must make every effort necessary to correct such problems within 48 hours regardless of the time or date in order to minimize any disruption to members.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.53 Bidder must provide operational and system redundancy and disaster recovery procedures to ensure disruption-free service in the Required Documents section of the RFP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.54 Bidder must provide a dedicated Implementation Manager whose sole account is PEEHIP and who, in coordination with the dedicated Account Manager and PEEHIP Account Management team, will effectively manage the implementation of this program. The dedicated Implementation Manager must continue to support PEEHIP a minimum of 60 days after the implementation date of October 1, 2019, should PEEHIP desire. Such support includes, but is not limited to, weekly calls with PEEHIP and the designated Account Management team, maintenance of issue-tracking logs, and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

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Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.55 Bidder must have the ability to accept “warm transfers” from PEEHIP's Member Services Call Center to Bidder's call center(s) at no additional cost to PEEHIP.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.56 Bidder agrees to be audited by PEEHIP or an entity chosen by PEEHIP. The Bidder will cooperate with any outside audit firm PEEHIP selects to perform the audit. PEEHIP reserves the right to review and audit the operations of the Bidder, including the Bidder's internal control procedures and records, at any point during the life of the contract. Additionally, PEEHIP or its designated agent will be permitted to annually audit Bidder's performance under the contract, at no cost to PEEHIP, including, but not limited to, data management, member services, billing records to assure that charges subject to each proposed service are accurate in accordance with the contract. If an audit identifies performance guarantees are not being met, PEEHIP will expect the Bidder to pay for follow-up audits to confirm resolution of any problem(s) that are uncovered during the initial audit. PEEHIP reserves this right to audit for the duration of the agreement and for a period of three (3) years following expiration or termination thereof.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

6.57 All PEEHIP information disclosed during the proposal and contract term must remain strictly confidential unless disclosure is required by law.

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [Unlimited]

7 Service Capability Confirmations

7.1 Confirm your current ability to provide each of the following by a response of yes or no. For items/services that are not applicable to the services for which you are submitting a bid, please respond with “N/A”. If your answer is “No” to a service for which you are submitting a bid, please provide an explanation. This RFP and your response, including all subsequent documents provided during this RFP process, will become part of the contract terms between the parties.

Requirement	Response	Comments
Provide Disease Management programs for Asthma, Pre-Diabetes/Diabetes, Metabolic Syndrome, CAD, CHF and COPD.		
Provide customizable and dynamic Wellness Assessments (WA), with refreshed content on a recurring basis.	<i>Single, Pull-down list.</i> 1: Yes,	<i>Unlimited.</i> Nothing

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	2: No, please explain in comments, 3: N/A	required
Offer multiple Wellness Assessment (WA) completion options - including online, paper submission, and Member Service Representative via phone.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Provide customizable educational videos, newsletters, and printed materials.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Offer online, telephonic, and/or onsite health coaching.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Utilize medical and Rx claims data in conjunction with biometric screening and self-reported information (Wellness Assessment and other assessments) to identify prevalence of risk and disease states at the member level. Stratify membership according to risk and condition and match individual members with targeted wellness activities and coaching programs relevant to their health needs.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Ability to perform services based on identification of prevalence of risk and disease states at the member level provided by another vendor with claims and other information necessary available.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Push gaps in care notifications to both PEEHIP members and the members' providers, on an ongoing basis.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Track closure of gaps in care and push closure notifications to both PEEHIP members and the members' providers, on an ongoing basis.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required

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Ability to seamlessly integrate with PEEHIP’s digital platform/hub vendor.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Ability to receive from PEEHIP on a daily basis, eligibility files in PEEHIP’s file format (no modifications to the file layout will be considered).	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Agree to accept daily biometric file feed from ADPH or other biometric vendor, in ADPH’s file format (no modifications to the file layout will be considered)	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Ability to receive and timely process specific wellness program/activity identification data so that specific programs or activities are displayed and available to be accessed within the hub by the specific members identified for those programs/activities	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Monitor, track, and report real-time member participation/completion and earned points data to PEEHIP and/or hub as close to real time as possible on a daily basis - reporting should be transmitted to PEEHIP and/or within 24 hours of member completion.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Transmit to PEEHIP and/or hub on a daily basis, point accumulations and other completion data as deemed necessary by PEEHIP, in PEEHIP’s file format (no modifications to the file layout will be considered).	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Offer flexible, customizable portal enabling members to track task completion, program participation, progress toward health goals, and point accumulation toward incentives – same access and functionality through mobile app, tablet, and computer.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Interface and share data files with PEEHIP, TPA, PBM, Biometric Screening vendors, and other potential health/wellness vendors, at any frequency requested by PEEHIP – data must be processed within 24 hours of receipt.	<i>Single, Pull-down list.</i> 1: Yes,	<i>Unlimited.</i> Nothing required

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	2: No, please explain in comments, 3: N/A	
Interface and share data files with hub, at any frequency requested by PEEHIP – data must be processed within 24 hours of receipt.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Reconcile data on a monthly basis with all vendors with whom you share data files.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Offer options for accessing and completing wellness activities via telephone, mail, and/or onsite, so that members without smart-phone access or internet capability can still engage and meet the incentive-earning threshold.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Confirm that your wellness program is in full compliance with the final EEOC/ADA rules governing wellness programs and Genetic Information Nondiscrimination Act (GINA) rules, as published by the Equal Employment Opportunity Commission (EEOC).	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Confirm that all methods of access to your wellness and DM activities, including your web portal and mobile app, present members with the appropriate notice and authorization with respect to wellness programs governed by the EEOC/ADA and EEOC/GINA rules.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
PEEHIP understands there are regularly scheduled periods for upgrades to systems and programs for various reasons. However, it is necessary for our contracted vendors to work with PEEHIP in a flexible and timely manner to implement program needs. Please confirm you are willing to work with PEEHIP if necessary for off-cycle changes, and that you are committed to have the appropriate resources available.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required
Provide and manage a digital platform/hub encompassing all capabilities listed in section 4 to integrate all PEEHIP health and wellness vendors/partners and provide tailored wellness activities to individual members.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required

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	3: N/A	
PEEHIP is able to remit invoice payment via check or EFT, only. Confirm your ability to accept both payment methods.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, please explain in comments, 3: N/A	<i>Unlimited.</i> Nothing required

8 General Questions

8.1 Company Overview

8.1.1 Company Overview

8.1.1.1 Provide the primary Bidder contact for this proposal.

a. Name	<i>Unlimited.</i>
b. Title	<i>Unlimited.</i>
c. Address	<i>Unlimited.</i>
d. City, State, Zip	<i>Unlimited.</i>
e. Phone number	<i>Unlimited.</i>
f. Email	<i>Unlimited.</i>

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g. Company URL	<i>Unlimited.</i>
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8.1.1.2 Provide the location of the Bidder's office(s) that would be responsible for managing the PEEHIP contract.

Unlimited.

8.1.1.3 Provide a brief description of your firm's background and history. Include the length of time in business and the length of time administering programs and services requested in this RFP.

Unlimited.

8.1.1.4 Are you willing/able to offer a portion of your services on a stand-alone basis, without bundling? If yes, which services/programs may be offered on a stand-alone basis?

Single, Radio group.

1: Yes, please explain: [*Unlimited*],

2: No

8.1.1.5 Provide the names of all subcontractors along with type of services they will provide, the period of time (days, months, years) your firm has utilized the subcontractor, and the contractual relationship between the subcontractor and your company. Please use the table provided below.

	Name and Address	Type of Service(s)	Period of Time Utilizing this Contractor	Contractual Relationship
1	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
2	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
3	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
4	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
5	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.1.6 Describe your process for vetting the privacy, security, HIPAA compliance and readiness of your sub-contractors.

Unlimited.

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8.1.1.7 Has your organization recently undergone any workforce realignments and/or experienced recent merger or acquisition activity? If so, please describe. Are there any anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital? Please explain.

Unlimited.

8.1.1.8 Describe any staff relocations, computer system changes/upgrades, program changes, or telephone system changes in process at this time or proposed within the next 12-24 months.

Unlimited.

8.1.2 Experience

8.1.2.1 Provide statistics regarding membership that receives Wellness, DM, and/or Technology services from your firm. Provide statistics further split as requested in the grid, below.

Unlimited.

8.1.2.2 Wellness

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.1.2.3 Disease Management

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

8.1.2.4 Technology services

	Total Group Members	Group Members in Alabama	Total Number of Employer Groups	Public Sector Members	Number of Public Sector Groups	Number of Clients with 100,000+ Eligible Members
2018	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>
2019	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>	<i>Integer.</i>

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8.1.2.5 How many new groups did your organization add effective January 1, 2019?

	2019 New Groups
Wellness	<i>Integer.</i>
DM	<i>Integer.</i>
Technology	<i>Integer.</i>

8.1.2.6 What percentage of your 2018 total group membership renewed for the 2019 plan year?

	2018 Total Group Member Percentage Renewed
Wellness	<i>Percent.</i>
DM	<i>Percent.</i>
Technology	<i>Percent.</i>

8.1.3 Account Management

8.1.3.1 Provide an overview of how PEEHIP's relationship will be managed, both strategically and on a day-to-day basis. Preference will be given to Bidders who assign a dedicated account management team and provide access to senior leadership. Include an organizational chart.

a. Include name, location, and functional role of each key individual(s) responsible for:

- i. Overall contract management.
- ii. Day-to-day account management and service.
- iii. Privacy and security including HIPAA policies and procedures.
- iv. Communication strategy and issues.
- v. Customer service manager and staff.
- vi. Product research.
- vii. Data and reporting.
- viii. Any other individual key to this project.

Unlimited.

8.1.3.2 Confirm that PEEHIP will have the right to approve or disapprove key personnel assigned to this account.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

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8.1.3.3 The Account Director/Clinical Account Director /Wellness Director/Operations Director/Technology Director (if applicable) must be available during regular business hours and during emergencies including being available for frequent telephone and on-site consultation with PEEHIP in Montgomery, AL. At a minimum, the Bidder shall meet or conduct conference calls with PEEHIP on a weekly basis during the transition period, graduating (upon PEEHIP's approval) to bi-weekly calls with quarterly onsite meetings, to discuss Wellness/DM/platform service activities, review program results, and re-evaluate strategy. Confirm your understanding and ability to have appropriate staff levels attend meetings with PEEHIP.

Unlimited.

8.1.3.4 Confirm the Account Manager will lead the bi-weekly calls with PEEHIP and maintain an accurate, up to date task log of current issues and discussion items. The Account Manager will be responsible for overseeing the task log and ensuring each identified issue is addressed until resolution is achieved.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.3.5 Confirm that PEEHIP's account executive or back up account staff member will respond to all PEEHIP inquiries, including phone calls and emails, within one business day.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.3.6 Describe how your staff assigned to PEEHIP's account will work to understand and tailor services, programs, and recommendations to PEEHIP's culture, benefits, diverse urban/non-urban lifestyles and access to resources.

Unlimited.

8.1.3.7 Describe a situation in which an account team member proactively identified a potential problem and worked with the client to create a custom, "outside the box" solution.

Unlimited.

8.1.3.8 Describe your firm's process to escalate problems or concerns through the corporate structure to facilitate resolution of issues. Discuss how your firm will track issues and report findings to PEEHIP.

Unlimited.

8.1.3.9 Describe your firm's process to achieve one call resolution when members present an issue or question. What is the follow-up procedure if a call cannot be resolved immediately?

Unlimited.

8.1.3.10 Confirm that your team will attend onsite Quarterly meetings with PEEHIP to present current programs and service performance, address any recent issues/challenges encountered, suggest potential opportunities, and discuss other pertinent topics to be identified prior to each meeting. At a minimum, PEEHIP requests that the following individuals attend all quarterly meetings: an account team member closely involved in the daily operations of the PEEHIP account, an executive-level team member with oversight responsibility, and a clinical director with thorough knowledge of PEEHIP-specific data, and an expert-level IT team member with capability and authority to implement agreed upon IT-related improvements. The mid-year and year-end meetings are expected to provide more robust detailed metrics, observations, and consultative discussion.

