

**Request for Proposals: Administrative Services for Total
Population Health Management**

RFP # OHB12-02

Issued: December 5, 2011

ADDENDUM # 1

Issued: December 16, 2011

GENERAL

Verbal responses to questions at the mandatory Pre-Proposal Conference on December 15, 2011 are unofficial and are not binding. Only these written responses may be relied upon by offerors. A copy of this addendum shall be included in your submission signed by a company officer:



Participants at the Optional Pre-proposal Conference were required to register their attendance and to provide their business cards and fax numbers. A list of all attendees at the conference is enclosed for informational purposes. Eligibility and claim information was provided at the pre-proposal meeting. This information does not include information for participants enrolled with Kaiser Permanente.

Questions and Answers:

1. Is there a cutoff date for questions?

Answer: We will accept questions up until submission date, but may not issue answers in the 10 day window prior to submission. Questions that are not deemed relevant to the RFP may not be addressed.

2. Clarification of section 6.2,

Answer: It is confirmed that we want one hard copy of the proposal which is the original. Other copies are electronic, and should include all the information contained in the original. The redacted version may exclude information that is deemed confidential and proprietary.

Note: pricing is not proprietary or confidential.

3. Data sheet / demographic information.
Answer: More information than you need, put out and use what is relevant.
4. Children and Spouses, who will be included in which program component?
Answer:
For disease and case management include employees, spouses and children.
For other functions (e.g.HRQs; BMS; exercise promotion campaigns; etc), include employees and spouses only.
Any system should be able to adjust based on changes to these variables
5. On organization tab, quality assurance, what should we focus on?
Answer: Include as much detail as you feel is needed to tell the story about quality control initiatives relevant to the services you are offering, including assumptions.
6. Who is the current vendor?
Answer: No single vendor provides all these services at the scale contemplated by this RFP; they are currently provided by a variety of vendors as well as the CommonHealth program.
7. Why are you planning to leave your existing vendor?
Answer: N/A
8. What elements of their current services are you most pleased with?
Answer: N/A
9. What incentives, if any, do you have in place to drive participation?
Answer: Gift cards, waiver of deductibles, prizes etc.
10. If no incentives are in place, have you considered incentives to drive engagement?
Answer:
11. How would a vendor be evaluated who provides a more comprehensive solution but at a higher cost?
Answer: We look for the best value, this is an RFP not a bid.
12. If NCQA or URAC DM accreditation is maintained for a partner who'd be working with us to provide disease management assistance, would that be sufficient to meet the "Accreditation" requirement in Section 1.1?
Answer: Generally yes
13. Do you want to include both spouses and children in the wellness program?
Answer: Spouses and Employees, not children
14. Which certification qualifies a company as a small, women-owned, or minority-owned businesses (for example, federal, state, county, etc.)?
Answer: DMBE certification as a small business at the proposal closing date

15. Can the COVA provide a list of small, women-owned, and minority-owned businesses that are already certified?

Answer: Please see the DMBE website for searchable data base.

16. Can the COVA provide a list of attendees at the conference?

Answer: Yes, it will be included as a part of addendum #1

17. In Section 6.1, it indicates that negotiations will be conducted with each selected Offeror before a contract is awarded. Within your timeline, when will selected Offerors be notified that they've made it to the finalist stage?

Answer: Once the Commonwealth has made the decision

17.a. Are there currently any specific issues that COVA is trying to remedy?

Answer: Improved health of total population

18. VI. Health Portal Web-based interactive Tools - How critical is a non-Web-based assessment? How many non-Web-based assessments does COVA require?

Answer: Please refer to the RFP section 7.6 to see evaluation criteria and weights

19. IX. Vendor Integration – Question 5: Do you have any concrete plans in place to link health management to employee absence and productivity initiatives? Please explain if COVA is currently engaged with or considering any particular program.

Answer: The Commonwealth is interested in your solutions

20. What role will the Commonwealth take to ensure data integrity, format, timeliness and accuracy of vendor data feeds?

Answer: Currently, Aon Hewitt performs this function for the Commonwealth and we would expect this to continue for the foreseeable future within the context of the Commonwealth's contract with Aon.

21. Does the Commonwealth have the ability to track absenteeism and productivity levels of their employees?

Answer: We have limited ability, and are interested in your solutions and the data elements you should suggest.

22. Please comment on any gaps that you are currently experiencing.

Answer: Please work with the data/information you have been provided.