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Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.3.11 Confirm that your team will attend PEEHIP's Board meetings at your expense.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.3.12 Do your services include legislative updates?

Unlimited.

8.1.4 References

8.1.4.1 Provide a minimum of five (5) client references for whom the Bidder has successfully provided similar services within the last three (3) years. Consistent with the minimum qualification requirements, at least one of these references must cover at least 100,000 members. PEEHIP is interested in working with partners that have experience with, and a history of, providing integration technology and/or wellness services with incentive strategies and DM Programs to large public employers and plans. Provide the following for each reference:

	Reference 1	Reference 2	Reference 3	Reference 4	Reference 5
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of covered members	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services (integration technology, wellness assessment (WA), DM, biometric screening, health modules, incentive tracking, etc.)	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

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g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.4.2 Provide this same information for two (2) recently terminated customers. Include the reason for termination.

	Reference 1	Reference 2
a. Customer Name	<i>Unlimited.</i>	<i>Unlimited.</i>
b. Length of time serviced	<i>Unlimited.</i>	<i>Unlimited.</i>
c. Number of covered members	<i>Unlimited.</i>	<i>Unlimited.</i>
d. Description of services (integration technology, wellness assessment (WA), DM, biometric screening, health modules, incentive tracking, etc.)	<i>Unlimited.</i>	<i>Unlimited.</i>
e. Name of contact	<i>Unlimited.</i>	<i>Unlimited.</i>
f. Contact title	<i>Unlimited.</i>	<i>Unlimited.</i>

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g. Contact phone number	<i>Unlimited.</i>	<i>Unlimited.</i>
h. Contact email	<i>Unlimited.</i>	<i>Unlimited.</i>
i. Contact address	<i>Unlimited.</i>	<i>Unlimited.</i>
j. Reason Terminated	<i>Unlimited.</i>	<i>Unlimited.</i>

8.1.5 Implementation

8.1.5.1 Describe the implementation process for the integration technology, wellness, and/or DM programs as proposed in this RFP. Provide a detailed timetable assuming a Notice of Contract Award May 7, 2019, for an October 1, 2019 "go-live" date. The implementation plan should provide details on the key roles of each member of the implementation team. Your firm's implementation plan should assume that PEEHIP-specific communications to Members and external stakeholders must be completed by **June 14, 2019**. At a minimum, the implementation plan must provide specific details on the following:

- a. Identification and timing of significant responsibilities and tasks - PEEHIP and Bidder;
- b. Names, titles, and implementation experience of key implementation staff and time dedicated to PEEHIP during implementation;
- c. Data requirements - The Bidder will be required to transmit and receive data to and from PEEHIP and PEEHIP's other health and wellness vendors/partners;
- d. Transition requirements for the incumbent vendors, for continuity of engagement;
- e. Staff assigned to attend and present (if required) at open enrollment sessions or other times as needed during the plan year;
- f. PEEHIP-specific communications to members and external stakeholders completed and approved by PEEHIP by **June 14, 2019**.

Unlimited.

8.1.5.2 Confirm that any changes or additional detail to the implementation plan will be submitted to PEEHIP within 5 business days of receiving Notice of Contract Award.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.5.3 Confirm that you will accept PEEHIP's file layout with no changes. This file layout will apply to data intake, processing, and reporting back to PEEHIP. PEEHIP's file layout has been provided in the Manage Documents section of the electronic RFP.

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Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.1.5.4 Confirm that your organization will continue to support PEEHIP after implementation, with no productivity or expertise loss. The dedicated implementation manager must continue to support PEEHIP for as long as required by PEEHIP, to ensure a smooth transition. Such support includes, but is not limited to: weekly calls with PEEHIP and the designated Account Management team; maintenance of issue tracking logs; and issue resolution. This support must be provided as part of the base administrative fees with no additional cost to PEEHIP.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.2 Data and Security

8.2.1 Eligibility

8.2.1.1 For Bidders of PEEHIP's technology services (digital platform/hub) as described in this RFP, Bidder must agree to accept and process the eligibility updates from PEEHIP member eligibility on a daily basis and within 24 hours of receipt. You must accept and process an initial full eligibility feed and daily eligibility change files from PEEHIP, as well as receive and process full files for monthly comparisons, with appropriate reporting on discrepancies. The files will be in a layout and medium designated by PEEHIP and you must accept eligibility file layout changes and the costs of any systems development and testing necessary to accommodate. Your system must currently be capable of automatically verifying eligibility. Confirm your ability to meet this requirement and describe any limitations. If you do not intend to bid on the technology services, answer "N/A".

Unlimited.

8.2.1.2 For Bidders of PEEHIP's Wellness and/or Disease Management services without a combination bid including technology services, Bidder must agree to accept and process the eligibility updates from PEEHIP's technology service vendor (digital platform/hub) on a daily basis and within 24 hours of receipt. You must accept and process an initial full eligibility feed and daily eligibility change files from the digital platform/hub vendor. The files will be in a layout and medium agreed upon between the digital platform/hub vendor and your organization, and you must accept any necessary eligibility file layout changes and the costs of any systems development and testing necessary to accommodate. Your system must currently be capable of automatically verifying eligibility. Confirm your ability to meet this requirement and describe any limitations. If you do not intend to bid on the Wellness and/or Disease Management services without a combination bid including the technology services, answer "N/A".

Unlimited.

8.2.1.3 Describe steps taken to validate the file upload/update, and the notification to PEEHIP or hub of any discrepancies, or that the file was successfully updated.

Unlimited.

8.2.1.4 Describe your process of working error reports generated from the file loads.

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Unlimited.

8.2.1.5 Can Bidder accept and process eligibility loads each calendar day of the year unless otherwise specified by PEEHIP?

Unlimited.

8.2.1.6 For bidders of PEEHIP's technology services (digital platform/hub) as described in this RFP, confirm that your organization will generate a reconciliation eligibility file monthly or on demand and that this file will contain, at a minimum, the members' SSNs, PEEHIP-assigned Individual PIDs, PEEHIP-assigned Subscriber PIDs, demographics, enrollment date, and termination date.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.2.1.7 With regard to exchanging data, PEEHIP will include SSNs, PEEHIP-assigned Individual PIDs, and PEEHIP-assigned Subscriber PIDs, for each individual in the eligibility file format as specified by PEEHIP. Please confirm that your organization will store the PIDs and include them along with the members' SSNs, on all member-level reporting, back to PEEHIP and to PEEHIP's other vendors, as needed.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.2.2 Security and Confidentiality

[NOTE: Responders advancing to the interview phase may be required to complete an information technology assessment.]

8.2.2.1 Describe how you manage employee confidentiality/privacy barriers and compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) including the Health Information Technology for Economic and Clinical Health Act (HITECH). Detail your plan(s) to ensure privacy and security of employee's information while delivering services in a worksite environment.

Unlimited.

8.2.2.2 Affirm your compliance with the HIPAA Privacy and Security rules. Describe your process for safeguarding members' information when a Member Services Rep (MSR) answers the call.

Unlimited.

8.2.2.3 Please attach a copy of your Information Security Policy and Procedures.

Single, Pull-down list.

1: Attached,

2: Not provided

8.2.2.4 Describe how HIPAA assessments are performed within the organization. Include in your explanation how often assessments are performed, and by whom?

Unlimited.

8.2.2.5 Please attach a copy of your most recently completed HIPAA assessment. Confirm you will supply PEEHIP with the most recent copy of your completed assessment every time one is completed.

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Unlimited.

8.2.2.6 Do you have a defined security and privacy officer? Please identify that individual by name and title. Have you dedicated specific staff to your HIPAA compliance activities? If yes, note the numbers of individuals by department or functions and their affiliation with your organization.

Unlimited.

8.2.2.7 Provide your definition of a data leak and a data breach, and describe the action you will take if there is a data leak or breach.

Unlimited.

8.2.2.8 Confirm that all employees at your organization have been trained on how to report a security incident or potential breach.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.2.2.9 Describe the capabilities in place to detect and alert in the event that PEEHIP's data is accessed by unauthorized entities (both internal and external).

Unlimited.

8.2.2.10 Have you ever had a HIPAA breach? If so, please provide explanation including correction/revision of processes and procedures, mitigation of effect of breach and any remuneration made.

Unlimited.

8.2.2.11 Describe the process you will use to notify PEEHIP in the event of a breach, leak, or unpermitted disclosure.

Unlimited.

8.2.2.12 What limitations does your company put on indemnifications related to HIPAA EDI, Privacy or Security?

Unlimited.

8.2.2.13 Please confirm, if awarded the contract, PEEHIP may, at any point during the Agreement, perform an on-site self-assessment based on HIPAA requirements.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

8.2.2.14 Describe and detail how you establish electronic data transfers and the audit processes used to ensure security and integrity of data.

Unlimited.

8.2.2.15 Please detail your website mobile application security protocols as they relate to members accessing content and/or tools.

Unlimited.

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8.2.2.16 Describe the physical measures you have in place to protect the integrity and confidentiality of PEEHIP's data (including both electronic and paper data).

Unlimited.

8.2.2.17 Describe your ability to encrypt PEEHIP's data when it is both at rest and in motion, include the industry standard you propose to use, and whether public key infrastructure encryption is supported.

Unlimited.

8.2.2.18 Describe your proposed process for the secure transmission of data to and from PEEHIP, vendors (including subcontractors), and members. Include quality controls and describe how errors in the exchange of files will be communicated to PEEHIP.

Unlimited.

8.2.2.19 Describe the security arrangements you have with third party vendors and include how you will ensure that third party vendors:

1. Have adequate information security controls to protect PEEHIP's data.
2. Will provide PEEHIP the ability to periodically audit the security of the third party's systems and processes.
3. Will provide acceptable methods for the return, destruction or disposal of PEEHIP data in possession of third party vendors at the end of the contract.

Unlimited.

8.3 Monitoring/Tracking Activity

8.3.1 Monitoring/Tracking Activity

8.3.1.1 Describe your ability to track and report member activity within your programs and services. Are you able to report real-time activity, or is there a lag?

Unlimited.

8.3.1.2 Are you able to report activity to the platform/hub vendor (if separate from yourself) and to PEEHIP on a daily basis and in real-time, or is there a lag?

Unlimited.

8.3.1.3 Describe the members' ability to track activity and accumulation of incentive points. Is this information updated in real-time, or is there a lag?

Unlimited.

8.3.2 Incentives

8.3.2.1 Describe your experience in assisting with development, implementation and administration of incentive and rewards programs that encourage members to participate in well-being programs, develop healthier habits, and progress toward health improvement.

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Unlimited.

8.3.2.2 Describe the best format in your experience of a points-based system for driving continuous engagement throughout the year.

Unlimited.

8.3.2.3 Describe your ability to handle customized incentive programs.

Unlimited.

8.3.2.4 PEEHIP envisions members meeting a minimum point threshold to earn the incentive - \$50/month premium reduction. Describe your ability to incent members to engage beyond this minimum threshold.

Unlimited.

8.3.2.5 In consideration of wellness regulations, what other types of incentives might PEEHIP consider awarding?

Unlimited.

8.3.2.6 Can you track and reward individuals for verifiable and non-verifiable well-being activities? If yes, please explain.

Unlimited.

8.3.2.7 Can you track and reward individuals for showing progression/improvement and build that activity into the incentive design? Please explain.

Unlimited.

8.3.2.8 Describe how members monitor their compliance with the incentive program and track their progress/point accumulation toward the incentive goal. Include in your description how members without smart-phone or internet access would do this.

Unlimited.

8.3.2.9 PEEHIP will allow members to earn the incentive after the annual deadline of August 31. However, some programs/activities and point accumulations may take significant time to complete. Describe your experience and best practices for addressing these situations - particularly considering late-year program/activity assignments. For example, a member who is diagnosed and assigned/directed to a diabetes prevention program in August.

Unlimited.

9 Wellness Content and Promotion (*conditional on 4.2.R1C1*)

9.1 General

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9.1.1 Staffing

For the purpose of this RFP, “Dedicated” is defined as the Bidder’s staff members who are solely assigned to perform Services in furtherance of this Contract, which means the Bidder does not assign them to work for any other client or customer. “Designated” is defined as the Bidder’s staff members who are assigned to perform Services in furtherance of this Contract, but may also be assigned to work for other clients or customers.

9.1.1.1 Each year, PEEHIP conducts numerous benefit fairs across the State prior to and during open enrollment and presents at various school affiliated conferences throughout the year. The Bidder will be expected to participate in each fair and presentation as needed. Identify staff that will attend as your representatives and describe how you will use these fairs and presentations as an opportunity to support PEEHIP’s wellness objectives. Define activities that will take place.

Unlimited.

9.1.1.2 Confirm that you will be available and participate in PEEHIP’s open enrollment communications campaign. Describe your involvement and how you will assist members in learning about the wellness programs, resources, and activities available to them. Note that Open Enrollment is scheduled to begin each July 1 and end on September 10.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.1.3 Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP’s eligible members and dependents of eligible members (as needed) beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.1.4 Confirm that your organization will provide at least 5 wellness coaches located in Alabama to cover worksite session requests in the Northern, Central, and Southern geographical regions of the state.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.2 Member Services

9.1.2.1 Describe the type of member service support available to PEEHIP (e.g., telephonic, email, live chat).

Unlimited.

9.1.2.2 Confirm each of the following requirements:

	Response
a. Bidder will operate a dedicated call center with a toll-free dedicated (solely for PEEHIP) member services telephone line to answer questions from PEEHIP members between the hours of 8:00 am and 8:00 pm Central Standard Time, Monday through Friday and 8:00 am and 1:00 pm Central Standard Time Saturday, excluding holidays specified by PEEHIP.	<i>Unlimited.</i>

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b. Dedicated call center MSRs will utilize a PEEHIP specific information resource with notes and information regarding PEEHIP’s Wellness Program to answer questions from PEEHIP members.	<i>Unlimited.</i>
c. Note any extended hours, above the minimum requirements listed above, that you propose for PEEHIP.	<i>Unlimited.</i>
d. Bidder will have special telephone features for the hearing impaired. Bidder will also have translation services as required by healthcare regulations.	<i>Unlimited.</i>
e. Resources will be available to assist non-English speaking callers through a translation service.	<i>Unlimited.</i>
f. All calls will be recorded and kept for 24 months, and made available for PEEHIP review upon request.	<i>Unlimited.</i>
g. Member Service Representatives (MSR) will make and accept warm transfers to and from other service areas and vendors including TPA, PBM, and other potential PEEHIP vendors/resources. Need to also be able to accept a warm transfer from PEEHIP.	<i>Unlimited.</i>
h. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR during normal working hours.	<i>Unlimited.</i>
i. All automated outreach telephone service messages utilized to support the programs outlined in this RFP can be customized, as requested by PEEHIP.	<i>Unlimited.</i>
k. Wellness assessments (WA) and other relevant wellness activities, as determined through coordination with PEEHIP, can be completed by paper form, if member requests directly from MSR.	<i>Unlimited.</i>
l. Members will be able to reach any of the Wellness staff by calling the primary Member Services toll free number. (Single toll-free number for all services within the scope of this RFP.)	<i>Unlimited.</i>

9.1.2.3 Describe the process you will use to verify the identity of a member when receiving calls and logging into a member account regarding protected health information (PHI). Explain the procedures used to conform to the “minimum necessary” requirement of HIPAA when responding to inquiries.

Unlimited.

9.1.2.4 Describe your process for tracking Member calls and written correspondence. Describe how member calls and correspondence are logged.

Unlimited.

9.1.2.5 Describe your organization's ability to accommodate various special needs of enrollees.

Unlimited.

9.1.2.6 Provide the following for your Member Services Representatives (MSRs):

	Response
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a. Average years of service – total and with your company	<i>Unlimited.</i>
b. Average turnover rate for the last 3 years (2016-2018)	<i>Unlimited.</i>
c. Proposed staffing levels for the MSR call center(s)	<i>Unlimited.</i>

9.1.2.7 Indicate whether MSRs are responsible for (select all that apply):

Multi, Checkboxes.

- 1: Phone coverage for member inquiries,
- 2: Phone coverage for provider inquiries,
- 3: Telephonic correspondence with members,
- 4: Written correspondence with members,
- 5: On-line (chat) correspondence with members,
- 6: Other (specify): [Unlimited]

9.1.2.8 For the proposed office location, please provide the following telephone information for calendar year 2018. If your organization has separate phone lines for customer service staff and health coaches, please provide information for both units. Provide documentation substantiating your responses for 'a' through 'd', below.

	Response
a. Total number of telephone calls received in the member services unit	<i>Integer.</i>
b. Total abandonment rate for the member service unit	<i>Integer.</i>
c. Average speed of answer for calls received in the member service unit	<i>Integer.</i>
d. Total blockage rate (e.g., percentage of incoming calls that received a busy signal).	<i>Percent.</i>

9.1.2.9 Describe the ability of the call center to handle fluctuations in call volume, the scalability and flexibility of the call center staff and equipment, and the proportion of its capacity currently in use.

Unlimited.

9.1.2.10 How is participant and PEEHIP satisfaction measured, monitored, and improved? Does your company conduct satisfaction surveys? If so, provide the results of the most recent participant satisfaction survey.

Unlimited.

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9.1.2.11 Do you offer a 24-hour nurse line with staff available 24-hours a day, 365 days a year.

Single, Pull-down list.

1: Confirmed,

2: Not confirmed

9.1.3 Philosophy

9.1.3.1 How does your firm define success?

Unlimited.

9.1.3.2 What is your approach to setting and reviewing goals with PEEHIP?

Unlimited.

9.1.3.3 How does your concept of success relate to improvement in employee population health risks?

Unlimited.

9.1.3.4 PEEHIP fully supports the belief that education and personal responsibility play an important role in a member's overall health and wellness. Describe your educational resources and technology used to promote member learning and personal health responsibility.

Unlimited.

9.1.3.5 How will you help PEEHIP be successful in evolving its culture of health in the workplace (and ultimately, in the home) and creating sustained engagement in the program(s)?

Unlimited.

9.1.3.6 Describe the resources available to support PEEHIP as a thought leader around medical and health management (all encompassing - physical, mental, financial, emotional health, etc.). Outline your ideas and recommendations to further PEEHIP's objectives through innovative program design, implementation, and evaluation.

Unlimited.

9.1.3.7 Describe the types of programs you have to incent desired provider practices such as counseling patients on healthy habits, referring patients to relevant PEEHIP Wellness Programs, etc. Include descriptions of any outreach programs directly to the provider community, relationships you have with TPAs/provider networks and medical management vendors. Include your experience in developing such programs and relationships to support specific customer strategic initiatives. Please limit your response to 1,000 words.

Unlimited.

9.1.3.8 Describe the ability to develop tailored programs that meet the specific and diverse needs of PEEHIP and individual participants. How do social determinants impact your programming and strategies for engagement?

Unlimited.

9.1.3.9 How do you define engagement, and what level of engagement is needed to develop healthy habits and create healthy behavior change?

Unlimited.

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9.1.3.10 How are your engagement strategies innovative and unique from other vendors in this space?

Unlimited.

9.1.3.11 PEEHIP has members throughout the state. What is your strategy for continuously engaging individuals in remote/rural locations?

Unlimited.

9.1.3.12 Describe your capabilities to bring about healthy culture change in Alabama. Include partnerships with existing programs and resources in the state as well as any efforts you have made in Alabama or other state populations to make it socially desirable to be healthy.

Unlimited.

9.1.3.13 Do you offer kiosks for members who don't have an office and may not have easy computer access - e.g., bus drivers, food services, etc.?

Unlimited.

9.1.3.14 Describe how you engage members and guide/nudge them to utilize the right Wellbeing services at the right time - e.g., appropriate provider, wellness modules, health coaching, etc.

Unlimited.

9.1.3.15 Describe your capabilities for predictive analytics and what data other than medical claims is used to create a personalized user experience.

Unlimited.

9.1.3.16 How do you provide personalized health-related feedback and recommendations, intelligent messaging and health tips that are easy for individuals to understand and to apply in their everyday lives?

Unlimited.

9.1.3.17 Describe your ability to continuously provide a current and relevant user experience based on ongoing user data.

Unlimited.

9.1.3.18 How do you use artificial intelligence (e.g., machine learning, natural language processing) to recommend programs and guide individuals to interventions customized for them?

Unlimited.

9.1.3.19 Describe the process by which you share recommendations with members for improvement based on risk factors.

Unlimited.

9.1.3.20 Do your programs include the use of gamification, trivia, competition, or healthy tips?

Unlimited.

9.1.3.21 What strategies are utilized to nudge and engage procrastinators/resistors?

Unlimited.

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9.1.3.22 Does your current solution allow the user to take his/her personal information with him/her, if they leave employment?

Unlimited.

9.1.3.23 What importance do you place on the total health concept of a member? What correlation do you see between some total health aspects such as mental health to physical health? How do you track changes in member-reported physical, mental, social, and financial health status?

Unlimited.

9.1.3.24 Are members able to upload or link to data from their personal wearable fitness trackers - e.g., Fitbit, Apple Watch, Garmin, etc.?

Unlimited.

9.1.3.25 What programs can be made available as "Reasonable Accommodation" options when members claim they cannot complete a task/initiative?

Unlimited.

9.1.3.26 How would you support local wellness champion endeavors?

Unlimited.

9.1.3.27 Describe your ability to provide onsite support and resources to PEEHIP (e.g., seminars, lunch-and-learns, health fairs). Outline additional fees, if applicable.

Unlimited.

9.1.3.28 Describe your top 3 strategies to drive continuous/sustained engagement - that are working.

Unlimited.

9.1.3.29 Provide your engagement rates for the past 2 years (2017 and 2018) - delineate between one-time/short-time engagement vs. continuous/sustained engagement.

Unlimited.

9.1.3.30 Where do you see your solution evolving within the next five years and what are your plans to support your vision?

Unlimited.

9.1.4 Communication and Health Promotion Materials

9.1.4.1 Confirm that your health promotion materials can be customized and co-branded, as requested by PEEHIP. Confirm this is included in your base administration fee.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.4.2 Confirm that all member and provider materials will be submitted to PEEHIP for review and approval prior to distribution, including auto-generated emails and messaging.

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Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.4.3 Provide samples of customized promotional materials developed to a customer's specifications. Please be economical in providing these examples.

Unlimited.

9.1.4.4 Describe the media and communication channels you utilize to communicate directly with members, benefit coordinators, and worksite locations. Include a description of how PEEHIP is able to proactively target specific groups.

Unlimited.

9.1.4.5 Confirm that your platform/hub and website can also be used, if necessary, to push and deliver important messages from PEEHIP that may not be directly related to your wellness and DM activities.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.1.4.6 Describe your experience and strategy around communicating with members via cell phone/smart-phone, in consideration of potential data/minute/text charges that the member may incur.

Unlimited.

9.1.4.7 Please describe the process for mail (paper and electronic) that is returned to your office as a result of a wrong address or marked as 'undeliverable'. Returned standard mail and email must be communicated so that PEEHIP can update address information.

Unlimited.

9.1.4.8 Describe your methods of obtaining correct contact information for members when discovered that the information you have is no longer current or valid.

Unlimited.

9.1.4.9 What is the process for getting routine and urgent messages (i.e. flu epidemic) across to a PEEHIP's general population and sub-populations?

Unlimited.

9.1.4.10 How do your communications provide members with a personalized and engaging experience that meets members where they are? Include a description of communications channels and timing.