23. Please comment on what endpoints the Commonwealth wished to achieve with this Comprehensive Health Improvement Program Proposal.

Answer: This depends upon the offers received, but we are interested in an integrated program that drives a healthier population, lower health care costs, and return on investment.

24. How does the Commonwealth propose to support communication of the program and participation among employees, spouses and dependents?
Answer: We are open to your solutions
25. Is it the intent of the Commonwealth to continue to maintain the Common Health resources and screenings within this project?
Answer: We would not envision redundant programs or services.
26. Please define what "health decision support" means to the Commonwealth.
Answer: "Health decision support includes coaching and educational materials to assist members in making decisions concerning clinical service options. Some examples include:
- Assisting a woman who has recently been diagnosed with breast cancer to understand various treatment options
 - Assisting a man who has been diagnosed with prostate cancer to understand the different treatment options (surgery and type of surgery; radioactive seeds; watchful waiting/active surveillance
 - Advantages and disadvantages of surgery vs. physical therapy for back problems
27. Please define more completely what the Commonwealth considers 'engagement' in appropriate wellness/disease management programs.
Answer: The RFP requests that offerors provide their definition of engagement.
28. Please define the outcomes that are anticipated/expected by this program?
Answer: Cost savings, improved quality of care, better compliance with clinical guidelines, enhanced member satisfaction to name a few major outcomes.
29. Please define "health action programs."
Answer: Services and/or tools that enable members to take "action" to improve health status and lower health risks.
30. Please define "on-site coaching."
Answer: Having a health coach located at the worksite to meet individually and/or in group settings with employees on health improvement.
31. Lifestyle Behavior Change Programs (Section IV): Who is the Cardiovascular Screening Partner referenced?
Answer: Please ignore reference to an existing cardiovascular screening partner, we are interested in your solutions
32. HRQ & Biometrics (Section V): What is expected to be measured in an "at home" biometric data collection kit?
Answer: Vendors should know answer to that. There are test kits available for home testing which contains instructions and equipment for individuals to draw a small amount of blood with a finger stick which is mailed and analyzed for cholesterol (HDL, LDL), triglycerides and HbA1c and glucose for diabetes.

33. Do services subcontracted to SWAM businesses count in terms of the limit to the number of services subcontracted?
Answer: Yes
34. Please confirm that the number of enrollees indicated in the RFP (95,000) includes enrollees and dependents.
Answer: Please utilize the demographic information provided at the pre-proposal meeting and in the CD data files.
35. Please provide additional definition of the terms “participant” and “engagement.”
Answer: We are interested in your definitions around these terms
36. Will data to be provided indicate historical numbers of enrollees and participants in services similar to those described in the RFP?
Answer: Please work with the data you have been provided.
37. Does COVA specify venipuncture for biometric screening or is the finger stick method allowed?
Answer: We are interested in your solution.
38. Please provide more detailed directions on completing the cost proposal spreadsheets. For example, the Pricing Lifestyle-Behavior spreadsheet has two columns for Total Annual Costs, separately for employees and participants. How are these prices related to each other?
Answer: We are requesting pricing both on a per employee and per-participant basis. The cost in the two sets of columns should be equal to one another on an annual basis.
39. Do worksites have employee coordinators to facilitate onsite health fairs and other activities?
Answer: Yes
40. Where is biometric screening to be priced?
Answer: In the Pricing – Lifestyle Behavior worksheet under Section 4, use the first “Additional Fees – Other row (row 80) to document your proposed fee.
41. Please explain scoring for the Cost proposals since there are multiple spreadsheets with multiple items of pricing, and in some cases multiple items of pricing for one type of service.
Answer: Scoring will be based on total annual cost and multiple-year cost for the program components that may be implemented by COVA. Each component will only be included one time in total price; however, since there are various ways of pricing items, the pricing worksheets were developed to accommodate differences. In addition, pricing for some items should be provided both on a per-employee and per-participant basis.

42. Given the multiple, alternative pricing for many of the components, will the Contractor be paid on a PEPM basis overall, by unit/PEPM or by unit Per Participant Per Month?
[Answer: We are interested in your proposals and solutions.](#)
43. The RFP does not seem to include TLC. To ensure we're clear is it only for state employees?
[Answer: TLC is not included in this RFP](#)
44. Would COVA be able to provide the, Number of Employees, Number of Pre-65 Retirees, Number of Spouses and Dependents 18 and over, Number of Dependents 17 and under, Number of COBRA adults over the age of 18 and number of members 17 and under?
[Answer: Please use the demographic information provided at the pre-proposal conference and the applicable information in the CD data files.](#)
45. On Pages 2 and 3, there is reference to Health Decision Support as well as other references to the same within the RFP. In the spreadsheet / workbook, there is reference to Health Advocacy. Would COVA be able to clarify which program / service are they looking for? Please provide a general program description of program components as a guide.
[Answer: Health Decision Support is defined above. Health Advocacy is a synonymous term. The Commonwealth recognizes there are definitional and service delivery differences in the wellness and care management marketplace. It is important that each offeror clearly define the services they are proposing by any label.](#)
46. Is the onsite health coach position going to be providing one on one coaching only, or will this position include both coaching and program management? Please clarify.
[Answer: This item is one of many tactical examples provided throughout the RFP the Commonwealth may deploy in the program. The Commonwealth is not wed to solution tactics and is interested in your solution set.](#)
47. Has an incentive been deployed in the past and if so, what was the incentive and incentive value?
[Answer: Please refer to the RFP which identifies the DHRM website location for additional information.](#)
48. Within the RFP, it states, "Performs Health Risk Questionnaires (HRQ) using biometric screenings that can be uploaded from designated lab(s) through vendor's health web portal to employee's and spouse's HRQs. This information must be accessible by the health plan, its business associates, the member, and the member's physician(s)."
Is the COVA's expectations that HRQ and biometric screening data will be available not only to the member, but to health plans, physicians and other business associates via the selected Vendor's website/portal/database?
[Answer: Yes](#)
49. Would COVA accept data uploads to a FTP site of such data?
[Answer: No](#)

50. Has Disease Management, Biometric Screenings, Health Decision Support and Wellness Coaching been provided in the past? If so, would COVA share participation data for each of the programs being noted with the RFP?

Answer: To some extent all of these program components have been utilized.

Participation is about what would be expected, and we do not believe the data would be of material value in preparing your offer.

51. In the “organizational information” tab on the excel pricing spreadsheet, question 6 asks for financial information/statements. We are privately held and would be happy to provide but require a signed NDA agreement. Is COVA willing to sign and return an NDA which would allow us to furnish the financial statements?

Answer: You can mark that information as proprietary and confidential and exclude from the “redacted” version of your submission. The redacted version is the only one available for release. We do not sign NDAs.

52. In 6.2 for submission of written proposals in the word document, the format of the RFP responses is suggested to be in MS Word but the actual document that the vendor is responding to is an excel AonHewitt Spreadsheet. Is it assumed that the vendor will copy and paste all responses from furnished spreadsheet into a word document for the purposes of the loose leaf binder and CD versions?

Answer: The body of the RFP is in a WORD document. Responses to that portion should be done in WORD. Other parts of the RFP, such as Attachment 2, are in EXCEL.

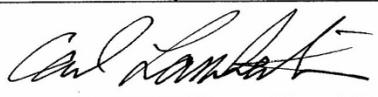
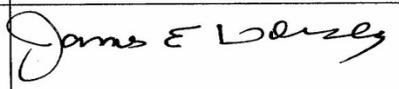
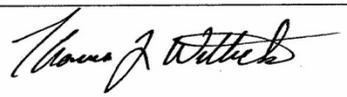
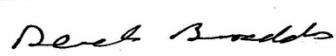
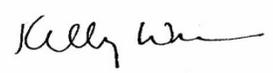
Responses to those portions should be done in EXCEL. The printed version called the “original” must include all materials included in your submission. For this hard copy, you may print in any manner that allows for display of all data.

53. I know it was indicated that this RFP covers employees and spouses. My question is are retirees to be included?

Answer: Non-Medicare retirees and their spouses are included in this RFP. Their data has already been included in the claims data provided at the pre-proposal question.

OHB12-02 Administrative Services for Total Population Health Management
 Pre-Proposal Conference
 December 15, 2012 - 1:30 PM
 Sign-in Sheet

CT Record

Company	Print Name	Signature	Contact Info	
U.S. Preventive Medicine	Carl Lamberti		*9045626271 8045148257	
NUTRHEALTH	STEVE KENDALL		214-576-2024	SK
Goventworks, Inc	JAMES E. DOISEY		240 463 7996 cell 301 725 1612 home	J
ACTIVE HEALTH MGMT	TOM WITTICK		610 805-5142 CELL 610 873-6685 OFFICE	TW
Healthroads/ ASH	Derek Brooker		619-672-3834 440-984-7217	DB
Value Options	Kelly Weaver		919 656-7177	
VO	Lynn Mueller		978-409-1357	LM
APS	Cindy WEINMANN		240-315-5416	CW