Unlimited.

9.1.4.11 Describe your strategy for communicating with, and engaging, rural members who may have no internet service.

Unlimited.

9.1.4.12 Describe your recommendations for a short-term and long-term communications and marketing strategy to engage members in wellbeing programs.

Unlimited.

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9.2 Wellness Programs

9.2.1 Wellness Assessment (WA)

9.2.1.1 Do you have your own Wellness Assessment (WA) and if so, what differentiates it from others in the market? Does your assessment seek to capture the status of a member's overall health and wellbeing, including physical, mental, social, financial, etc.?

Unlimited.

9.2.1.2 Do you have assessments, tailored to certain conditions and varying based upon pre- and post-engagement in programs such as diabetes prevention, weight management, etc.? List any of these specific assessments that you would recommend as important to drive results.

Unlimited.

9.2.1.3 Describe the type of equipment, browser, and other technology users must have to complete the online or app-based assessment and to view recommended wellbeing services/programs and activities.

Unlimited.

9.2.1.4 Are you able to provide paper and phone WA completion options for those members who have no internet access?

Unlimited.

9.2.1.5 How many questions and how long does it take the average participant to complete the Wellness Assessment?

Unlimited.

9.2.1.6 What is your Wellness Assessment completion rate?

Unlimited.

9.2.1.7 Are Wellness Assessments worth the effort? What useful information is gleaned from self-reported health and lifestyle information? Do you recommend members complete an assessment once, annually, or more frequently?

Unlimited.

9.2.1.8 Explain the application of data captured through the wellness assessment.

Unlimited.

9.2.1.9 How does your proprietary WA address multiple aspects of wellbeing?

Unlimited.

9.2.1.10 How frequently is the assessment tool updated, based on new research?

Unlimited.

9.2.1.11 Is your assessment(s) dynamic based upon the health, risk, lifestyle, and engagement of a specific member, or is it standard across the entire population? If dynamic, how frequently is the assessment tool

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updated based upon new data (claims, biometric screening, program engagement, etc.) learned about the member?

Unlimited.

9.2.1.12 Describe how the assessment assigns a score, including:

- a. How the assessment stratifies participants into risk groups.
- b. The proposed thresholds for intervention at the various levels of risk.
- c. The flexibility to change the measures and ability to comply with changes suggested by PEEHIP.

Unlimited.

9.2.1.13 Describe how the score is relevant to the member and how it is explained to the member. How are scores compared year-over-year?

Unlimited.

9.2.1.14 How do individuals receive personalized recommendations on what to do next based on their WA results?

Unlimited.

9.2.1.15 Are personalized recommendations for targeted wellness activities completely reliant upon members first completing an assessment? Or, do you use claims data, biometric data, and any other form of data to present tailored and relevant program activities to members?

Unlimited.

9.2.1.16 Provide a sample(s) of the assessment(s) and member results/report.

Unlimited.

9.2.1.17 Is the wellbeing assessment tool accessible (ADA compliant)? If not, when will it become accessible, by PEEHIP's standard?

Unlimited.

9.2.1.18 Do you ask participants for permission to use their WA data to identify and offer follow-up services, conduct research, and for any other potential use?

Unlimited.

9.2.1.19 Explain the flexibility to tailor the WA to meet the diversity and needs of PEEHIP's population. Specifically, explain the flexibility PEEHIP would have to insert its own questions in the WA tool.

Unlimited.

9.2.1.20 Is the online WA available throughout the year, with no down-time?

Unlimited.

9.2.1.21 Confirm that data privacy notices will meet Alabama state law requirements.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.2.1.22 Describe how the WA tool results:

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- a. Engage participants so that they enroll in targeted programs.
- b. Nudge participants to make better health decisions and form healthier habits.

Unlimited.

9.2.1.23 Describe the participant data available after completion of the WA or other wellbeing programs, and why access to this data is important to a participant.

Unlimited.

9.2.2 Health Modules and Resources

9.2.2.1 Confirm phone, onsite, and paper-based health program and activity alternatives are available for members without internet access.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.2.2.2 If you also offer a platform/hub, confirm that in addition to modules and resources you provide, you can integrate other PEEHIP vendor modules and resources into your platform/hub. Are you able to integrate beyond simply linking to the other vendor's website?

Unlimited.

9.2.2.3 List and describe the modules and resources currently provided to your customers.

Unlimited.

9.2.2.4 If modules are offered, what is the member's time commitment - including the length of each session, the number of individual sessions, including the frequency of the sessions (weekly, etc.)?

Unlimited.

9.2.2.5 Are all relevant HIPAA, GINA, and/or EEOC notification confirmations required at the start of any member information intake vehicle (WA, biometric screening, educational module, etc.), to ensure all member activity can be reported to PEEHIP for incentive awards?

Unlimited.

9.2.2.6 Describe the member's confirmation of completion within the app, website, and via paper, and provide an example. Do you offer a print friendly confirmation page with identifying information and completion dates?

Unlimited.

9.2.2.7 How do you store, track and retrieve individual member's participation and completion?

Unlimited.

9.2.2.8 Describe how members would view and track their points total in a points-based system as they work their way to meeting a minimum threshold to earn PEEHIP's incentive.

Unlimited.

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9.2.2.9 Describe your organization's experience in managing web based educational media for clients, including the number of clients with over 100,000 members, technology used, and content developed. Describe your ability to support emerging technologies, in particular mobile applications.

Unlimited.

9.2.2.10 If you use a knowledge management platform, please describe it including: the overall structure, curriculum offered, course descriptions, subcontractors, the type of learning elements the courses include (text, learning aids, videos, interactive exercises, etc., and how courses are accessed by PEEHIP members).

Unlimited.

9.2.2.11 Describe your capability to provide member tools to improve upon and track such things as:

1. Nutrition
2. Workouts
3. Fitness
4. Weight
5. Stress/Depression
6. Biometric data
7. Screenings and preventive service utilization
8. Gaps in care
9. Recommendations from the member's provider
10. Medication adherence
11. Financial health
12. Mental health
13. Social health
14. Progress of all above over time to show the member the trajectory of their overall health

Unlimited.

9.2.2.12 In considering a points-based system, list, and briefly describe, all programs and activities that you recommend integrating into a platform/hub, for members to participate in and/or complete, to earn points.

Unlimited.

9.2.2.13 How do you motivate the membership and promote continued participation/engagement? How often do you revise or replace curriculum?

Unlimited.

9.2.3 Monitoring /Tracking

9.2.3.1 Describe your ability to administer, track and report member participation in PEEHIP's wellness programs.

Unlimited.

9.2.3.2 Detail how you will track each member's completion of individual health activities (WA, biometric screening, health education modules, the completion of other Wellness programs, accumulation of incentive points, etc.), and general access/utilization of health programs and resources.

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	Response
a. How are members notified they have completed individual Health Activities? How are members able to track and review their progress? What are your safeguards to protect the privacy of any protected personal or health information included in these communications?	<i>Unlimited.</i>
b. Are members able to print a confirmation of completion or report and if so, does this report specifically include the member’s name and date of activity completion? Provide sample confirmation statement(s).	<i>Unlimited.</i>
c. How is completion and progress communicated to PEEHIP? What is the frequency of the communication?	<i>Unlimited.</i>
d. What is the expected time from activity completion, to your reporting of that completion to the member and to PEEHIP?	<i>Unlimited.</i>

9.2.4 Ability to Support Outcome and Goal Based Approach

9.2.4.1 PEEHIP requires the Bidder to provide an allowance of \$500,000 annually (accumulating if not exhausted each year) to fund, as approved by PEEHIP, member outreach and communications, health challenges, targeted interventions, promotions, incentives, etc. What recommendations do you have for utilizing this allowance?

Unlimited.

9.2.4.2 In your experience, what program and incentive structure successfully drives continuous/sustained member engagement (e.g., monthly engagement, throughout the year) and improved outcomes?

Unlimited.

9.2.4.3 Describe the resources available to proactively support PEEHIP as a thought leader around Wellness and Well-being, with ideas and recommendations to further PEEHIP's objectives through innovative program design, implementation and evaluation.

Unlimited.

9.2.4.4 Bidder shall work with PEEHIP to develop metrics to measure program success. Describe how your program will monitor, evaluate, report, and compare outcomes to nationally recognized metrics. (Note: PEEHIP expects individual outcomes to be tracked over time as members participate in the programs, and performance to exceed recognized standards.)

Unlimited.

9.2.4.5 What metrics related to health risk factors (listed below as a-j) do you utilize to measure program success? Please specifically address the following and cite examples of success with current customers and how success was achieved and measured:

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	Response
a. Tobacco use	<i>Unlimited.</i>
b. Obesity and BMI	<i>Unlimited.</i>
c. Mental health, e.g., stress, depression, social isolation	<i>Unlimited.</i>
d. High blood pressure	<i>Unlimited.</i>
e. High cholesterol	<i>Unlimited.</i>
f. Lack of exercise	<i>Unlimited.</i>
g. Nutrition	<i>Unlimited.</i>
h. High blood glucose	<i>Unlimited.</i>
i. High HbA1c	<i>Unlimited.</i>
j. Others	<i>Unlimited.</i>

9.2.4.6 Regarding the above risk factors, what targeted wellness activities and programs do you utilize that would be expected to result in improved outcomes?

Unlimited.

9.2.4.7 Regarding the above risk factors, what improvement (and what magnitude) constitutes success, from your perspective?

Unlimited.

9.2.4.8 What percentage of members receive an outreach call or communication that there is a lifestyle module they can complete to earn incentives?

Unlimited.

9.2.4.9 Describe your overall approach to increasing continuous/sustained member engagement. Describe the technology, activities, and communication that you would recommend in order to increase and sustain continuous member engagement.

Unlimited.

9.2.4.10 Define member “engagement” and “participation”. In particular, how does your organization differentiate between the two? Discuss how these definitions can vary by program, specifically addressing diabetes prevention and management, metabolic syndrome, weight management, and nutrition programs. Describe specific metrics and supporting materials (i.e., log books, tracking member progress toward a health goal, tracking member participation in web-based education modules, etc.).

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Unlimited.

9.2.4.11 Describe additional recommendations and capabilities you have to support PEEHIP's objectives around member health promotion and personal responsibility.

Unlimited.

9.2.5 Quality Measures

9.2.5.1 Bidder shall provide a comprehensive Quality Management (QM) Program that, at a minimum, addresses your Wellness Programs. Provide a description of your QM Program and how you will report quality to PEEHIP.

Unlimited.

9.2.5.2 Measures like HEDIS are used to compare quality outcomes to a standard between health plans primarily. Describe how your organization will measure and report outcomes for the Wellness programs you offer.

Unlimited.

9.2.5.3 What capabilities do you have to coordinate quality data measures, such as HEDIS data from insurers/DM vendors/Data Managers and to integrate such measures as treatment compliance & medication adherence with your programs' quality measures?

Unlimited.

9.2.5.4 What metrics do you use to measure quality improvement in the health profiles of participants in each of your programs? Do you provide members with an integrated health score based upon all available data - including wellness assessment, claims, biometrics/labs, self-reported, etc. - and update that score in real time as new data is obtained? What tools are available to participants to measure improvements in their health risk profile within each of the programs that you are proposing?

Unlimited.

9.2.5.5 Describe the process for population risk analysis, population stratification, including predictive modeling with respect to Member outreach.

Unlimited.

9.2.5.6 Discuss your predictive modeling capabilities and the ability to benchmark the wellness program and it's financial impact.

Unlimited.

9.2.5.7 Describe monitoring activities to identify gaps in care and opportunities for improvement.

Unlimited.

9.2.5.8 Describe your strategy for managing gaps in clinical care, beginning with the identification process and concluding with outcomes.

Unlimited.

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9.2.5.9 Provide examples of communications sent to Plan participants and physicians as a result of identified gaps in care.

Unlimited.