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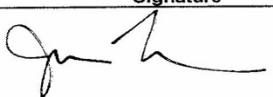
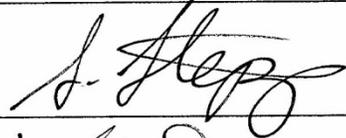
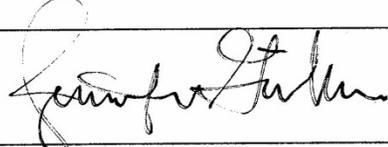
Company	Print Name	Signature	Contact Info
Optum Health Optum Health	Rich Kodora	[Signature]	[Contact Info]
OPTUM HEALTH	Rich Kodora	[Signature]	Rich Kodora 203-395-4456 Richard.Kodora@optum.com
Healthways	Ligh Ann Ruggles Dana Williams	[Signature]	see card see card
Sentara	Linda Butz	[Signature]	see card
Sentara	Jennifer McCoy	[Signature]	Jennifer McCoy jlmccoy@sentara.com 757 552-7246
Sentara	Terrina Thomas	[Signature]	Terrina Thomas tmthomas@sentara.com 757 552 8925
The Vitality Group	Elizabeth Dunphy	[Signature]	see card
Well Advantage	Jeanne Sherwood (Primary Contact)	[Signature]	see card

EMD

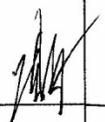
Jane

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C7 Received

Company	Print Name	Signature	Contact Info
Well Advantage	Jeanie Nichols		see card
Humana/Humana Vitality	Kay Amos		see card
Paula Mullineaux & CR Associates	Paula Mullineaux		"
CRA	MIKE STARR		"
Shannon Anthem	Shannon Stepp		"
Anthem	Lisa Mast		L Mast@anthem.com 201-694-3101
Anthem	Maureen Gould		see card
Anthem	Jennifer Guilbeau		" see card"

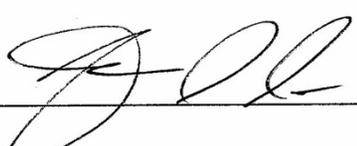
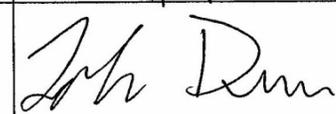
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CF received

Company	Print Name	Signature	Contact Info
Ivan Bishop APC Mgmt. SCS.	Ivan Bishop		see card 713/3
Maxim Healthcare	RYAN MAY		see card
Innovative Management Latonya Dunlaw Strategists	Latonya Dunlaw		(807) 636-2950 Don't have email address with me at this time
U.S. PREVENTIVE MEDICINE	CHARLES SMITHERS		see card

en

AK

CS

KFP# OHB12-02 - Administrative Services for Total Population Health Management
12/15/2011 Pre-Proposal Conference Attendees Business Cards

AFC Management Services
Woman Owned, SDB, GSA Schedule #GS-03F-0143V

3543 W. Braddock Road, Suite C4
Alexandria, Virginia 22302
(o) 866-659-3400
(m) 703-402-8477
franb@afmsco.com

Fran Dean Bishop
Chief Executive Officer

www.afmsco.com / www.aerobodies.com

APS Healthcare

Cynthia T. Weinmann, MS
Vice President of Development

p. 800.305.3720, ext. 3791 f. 914.288.4605
c. 240.315.5416
cweinmann@apshealthcare.com

44 South Broadway, Suite 1200, White Plains, NY 10601
®  433



ACTIVEHEALTH
MANAGEMENT

102 Morningside Circle
2nd Floor
Dowington, PA 19335
tel: 610.873.6685
fax: 610.873.2643
cell: 610.805.5142
TWittick@activehealth.net
www.activehealth.net

Thomas Wittick
Senior Vice President, Sales

MacGregor T. Gould
Director

Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Richmond, VA 23230
Mail No. VA 13 S 143
Tel 804 354-3915
Fax 804 354-4884
macgregor.gould@anthem.com



Jennifer Guilbeau
Account Manager III
Commonwealth of VA Account
www.anthem.com

Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Richmond, VA 23230
VA1003-S143
Tel 804 354-3264
Fax 804 354-4884

jennifer.guilbeau@anthem.com



Shannon Hennesey Stepp
Account Management
Executive
Health & Wellness Solutions
www.anthem.com

Anthem Blue Cross and Blue Shield
2015 Staples Mill Road
Richmond, VA 23230
Tel 804 662-5352
Cell 804 683-6221

sstepp@care-anthem.com



CRA
CRASSOCIATES, INC.
Paula Mullineaux
Vice President
Business Development and Professional Services
8580 Cinderbed Road, Suite 2400
Newington, VA 22122
703.541.4511 • Cell: 703.895.3076
Fax: 703.550.1880 • pmullineaux@cassoc.com

CRA
CRASSOCIATES, INC.
Michael D. Starr
Chief Operating Officer / Executive Vice President
8580 Cinderbed Road, Suite 2400
Newington, VA 22122
703.550.8145 • Cell: 301.602.8181
Toll Free: 877.272.8960 • MDS@cassoc.com

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James E. Dorsey
Insurance Specialist
700 King Farm Boulevard
Rockville, MD 20850

Tel (301) 296 4441
Mobile (240) 463 7986
jdorsey@governmentworks.com



Leigh Ann Ruggles
Senior Sales Executive
Employer Market

leighann.ruggles@healthways
o. 410.788.9009
c. 410.409.9631

8 South Rolling Road | Catonsville, MD 21228



Dana Williams
Senior Vice President
dana.williams@healthways.com
o. 615.614.4861

701 Cool Springs Blvd. | Franklin, TN 37067 | 800.327.3822



DEREK BROADDUS
National Account Executive

10221 Wateridge Circle
San Diego, CA 92121

Phone: 440 984 7217
Cell: 619 672 3834
Fax: 858 754 2389

derekb@ashn.com

healthyroads.com
ashcompanies.com

Kay Amos, LUTCF
Specialty Benefits Sales Executive



4551 Cox Road
Suite 200
Glen Allen, VA 23060
804 290 4252 Ext. 1226 Tel
800 350 7213 Ext. 1226 Toll Free
804 399 8260 Cell
502 508 5395 Fax
kamos@humana.com



Steven C. Kendall, PhD
Director, Sales

Nurtur
4000 McEwen Rd.
Dallas, TX 75244

214 576 2024
214 412 4295 cell
972 239 0104 fax

skendall@nurturhealth.com
www.nurturhealth.com



RYAN MAY
ACCOUNTS MANAGER

1500 FOREST AVE., SUITE 115
RICHMOND, VA 23229
E-mail: rymay@maxhealth.com

TEL: 804 ▲ 355 ▲ 9800
FAX: 888 ▲ 265 ▲ 4199
www.maximhealthcare.com



Linda M. Butz
Executive Director
Sales and Client Development

www.optimahealth.com

1604 Santa Rosa Road
Suite 100
Richmond, Virginia 23229

toll free (866) 575-4475
phone (804) 510-7439
cell phone (804) 304-4197
fax (804) 510-7453
lmbutz1@sentara.com

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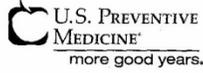
Carl Lamberti
Advisor

804-514-8257
lamberti67@gmail.com
promotion code LA67



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Charles W. Smithers, Jr., CPA
Executive Vice President
Finance & Operations

12740 Gran Bay Parkway, Suite 2400
Jacksonville, FL 32258
904-281-0006
904-923-1493 Cell
904-665-0097 Fax

csmithers@USPreventiveMedicine.com
www.USPreventiveMedicine.com



Lynn Mueller
Vice President
Commercial Division

240 Corporate Boulevard
Norfolk, Virginia 23502

OFFICE: (978) 409-1357 CELL: (978) 806-6712
TOLL FREE: (866) 867-2537
lynn.mueller@valucoptions.com



www.thevitalitygroup.com

Elizabeth Dunphy
[director, operations]

o: 312.224.7315
c: 630.301.1604
f: 312.224.7106
e: edunphy@thevitalitygroup.com

200 W MONROE ST, STE 2100 • CHICAGO, IL 60606

7543 Main Street, 2nd Floor
Sykesville, MD 21784
(p) 410-795-7579 | (f) (410) 795-7785
jnichols@welladvantage.com
www.welladvantage.com

Jeannie Nichols
COO



7543 Main Street, 2nd Floor
Sykesville, MD 21784
(p) 410-795-7579 | (f) (410) 795-7785
jpsherwood@welladvantage.com
www.welladvantage.com

Jeanne Puglisi Sherwood, RN
CEO