9.2.5.10 Provide your clinical measures and outcomes for the last 2 years related to your coaching programs, including member satisfaction results.

Unlimited.

9.2.5.11 Confirm your willingness to work with PEEHIP's consultants and actuaries to define program metrics.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

9.2.5.12 What data/information will be provided to PEEHIP and PEEHIP's consultants and actuaries, for validation of monthly billing and program results?

Unlimited.

9.2.5.13 What procedures and policies do you have in place to monitor and measure the performance of subcontractors?

Unlimited.

10 Disease Management Program and Administration (*conditional on 4.2.R2C1*)

10.1 General

10.1.1 Staffing

For the purpose of this RFP, "Dedicated" is defined as the Bidder's staff members who are solely assigned to perform Services in furtherance of this Contract, which means the Bidder does not assign them to work for any other client or customer. "Designated" is defined as the Bidder's staff members who are assigned to perform Services in furtherance of this Contract, but may also be assigned to work for other clients or customers.

10.1.1.1 Confirm that a dedicated team of nurses will be assigned to carry out telephonic coaching interventions including lifestyle coaching, and education about treatment options and health education to empower members to manage their health.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

10.1.1.2 All registered dietitians, clinical staff, and other applicable health team members must be appropriately licensed or certified. Confirm your ability to meet this requirement. Briefly describe the licensing and experience requirements for your staff.

Unlimited.

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10.1.1.3 Provide the turnover rate of your clinical/nurse coaching staff for the last two years (2017 and 2018).

Unlimited.

10.1.1.4 Describe the ongoing training and continuing education opportunities and requirements for the clinical/nurse coaching staff, as well as a brief description of their roles and responsibilities.

Unlimited.

10.1.1.5 Confirm that clinical staffing levels necessary to conduct outreach to members in a timely and comprehensive fashion are in place to achieve the goals outlined in this RFP.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

10.1.1.6 Each year, PEEHIP conducts numerous benefit fairs across the State prior to and during open enrollment and presents at various school affiliated conferences throughout the year. The Bidder will be expected to participate in each fair and presentation, as needed. Identify staff that will attend as your representatives and describe how you will use these fairs and presentations as an opportunity to support PEEHIP's health improvement objectives. Define activities that will take place.

Unlimited.

10.1.1.7 Confirm the following, regarding Disease Management services.

	Response	Comments
a. Confirm ability to outreach to all identified high risk members (criteria agreed upon by PEEHIP and its partners), via telephone.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm please explain in comments	<i>Unlimited.</i> Nothing required
b. Confirm ability to temporarily increase staff near deadline periods, to handle excess volume.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm please explain in comments	<i>Unlimited.</i> Nothing required

10.1.1.8 The following questions pertain to clinical staffing for DM programs.

	Response
a. Total number of full time equivalent RN's providing DM services. If staff is allocated by disease state, please provide number of RN's per diagnosis managed.	<i>Unlimited.</i>
b. Total number of full time MD's responsible for review of requested services.	<i>Unlimited.</i>
c. Total number of part time MD's responsible for review of requested services. What is the monthly average hours worked, by permanent part time MD's?	<i>Unlimited.</i>
d. Total number of employed MD's by specialty, available to provide DM services.	<i>Unlimited.</i>

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e. Average number of employees for calendar year 2018.	<i>Unlimited.</i>
f. Indicate the staff categories and positions (including the number of employees – both full-time and part-time) that will need to be added by the go-live date to adequately service the PEEHIP membership.	<i>Unlimited.</i>
g. Identify any staff with additional credentials, such as CDE or CCM.	<i>Unlimited.</i>

10.1.1.9 What is your process for accepting after hours telephone calls from PEEHIP members and providers?
Unlimited.

10.1.1.10 Confirm that you will be available and participate in PEEHIP's open enrollment communications campaign. Describe your involvement and how you will assist members in learning about the DM programs, resources, and services available to them. Note that Open Enrollment is scheduled to begin each July 1 and end on September 10.

Single, Radio group.

- 1: Confirm,
- 2: Do not confirm, please explain: [Unlimited]

10.1.1.11 Confirm that your organization will conduct on-site, state wide educational sessions for PEEHIP's eligible members and dependents of eligible members (if needed) beginning no later than each July 1, and throughout the remainder of the Open Enrollment Period.

Single, Radio group.

- 1: Confirm,
- 2: Do not confirm, please explain: [Unlimited]

10.1.2 Member Services

10.1.2.1 Describe the type of member service support available to PEEHIP (e.g., telephonic, email, live chat).
Unlimited.

10.1.2.2 Confirm each of the following requirements:

	Response	Comments
a. Bidder will operate a dedicated call center with a toll-free dedicated (solely for PEEHIP) member services telephone line to answer questions from PEEHIP members between the hours of 8:00 am and 8:00 pm Central Standard Time, Monday through Friday and 8:00 am and 1:00 pm Central Standard Time Saturday, excluding holidays specified by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
b. Dedicated call center MSRs will utilize a PEEHIP specific information resource with notes and information regarding PEEHIP's DM Program to answer questions from PEEHIP members.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in	<i>Unlimited.</i> Nothing required

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	comments	
c. Note any extended hours, above the minimum requirements listed above, that you propose for PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
d. Bidder will have special telephone features for the hearing impaired. Bidder will also have translation services as required by healthcare regulations.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
e. Resources will be available to assist non-English speaking callers through a translation service.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
f. All calls will be recorded and kept for 24 months, and made available for PEEHIP review upon request.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
g. Nurse Managers and Member Service Representatives (MSR) will make and accept warm transfers to and from other service areas and vendors including TPA, PBM, and other potential PEEHIP vendors/resources. Need to also be able to accept a warm transfer from PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
h. Members will be able to opt out of the Interactive Voice Response (IVR) to speak with a live MSR during normal working hours.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
i. All automated outreach telephone service messages utilized to support the programs outlined in this RFP can be customized, as requested by PEEHIP.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
j. Members will be able to reach any of the DM staff by calling the primary Member Services toll free number. (Single toll-free number for all services within the scope of this RFP.)	<i>Single, Pull-down list.</i> 1: Confirm, 2: Do not confirm, please explain in comments	<i>Unlimited.</i> Nothing required
k. Disease management coaching and related activities will be available in mobile app, website, telephonic, and onsite – although, based upon risk stratification,	<i>Single, Pull-down list.</i>	<i>Unlimited.</i> Nothing

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some members may be assigned one specific modality.	1: Confirm, 2: Do not confirm, please explain in comments	required
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10.1.2.3 Describe the process you will use to verify the identity of a member when receiving calls and logging into a member account regarding protected health information (PHI). Explain the procedures used to conform to the “minimum necessary” requirement of HIPAA when responding to inquiries.

Unlimited.

10.1.2.4 Describe your process for tracking Member calls and written correspondence. Describe how member calls and correspondence are logged.

Unlimited.

10.1.2.5 Describe your organization's ability to accommodate various special needs of enrollees.

Unlimited.

10.1.2.6 Provide the following for your Member Services Representatives (MSRs):

	Response
a. Average years of service – total and with your company	<i>Integer.</i>
b. Average turnover rate for the last 3 years (2016-2018)	<i>Integer.</i>
c. Proposed staffing levels for the MSR call center(s)	<i>Unlimited.</i>

10.1.2.7 Indicate whether MSRs are responsible for (select all that apply):

Multi, Checkboxes.

- 1: Phone coverage for member inquiries,
- 2: Phone coverage for provider inquiries,
- 3: Telephonic correspondence with members,
- 4: Written correspondence with members,
- 5: On-line (chat) correspondence with members,
- 6: Other (specify): [Unlimited]

10.1.2.8 For the proposed office, please provide the following telephone information for calendar year 2018. If your organization has separate phone lines for member service staff and health coaches, please provide information for both units. Provide documentation substantiating your responses for ‘a’ through ‘d’ below.

	Response
a. Total number of telephone calls received in the member services unit and the health coach unit.	<i>Integer.</i>
b. Total abandonment rate for the member service unit and the health coach unit.	<i>Integer.</i>

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c. Average speed of answer for calls received in the member service unit and the health coach unit.	<i>Integer.</i>
d. Total blockage rate (e.g., percentage of incoming calls that received a busy signal).	<i>Percent.</i>

10.1.2.9 Describe the ability of the call center to handle fluctuations in call volume, the scalability and flexibility of the call center staff and equipment, and the proportion of its capacity currently in use.

Unlimited.

10.1.2.10 How is participant and PEEHIP satisfaction measured, monitored, and improved? Does your company conduct satisfaction surveys? If so, provide the results of the most recent Plan participant satisfaction survey.

Unlimited.

10.1.3 Philosophy

10.1.3.1 How does your firm define success?

Unlimited.

10.1.3.2 What is your approach to setting and reviewing goals with PEEHIP?

Unlimited.

10.1.3.3 How does your concept of success relate to improvement in employee population health risks?

Unlimited.

10.1.3.4 How will you help PEEHIP be successful in evolving its culture of health in the workplace (and ultimately, in the home) and creating sustained engagement in the program(s)?

Unlimited.

10.1.3.5 Describe the resources available to support PEEHIP as a thought leader around medical and health management (all encompassing - physical, mental, financial, emotional health, etc.). Outline your ideas and recommendations to further PEEHIP's objectives through innovative program design, implementation, and evaluation.

Unlimited.

10.1.3.6 Describe the types of programs you have to incent desired provider practices, such as counseling patients on healthy habits, referring patients to relevant PEEHIP Wellness Programs, etc. Include descriptions of any outreach programs directly to the provider community, relationships you have with TPAs/provider networks and medical management vendors. Include your experience in developing such programs and relationships to support specific customer strategic initiatives. Please limit your response to 1,000 words.

Unlimited.

10.1.3.7 Describe the ability to develop tailored programs that meet the specific and diverse needs of PEEHIP and individual participants.

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Unlimited.

10.1.3.8 How do you define engagement, and what level of engagement is needed to develop healthy habits and create healthy behavior change?

Unlimited.

10.1.3.9 How are your engagement strategies innovative and unique from other vendors in this space?

Unlimited.

10.1.3.10 Are your engagement strategies more member-driven or coach-guided? It is imperative that your strategies and coaching sessions purposefully address the health risk(s)/condition(s) for which the member is identified.

Unlimited.

10.1.3.11 PEEHIP has members throughout the state. What is your strategy for engaging individuals in remote/rural locations?

Unlimited.

10.1.3.12 Describe your capabilities to bring about healthy culture change in Alabama. Include partnerships with existing programs and resources in the state as well as any efforts you have made in Alabama or other state populations to make it socially desirable to be healthy.

Unlimited.

10.1.3.13 Do you offer kiosks for members who don't have an office and may not have easy computer access - e.g., bus drivers, food services, etc.?

Unlimited.

10.1.3.14 Describe how you engage members and guide/nudge them to utilize the right Wellbeing services at the right time - e.g., appropriate provider, wellness modules, EAP, health coaching, etc.

Unlimited.

10.1.3.15 Describe your capabilities for predictive analytics and what data other than medical claims is used to create a personalized user experience?

Unlimited.

10.1.3.16 How do you provide personalized health-related feedback and recommendations, intelligent messaging and health tips that are easy for individuals to understand and to apply in their everyday lives?

Unlimited.

10.1.3.17 Describe your ability to continuously provide a current and relevant user experience based on ongoing user data.

Unlimited.

10.1.3.18 Do your programs include the use of gamification, trivia, competition, or healthy tips?

Unlimited.

10.1.3.19 How do you use artificial intelligence (e.g., machine learning, natural language processing) to recommend programs and guide individuals to interventions customized for them?

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Unlimited.

10.1.3.20 Describe the process by which you share recommendations with members for improvement based on risk factors.

Unlimited.

10.1.3.21 Does your current solution allow the user to take his/her personal information with him/her, if they leave employment?

Unlimited.

10.1.3.22 What strategies are utilized to nudge and engage procrastinators/resistors?

Unlimited.

10.1.3.23 How do you track changes in member-reported physical and mental health status?

Unlimited.

10.1.3.24 How do you handle cases where an individual is only available outside of normal operating hours?

Unlimited.

10.1.3.25 Describe your ability to provide onsite support and resources to PEEHIP (e.g., coaching, seminars, lunch-and-learns, health fairs). Outline additional fees, if applicable.

Unlimited.

10.1.3.26 Describe your ability and willingness to work with PEEHIP's health plan administrators, pharmacy benefit manager, ADPH, and other vendors to seamlessly deliver services that include coordinating care and making referrals, and working on various wellbeing (disease management) related projects and pilot projects.

Unlimited.

10.1.3.27 Describe your top 3 strategies to drive continuous/sustained engagement - that are working.

Unlimited.

10.1.3.28 Provide your engagement rates for the past 2 years (2017 and 2018) - delineate between one-time/short-time engagement vs. continuous/sustained engagement.

Unlimited.

10.1.3.29 Where do you see your solution evolving within the next five years and what are your plans to support your vision?

Unlimited.

10.1.4 Communication and Health Promotion Materials

10.1.4.1 Confirm that your health promotion materials can be customized and co-branded, as requested by PEEHIP. Confirm this is included in your base administration fee.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

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10.1.4.2 Confirm that all member and provider materials will be submitted to PEEHIP for review and approval prior to distribution, including auto-generated emails and messaging.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

10.1.4.3 Provide samples of customized promotional materials developed to a customer's specifications. Please be economical in providing these examples.

Unlimited.

10.1.4.4 Describe the media and communication channels you utilize to communicate directly with members, benefit coordinators, and worksite locations. Include a description of how PEEHIP is able to proactively target specific groups.

Unlimited.

10.1.4.5 Please describe the process for mail (paper and electronic) that is returned to your office as a result of a wrong address or marked as 'undeliverable'. Returned standard mail and email must be communicated so that PEEHIP can update address information.

Unlimited.

10.1.4.6 Describe your methods of obtaining correct contact information for members when discovered that the information you have is no longer current or valid.

Unlimited.

10.1.4.7 Describe your strategy for communicating with, and engaging, rural members who have no internet service.

Unlimited.

10.1.4.8 Describe your recommendations for a short-term and long-term communications and marketing strategy to engage members in wellbeing programs.

Unlimited.

10.2 Disease Management Services

10.2.1 Weight Loss Management, Pre-Diabetes and Diabetes Services

10.2.1.1 For weight loss management, pre-diabetes and diabetes, provide a brief description of:

1. your program and services
2. in-person services available within the State of Alabama
3. number of providers in Alabama
4. identification of candidates and/or precertification requirements
5. how members are incentivized directed
6. how quality and cost efficiencies are improved
7. how outcomes were tracked and measured in 2017 and 2018

Unlimited.

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10.2.1.2 If you offer weight management, prediabetes, or diabetes programs, how do you define engagement? What strategies and incentives have you used in the past to achieve the most continuous engagement? In what ways have you partnered with other vendors to deliver a comprehensive health benefit to members?

1000 words.

10.2.1.3 Do you utilize Registered Dietitians as coaches?

1000 words.

10.2.1.4 Describe any other coaches of weight loss and/or diabetes-related specialists you use for your weight loss management, pre-diabetes and diabetes programs.

1000 words.

10.2.2 Detailed Process Description

10.2.2.1 For each of the following components, please assume the DM program will include, at a minimum, asthma, pre-diabetes/diabetes, metabolic syndrome, CAD, CHF and COPD.

Unlimited.

10.2.2.2 Describe all conditions and associated comorbidities for which you provide programs and services.

Unlimited.

10.2.2.3 How are co-morbidities identified? How do you address and manage significant co-morbidities on a stand-alone basis?

Unlimited.

10.2.2.4 Describe any initial and ongoing special tactical strategies you employ to urgently address specific rampant conditions, such as diabetes, within a new client's population. Categorize strategies by member-focused, provider-focused, and culture-focused.

Unlimited.

10.2.2.5 Do your strategies differ based on the member's access to resources? Describe any differences, based on members living in urban and non-urban settings.

Unlimited.

10.2.2.6 Across your book of business, what percentage of participants identified as candidates for DM and enrolled in the coaching programs are actively participating? How does your organization define "actively participating"?

Unlimited.

10.2.2.7 Across your book of business, what percentage of participants, identified and enrolled for DM receive only written communication, e.g. general health newsletters, condition-specific educational materials?

Unlimited.

10.2.2.8 Across your book of business, identify the total number of participants managed on an ongoing basis within the DM programs, by diagnosis, for calendar year 2018.

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Unlimited.

10.2.2.9 Provide a description of how you measure the results of the DM programs, including results at the individual level, to determine if the members who are being managed are making healthier decisions and achieving better health? Give examples of results achieved.

Unlimited.

10.2.2.10 Describe your predictive modeling capabilities and how results are used to match members to specific wellness activities, coaching programs, etc., based upon risk, condition, preferences, etc.?

Unlimited.

10.2.2.11 Provide a description of your stratification methodology.

Unlimited.

10.2.2.12 Provide a description of the frequency and types of interactions you have with participants once they have been enrolled in the DM program.

Unlimited.

10.2.2.13 Describe the interaction you have with participants' attending physicians. Indicate any standards related to frequency and content of contacts.

Unlimited.

10.2.2.14 What are your organization's categories of gaps in care and how do you quantify them?

1000 words.

10.2.2.15 Describe how your organization identifies and monitors patient gaps in care.

1000 words.

10.2.2.16 Describe how you outreach to the identified member to close these gaps.

1000 words.

10.2.2.17 Describe how you outreach to the identified member's physician to close the gaps in care.

1000 words.

10.2.2.18 What is your organization's process to close the identified gaps in care and how do you track the closings?

1000 words.

10.2.2.19 For the diagnoses that are managed in DM, indicate if your organization has seen a resulting decrease in the admissions, ER visits, and readmissions for these diagnoses from the year prior to the program being implemented. If so, provide the percentage decrease.

Unlimited.

10.2.2.20 If your organization has not seen a decrease in the hospitalizations for the diagnoses managed through DM, please provide your assessment as to why this may not have occurred.

Unlimited.

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10.2.2.21 Describe your process of managing participants in the DM programs.

Unlimited.

10.2.2.22 If a participant has more than one DM diagnosis, are they managed and counted in only one program? Describe the process of prioritizing and recommending the most appropriate wellness programs, resources, and activities when multiple diagnoses and co-morbidities exist?

Unlimited.

10.2.2.23 For each diagnosis managed in your DM program, please indicate the opt-out rate.

Unlimited.

10.2.2.24 Is depression screening routinely performed on participants enrolled in the DM program?

Unlimited.

10.2.2.25 Please provide case studies of two (2) actual customers (please keep names confidential) similar to PEEHIP. Include the following and limit your response to 1,000 words:

1. Member demographics (including locations and number of lives at each),
2. Business classification,
3. Services provided,
4. Your staffing configuration (structure and headcounts),
5. Programmatic focus,
6. Incentives utilized (if any),
7. Participation and engagement statistics (as related to total eligible employee population),
8. Outcomes (especially as related to employee population health risk factors and health improvement based on interventions),
9. Length of engagement and term of program(s).

Unlimited.

10.2.2.26 Describe your initiatives aimed at managing high-risk conditions through coordination with the TPA. Describe qualifications of staff conducting outreach and assessments for these members. Confirm that these programs will be implemented for PEEHIP members at no additional cost.

Unlimited.

10.2.3 Coaching

10.2.3.1 Provide an overview of the coaching program including your coaching philosophy. What topics are, and are not, addressed.

Unlimited.

10.2.3.2 Across your book of business, what is the average number of coaching sessions, per area of focus (pre-diabetes/diabetes, metabolic syndrome, weight management, etc.), per unique participant, per quarter? What is the average length of a coaching session?

Unlimited.

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10.2.3.3 Are coaches your employees or outsourced?

Unlimited.

10.2.3.4 How are individuals identified for health coaching services?

Unlimited.

10.2.3.5 Describe your process for assigning coaches. What is the ratio of coaches to participants?

Unlimited.

10.2.3.6 Do you offer an online appointment scheduling tool?

Unlimited.

10.2.3.7 Describe the strategies to reach members with the following situations: Difficult or unable to reach, contact data is incomplete or inaccurate, little or no access to computers, without a traditional office or those who work "in the field" (i.e. bus drivers, food services, etc.), or are only available after hours or on weekends.

Unlimited.

10.2.3.8 How many attempts are made to contact members for initial enrollment and by what methods (mail, phone, e-mail, etc.)?

Unlimited.

10.2.3.9 Describe your strategies to achieve scalability. Specifically, how do you blend digital/live person coaching practices? How do you leverage online chat, webinars, simulcast sessions, etc.?

Unlimited.

10.2.3.10 If outreach strategies vary by risk level or program, describe each of the different strategies and when each is utilized. Include number of contacts typically made for each acuity level identified.

Unlimited.

10.2.3.11 PEEHIP fully supports the belief that education and personal responsibility play an important role in a member's overall health and wellness. Describe your educational resources and technology used to promote member learning and personal health responsibility.

Unlimited.

10.2.3.12 Describe the motivational interviewing techniques employed by your coaches.

Unlimited.

10.2.3.13 How does your solution address specific care models, condition management, or disease management/intervention programs (e.g., managing diabetes, managing hypertension)?

Unlimited.

10.2.3.14 Provide examples of how you integrate evidence-based guidelines with practical guidelines resulting in the effective delivery of health coaching.

Unlimited.

10.2.3.15 Describe how coaching interaction is documented. Explain how notes from prior coaching sessions and other relevant member information is housed and accessed by DM coaches.

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Unlimited.

10.2.3.16 Are you willing/able to enter into a reciprocal agreement to share HIPAA-compliant DM coaching notes with the medical TPA case managers, EAP counselors, PBM, and other potential PEEHIP wellness vendors?

Unlimited.

10.2.3.17 Describe how the quality of coaching is monitored, maintained, and evaluated.

Unlimited.

10.2.4 Vendor Interfaces

The Bidder will be required to interface with the following organizations:

PEEHIP – Bidder will receive an initial full eligibility feed and daily eligibility updates. Bidder will provide routine reporting and systems access.

PBM – Bidder will receive access to pharmacy claims data.

Medical TPA – Bidder will receive weekly medical claims and lab data feeds.

ADPH – Bidder will accept daily biometric data.

Dental and Vision Administrator – Bidder will accept daily dental/vision data.

10.2.4.1 Discuss your experience in working collaboratively with your customers' other vendors, in particular your ability and experience in effectively sharing data and information with medical case manager(s), PBMs, and other wellness and DM vendors/partners.

Unlimited.

10.2.5 Ability to Support Outcome and Goal-based Approach

10.2.5.1 Describe your firm's philosophy regarding DM Program services. Specifically address how your programs continuously engage members in health improvement activities, and drive members to continuously improve upon their healthy decision making. Address how you would work with PEEHIP and its other vendors to enhance DM programs, given your philosophy and approach to these services.

Unlimited.

10.2.5.2 Bidder shall work with PEEHIP to develop metrics to measure the DM program success and benchmark against nationally recognized industry metrics as mutually agreed upon by PEEHIP. Describe how your program will monitor, evaluate, report, and compare outcomes to nationally recognized metrics. (Note: PEEHIP expects individual outcomes to be tracked over time as members participate in the programs, and performance to exceed recognized standards.)

Unlimited.

10.2.5.3 Define member “engagement” and “participation” as it relates to DM. In particular, how does your organization differentiate between the two? Discuss how these definitions can vary by program, addressing your specific DM programs. Discuss your overall approach to increasing member engagement in health management programs.

Unlimited.

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10.2.6 ROI Methodology & Program Assessment

10.2.6.1 Provide your outcomes for each of the last two (2) years for DM services. Provide overall and program-specific engagement rates (defined as the percentage of Members who are contacted, consent to participate in the program, complete an assessment and schedule a follow-up), clinical measures or other measurable data outlining positive impact of the program, and member satisfaction survey results.

Unlimited.

10.2.6.2 Provide your recommended methodology for measuring the performance and results for these programs. Describe how each metric is tracked, how the baseline is determined and how the measurement period is evaluated vs. the baseline.

a. ROI - Provide your proposed population based ROI calculation methodology to be used to measure savings. Upon review, PEEHIP will establish a target.

b. Improved Clinical Measures - Provide the clinical metrics you propose to measure improvement. Confirm your agreement that PEEHIP will be able to select clinical metrics each year for measurement.

c. Member Engagement - Provide your proposed basis for measuring member engagement. Upon review, PEEHIP will establish a target.

Unlimited.

11 Technology (*conditional on 4.2.R3C1*)

11.1 Strategy and Expectations

11.1.1 A digital platform/hub will serve as the backbone for all of PEEHIP's well-being programs and activities. This platform will be a plug-and-play model that will integrate with all of PEEHIP's wellness programs and activities. This platform/hub may be provided by the well-being vendor, or by a separate technology vendor.

The platform/hub will provide a best-in-class user interface that integrates with all other vendors. The interface will be used to provide personalized wellness activities to individual members. The program vendors will integrate with and report to the platform/hub vendor results of member participation in their wellbeing programs. Members may also be able to self-report certain activities. The platform/hub vendor will be able to track and assign points for the completion of reported programs and activities. The platform/hub vendor will compile the results and report outcomes to both participating members and PEEHIP.

The platform/hub should integrate beyond simply linking to the other vendors' websites. Participants will connect to the platform/hub through a portal and interact with all well-being vendors (program providers). A single sign-on between the platform/hub and other vendors is preferred.

PEEHIP will receive, aggregate reports, as well as evidence-based recommendations, to improve member wellbeing and productivity. The vendor may be asked to transmit participant data to other vendors to further the goals of the program. This work will be delivered by a professional staff, sensitive to data privacy requirements.

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Features and capabilities should include, but are not limited to:

- Providing the infrastructure and foundation for the integrated management of a large member population in a very efficient manner.
- Integrating current and future components of a fragmented member experience into a unified “plug and play” interactive experience across all partner sites - a solution in which all content, programs, and activities are seamlessly integrated into a single portal where all communications and opportunities are consolidated and individually tailored, and points earned are tracked.
- Performing (or reporting as provided from another vendor) population health analytics and transforming data into actionable insights. From the data, we want to be able to identify at-risk members and deliver the right content to the right member at the right time.
- Targeting and incenting individual members with a reinforcement schedule that systematically brings that individual closer to the desired health outcome through guideline-based behavior that in turn results in lifestyle and behavior changes, consequently improving health and reducing healthcare spending.
- The ability to track and calculate reward points earned based on complex incentive rules or milestones.
- The ability for members to self-report activities and behaviors through a user interface, and be awarded incentive points, based on this activity.
- Providing a dynamic, relevant and personalized dashboard of content and opportunities targeted to each member, based on data collected on that member.
- Providing members with real-time access to data, to help them better understand cost, quality, and consequences of their actions.
- Identifying providers with the best outcomes, allowing steerage to those providers in order to reduce cost and improve member care and satisfaction.
- Providing the capability to push notifications to members regarding their specific wellness activities, as well as other PEEHIP communications, when necessary, that may not be directly related to wellness.

The provider of this service must possess or provide:

- Expertise with behavioral science and understanding of behavior change as it relates to health and wellness, benefits, and incentives.
- A demonstrated history of success with its technology architecture.
- Expertise in population health management.

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- The ability to easily accommodate and configure complex rules that may vary from one population segment to another.
- A robust back-end rules engine with complex system integration capability.
- The ability to integrate with, handle and reconcile multiple data sources.
- The ability to adhere and comply with HIPAA, PHI and data security compliance standards.
- A proposed implementation model and timeline.
- Integrity of application coding and the change control process.
- End user (participant) experience before, during and after incentive period and related activities.
- Reporting and data sharing at all levels including to/from PEEHIP, its vendors and participants.

Tracking, Reporting, and Reconciliation

The selected partner(s) must be able to accept daily activity/completion file feeds from all of PEEHIP's health vendors, and also transmit fully processed data back to PEEHIP on a daily basis. For example, PEEHIP currently partners with the Alabama Department of Public Health (ADPH) to administer biometric screenings - a required activity toward earning the incentive. Bidder must be able to accept daily biometric file feeds from ADPH and transmit to PEEHIP fully processed files with completion data.

Continuous daily reporting to PEEHIP of the most recent completion data is critical for PEEHIP to award the incentive to members in a timely manner. PEEHIP's program allows members to receive the incentive for the entire plan year if completed by the deadline, but also prospectively mid-plan year for those members that complete post-deadline. Therefore, throughout the term of this agreement, there can be no interruption of the daily file feed from the vendor to PEEHIP of the most recent completion data.

With respect to all vendor files, the transmittal of completed activity to PEEHIP must match the transmittal of completed activity to Bidder. For example, Bidder will have controls in place to ensure that completion data received by other vendors directly matches completion data transmitted to PEEHIP. Bidder will utilize monthly (at a minimum) reconciliation processes with all reporting PEEHIP vendors, to ensure that the completion data in the vendors' systems matches the completion data in the Bidder's system.

11.2 Digital Platform/Hub

11.2.1 Do you offer a platform or a hub as described in the RFP? Provide an overview of your technology proposed to provide services under this RFP.

Unlimited.

11.2.2 Describe the full scope and breadth of your well-being features and healthcare navigation features within the platform/hub, including a detailed description of your proprietary capabilities, functionality, and services your company can bring to market.

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Unlimited.

11.2.3 Provide a description on the User Interface and User Experience (UI/UX) of your solution across modalities. How do you consolidate numerous point solutions onto a single platform/hub to create a unified experience (without overwhelming the user) and help people manage all the disparate parts of their health in one place? Please provide any illustrative examples and/or screenshots of your solution.

Unlimited.

11.2.4 Describe your capabilities to differentiate your hub from the wealth of free health and well-being apps available to PEEHIP members today. How would you make your hub fun, interesting, engaging, and perceived as a benefit for PEEHIP members?

Unlimited.

11.2.5 Describe the platform/hub's ability to integrate with PEEHIP and its various vendors (e.g. Alabama Department of Public Health (ADPH), PEEHIP's medical, pharmacy, weight management and tobacco cessation programs, other wellness and DM vendors, and possible community resources):

- a. Describe the different levels of integration.
- b. Describe your process to integrate PEEHIP's partners into the digital platform/hub.

Unlimited.

11.2.6 Provide a list of any direct partnership, well-being vendors, already connected to the platform/hub. Provide the vendor partner's name, describe the services provided, the level on which they are connected, and how long they've been offered through your platform/hub.

Unlimited.

11.2.7 Describe your ability to integrate with other health and well-being partners and resources. What happens if PEEHIP has vendors outside of your preferred partners that it wishes to integrate into your platform/hub?

Unlimited.

11.2.8 Describe how third-party vendors, offered through the platform/hub, are selected.

Unlimited.

11.2.9 Describe how you monitor quality and member satisfaction with vendors offering programs through its platform/hub.

Unlimited.

11.2.10 With respect to platform/hub content, describe PEEHIP's ability to drop and add vendors - including your vendor partners.

Unlimited.

11.2.11 Explain how you will help PEEHIP manage all of the vendors accessible through the digital platform/hub (this includes both your partnered vendors as well as PEEHIP's partnered vendors).

Unlimited.

11.2.12 What is your experience integrating with PEEHIP's current vendors - BCBSAL, MedImpact, ADPH, and potentially, others?

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Unlimited.

11.2.13 What data and security documents are required from “plug-in” vendors/programs?

Unlimited.

11.2.14 How do you link and/or refer to other services?

Unlimited.

11.2.15 Explain how your solution can help provide partnerships and community resources, so the consumer can connect into these resources.

Unlimited.

11.2.16 Describe the log-in process and include your system ability to offer a single sign on feature between its site and that of PEEHIP and its vendors.

Unlimited.

11.2.17 Is there a limit to the number of “plug-ins” the platform/hub will support?

Unlimited.

11.2.18 Does your platform/hub provide proprietary educational content (articles, videos, quizzes) taking into account user preferences and past behavioral habits? What is the size and nature of your proprietary health content library?

Unlimited.

11.2.19 Describe the medical research and science behind the proprietary digital content on your platform/hub and the clinical team responsible for developing and maintaining the content?

Unlimited.

11.2.20 How does your platform/hub help individuals when they are feeling sick and want to uncover the source of their medical symptoms or want to connect with a provider?

Unlimited.

11.2.21 Demonstrate your all-in-one experience for members to access their medical benefits and programs available to them, as well as to find the best and most cost-efficient care.

Unlimited.

11.2.22 What behavioral change tools are included in your digital platform/hub? What well-being topics are included?

Unlimited.

11.2.23 How does your platform/hub use frictionless technology to monitor a user's health?

Unlimited.

11.2.24 How does your platform/hub build trust and bring intrinsic value to each individual user so health and healthcare become a regular experience—meaning, beyond incentives, why does an individual create a regular habit to access your solution even when they do not have healthcare needs?

Unlimited.

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11.2.25 Do you use artificial intelligence (AI) and/or machine learning to create a more personalized member experience? Describe.

Unlimited.

11.2.26 How does your platform/hub leverage the power of both high-tech and high-touch capabilities to reach individuals along all spectrums of health, from healthy to high risk, to drive engagement and to improve an individual's health status?

Unlimited.

11.2.27 Address how your digital engagement platform/hub can support being the doorway into a user-centric experience making use of data and creating a clear plan of action for users.

Unlimited.

11.2.28 What engagement capabilities does your platform/hub offer to drive behavior change? What measurements are you using to gauge the user's engagement rate?

Unlimited.

11.2.29 Explain how the platform/hub aggregates data from the wellbeing assessment and third party data sources to develop programing and direct users to appropriate programs.

Unlimited.

11.2.30 What information and/or data from an individual's profile within your platform/hub is available to the wellness/condition coaches?

Unlimited.

11.2.31 Explain how your digital platform/hub will track individual participants' completion of programs, and award and aggregate points earned for completing those programs, over the course of a plan year.

Unlimited.

11.2.32 Identify the capabilities your digital platform/hub has to track and incent individuals to have the proper annual exams and screenings.

Unlimited.

11.2.33 Describe your platform/hub's capabilities for tracking biometric/lifestyle habits.

Unlimited.

11.2.34 Are you able to track utilization of "plug-in" programs that are offered by other vendors?

Unlimited.

11.2.35 Are there tracking limitations/requirements?

Unlimited.

11.2.36 Describe how your platform/hub becomes the primary communication vehicle for conveying important information to users on a variety of topics, from open enrollment information to the availability of third party programs.

Unlimited.

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11.2.37 Can administrators push out communications, events, challenges and reminders from the platform/hub? How do they do this?

Unlimited.

11.2.38 Describe how you will help PEEHIP develop its digital platform/hub strategy.

Unlimited.

11.2.39 Provide your clinical measures and outcomes for the last 2 years related to your digital platform/hub, including member engagement and satisfaction results.

Unlimited.

11.3 Web-Based Portal

11.3.1 Stand-Alone Portal

11.3.1.1 Describe the modalities through which your portal is accessible (e.g., online, tablet, mobile).

Unlimited.

11.3.1.2 Describe the user's ability to access your web portal through a mobile device (phones and tablets) and experience full functionality. Describe both apps and browser functionality.

Unlimited.

11.3.1.3 Confirm that all your mobile application capabilities match your desktop/laptop/tablet capabilities - same access and functionality exists across all devices.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.3.1.4 What steps are required for a user to register on the portal?

Unlimited.

11.3.1.5 What languages does your portal support?

Unlimited.

11.3.1.6 What tech support can be made available to ensure PEEHIP's population - including rural population - has access to the portal and tools? (Ex. Kiosks, etc.)

Unlimited.

11.3.1.7 Do you own and maintain the portal or, is the portal sub-contracted out? If sub-contracted, provide the sub-contractor's name and the length of that relationship.

Unlimited.

11.3.1.8 Describe how the web portal offers a consistent, seamless, and compelling user experience.

Unlimited.

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11.3.1.9 Do you use artificial intelligence (AI) and/or machine learning to create a more personalized member experience? Describe.

Unlimited.

11.3.1.10 Do you integrate with digital advocacy that provides answers and connects users to experts?

Unlimited.

11.3.1.11 Describe your ability to connect with wearables and how they are integrated into the programs.

Unlimited.

11.3.1.12 Using the engagement portal, can you target communications, resources, and activities by division, location, job code, health plan, or other subset?

Unlimited.

11.3.1.13 Describe your ability to promote and direct PEEHIP participants to other PEEHIP vendors that offer services the member may require, based on well-being assessment results. (Examples of other vendors and services include, but are not limited to, disease management, medical case management, pharmacy benefits, tobacco cessation, weight management, etc.) Give examples of how you have worked with the vendors of other clients to provide a wellbeing program/service.

Unlimited.

11.3.1.14 Describe the complaint process and provide examples of how complaints have been resolved.

Unlimited.

11.3.1.15 What aspects of the portal can be customized with PEEHIP branding, content, and preferences? Please be specific in outlining what is customizable/configurable vs. hardwired, and include additional fees that may apply, if any.

Unlimited.

11.3.1.16 How do you protect and maintain the privacy and security of health information on your portal?

Unlimited.

11.3.1.17 Tell us if your portal and web-based programs are fully accessible (ADA compliant), or when they will be fully accessible, by PEEHIP's standard.

Unlimited.

11.3.1.18 Provide a demo URL for review committee members to access your portal.

Unlimited.

11.3.2 Portal with Wellness/DM Programs

11.3.2.1 Describe your program offerings. Include program categories, program descriptions, activities, length to completion, and the format offered (e.g. telephonic, web, mobile, in-person).

Unlimited.

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11.3.2.2 Describe how your system selects programs to offer members with multiple conditions and how it helps members manage their conditions.

Unlimited.

11.3.2.3 Are members limited to program selections based on their data, or do they also have the freedom to enroll in programs of their choosing?

Unlimited.

11.3.2.4 How do you connect members with the right personalized solution based on individual lifestyle factors? Please give an example.

Unlimited.

11.3.2.5 How do you ensure you are connecting individuals to health information and resources that are relevant to their needs and providing them with the navigational assistance needed?

Unlimited.

11.3.2.6 Confirm and describe the following tools and services available to members via the web portal, including your ability to customize for PEEHIP:

	Response
a. Health Risk Questionnaire – provide an example of a current WA.	<i>Unlimited.</i>
b. Wellness tools and trackers - provide a list of tools and trackers available to PEEHIP.	<i>Unlimited.</i>
c. Health promotion and health education tools - provide a list and sample materials.	<i>Unlimited.</i>
d. Any other technology to support wellness activities – e.g., web tools, mobile app, etc.	<i>Unlimited.</i>
e. Confirm phone and paper-based alternatives are available for members without internet access.	<i>Unlimited.</i>
f. Confirm web portal and mobile devices are compatible	<i>Unlimited.</i>
g. Confirm technology with ability to push custom notifications to member	<i>Unlimited.</i>

11.3.2.7 Confirm your ability to develop a branded portal for PEEHIP members to access available benefit programs and resources.

Unlimited.

11.3.2.8 Confirm that you will include PEEHIP's logo and program branding throughout the portal and that the WA and other online tools can be customized, as requested by PEEHIP.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

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11.3.2.9 Confirm that if the biometrics are loaded prior to the WA being completed by the member, the WA will be pre-populated with the biometric values.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.3.2.10 Confirm that the WA can be locked, or unable to submit, until the member completes all HIPAA notifications, contact information, or inputs biometric values.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.3.2.11 Provide examples for each of the following: Screen shots or marketing materials for web based WA. Screen shots or marketing materials to demonstrate Wellness web tools. Any other screen shots or marketing materials to illustrate Wellness web tools.

Unlimited.

11.3.2.12 Briefly describe your web-based wellness capabilities and functionality.

Unlimited.

11.3.2.13 Describe your plan for handling periods of expected high rates of technology utilization, such as during open enrollments or media campaigns.

Unlimited.

11.3.2.14 Describe how your organization will develop content for member learning as well as specialized newsletters for PEEHIP's website. Is the material developed in-house or contracted out? How frequently is the material updated?

Unlimited.

11.3.2.15 Describe how your web portal will support the promotion of personal responsibility and the Consumer-Directed Health focus employed by PEEHIP.

Unlimited.

11.3.2.16 Are members able to view what initiatives they have completed toward earning their incentive(s) through the web portal?

Unlimited.

11.3.2.17 Confirm that your portal clearly identifies each specific required activity the member must complete and is easily seen upon accessing the site.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.3.2.18 Confirm that your portal graphically shows the member's completed required activities and their progress toward earning their incentive (i.e. a progress circle).

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

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11.3.2.19 How do users access technical support? What is the location and hours of operation for the call center(s) providing technical support? How are calls for technical support documented?

Unlimited.

11.3.2.20 How do you ensure and maintain member privacy?

Unlimited.

11.3.2.21 Confirm your portal's ability to seamlessly transition from one incentive year to the next without outage, interruption, or loss of functionality.

Unlimited.

11.3.2.22 Confirm that the Bidder will not be offline more than 24 hours regardless of the time or date without prior notification to and approval by PEEHIP.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.3.2.23 Describe how your portal provides members with the appropriate notice and authorization available as required in the EEOC's final published rules governing wellness programs.

Unlimited.

11.4 Engagement

11.4.1 How does your firm define success?

Unlimited.

11.4.2 What is your approach to setting and reviewing goals with PEEHIP?

Unlimited.

11.4.3 How does your concept of success relate to improvement in employee population health risks?

Unlimited.

11.4.4 How will you help PEEHIP be successful in evolving its culture of health in the workplace and creating sustained engagement in the program(s)?

Unlimited.

11.4.5 Describe your overall technology solution for PEEHIP and how it is integrated for a seamless member experience.

Unlimited.

11.4.6 Describe the ability to develop tailored solutions that meet the specific and diverse needs of PEEHIP and individual participants.

Unlimited.

11.4.7 How are your engagement strategies innovative and unique from other vendors in this space?

Unlimited.

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11.4.8 PEEHIP has members throughout the state. What is your strategy for engaging individuals in remote locations, with little/no internet access?

Unlimited.

11.4.9 Describe how you engage members and guide/nudge them to utilize the right Wellbeing services at the right time - e.g., appropriate provider, wellness modules, EAP, health coaching, etc.

Unlimited.

11.4.10 Describe your capabilities for predictive analytics and what data other than medical claims is used to create a personalized user experience?

Unlimited.

11.4.11 How do you provide personalized health-related feedback and recommendations, intelligent messaging and health tips that are easy for individuals to understand and to apply in their everyday lives?

Unlimited.

11.4.12 Describe your ability to continuously provide a current and relevant user experience based on ongoing user data.

Unlimited.

11.4.13 How do you use artificial intelligence (e.g., machine learning, natural language processing) to recommend programs and guide individuals to interventions customized for them?

Unlimited.

11.4.14 Describe the process by which you share recommendations with members for improvement based on risk factors.

Unlimited.

11.4.15 Do your engagement strategies include the use of gamification, competition, trivia, or healthy tips?

Unlimited.

11.4.16 Does your current solution allow the members to take personal information with them, if they leave employment?

Unlimited.

11.4.17 How would you support local wellness champion endeavors?

Unlimited.

11.5 Biometric Screenings

11.5.1 Considering PEEHIP's current arrangement with ADPH, describe your ability to collect, integrate and report on biometric data as it is collected by ADPH (Note: You must accept PEEHIP's current ADPH file format - no changes).

Unlimited.

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11.5.2 Confirm your ability to accept daily biometric file feeds from ADPH and transmit to PEEHIP fully processed files with completion data within 24 hours following receipt.

Single, Radio group.

1: Confirm,

2: Do not confirm, please explain: [Unlimited]

11.5.3 How quickly is newly collected biometric data uploaded to your member portal and wellness assessment?

Unlimited.

11.5.4 How does an individual view and track his/her biometric screening results, including individuals with and without internet access?

Unlimited.

11.5.5 How is the individual prompted to take action, based on the biometric results? What other factors are taken into consideration when recommending next steps?

Unlimited.

11.5.6 Currently, when the screening is performed by a member's health care provider, the provider records the biometric data on the paper screening form and mails or faxes it to ADPH where it is keyed into their database, for transmission to the wellness vendor. Is your system able to analyze medical and lab claims data to detect the occurrence of a biometric screening performed in a provider's office? Can you record this as satisfactorily meeting the member's screening requirement?

Unlimited.

11.6 Reporting

11.6.1 Provide a list of your standard reports. In addition to a list, include a description of each report, key performance metrics, and the frequency of the report.

Unlimited.

11.6.2 Provide confirmation that you are able to customize standard reports and this is included in your basic fees.

Unlimited.

11.6.3 Discuss your ability and commitment to generate ad hoc reports. Confirm this is included in your basic fee.

Unlimited.

11.6.4 Would PEEHIP have access to 'real-time' data? Would they have the ability to build and generate their own reports and 'data mine'?

Unlimited.

11.6.5 Confirm that you can provide each of the following, and provide a sample:

- a. Aggregate engagement metrics – e.g., platform/hub and portal traffic, time spent, most popular subjects, most prevalent activity, etc.

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- b. Aggregate outcomes reporting, across all programs
- c. Weekly Wellness and DM dashboard report of key utilization measures based on a rolling year of data and a three (3) month claim lag; report due forty five (45) days after the end of each quarter.
- d. Quarterly updates of Wellness and DM activities
- e. Annual Wellness and DM summary report describing participation, program components, improvements, and specific clinical and financial outcomes for each component of the program, and the overall program, based on the state fiscal year end of September 30; due in November of each year.
- f. Annual Plan specific HEDIS reporting with book of business and quality compass comparisons.

Unlimited.

11.6.6 Describe your ability to receive participant-level data from other PEEHIP vendors regarding participation in, and completion of, other wellbeing programs (monthly, quarterly, annually).

Unlimited.

11.6.7 Describe your ability to provide de-identified participant-level data on program enrollment, partial completion, and completion to PEEHIP and other PEEHIP vendors on a daily basis.

Unlimited.

11.6.8 Describe how you would use the medical claims and lab data, provided from the current TPA, to determine whether a wellness screening occurred during a provider office visit. How would you use this data to recognize the screening and provide the member with “credit” for completion of this activity? Describe how these results would be communicated to PEEHIP.

Unlimited.

11.6.9 Describe how your reporting provides actionable insights for use in program evaluation. Include examples of how your actionable insights have enabled previous clients to improve a population's health and/or change programming to address a population's health needs.

Unlimited.

12 Bid Exceptions and Deviations

12.1 If your bid does not fully comply with the specifications in this RFP, please upload and complete the Bid Exceptions and Deviations Document.

Single, Pull-down list.

1: Attached,

2: Not provided

Attached Document(s): [Bid Exceptions & Deviations Doc.doc](#)

13 Response and Reference Documents

13.1 Reference documentation is located on the Manage Documents page.

As a reminder, the Initial Cost Proposal will be provided only to Bidders that have submitted a completed Intent to Bid form and signed Non-Disclosure Agreement (NDA) to the solicitation contact.