

**Amendment Number 1**  
**Health and Wellness Management Services Request for Proposals**  
**RFx #: 3180001262/3120002122**

**Question and Answer Document**

Question #	Section #	Page #	Question	DFA Response
1	2	14	Please confirm that a copy of our proposal is not required to be submitted on flash drive/compact disc.	Confirmed. All proposals shall be submitted via Segal’s Secure File Transfer (SFT) system.
2	4	22	Item 4.4 in the Scope of Services lists “Clinical improvement Promotion” as optional. In the Fee Schedule, Section 9, page 47/48 of 57, “Health Improvement Initiatives” is listed to be priced within the Core HWM Program PMPM fee. Are “Clinical Improvement Promotion” and “Health Improvement Initiatives” one and the same or different? If different, where is “Health Improvement Initiatives” listed and defined? Where should “Clinical Improvement Promotion” be priced in the Fee Schedule?	Health Improvement Initiatives is a typo and should be Health and Wellness Promotion as detailed in Section 4.5 of the RFP.  Clinical Improvement Promotion is an optional service.  The Fee Schedule has been revised to reflect these changes and will be posted to the Bids and Notices Section of the DFA webpage. The revised Fee Schedule should be used by all Offerors in their proposal submission.
3	Appendix C, Draft Contract	16	Item 7, Availability of Funds, states “...the DFA shall have the right upon ten (10) working days written notice to Contractor, to terminate this Contract without damage, penalty, cost or expenses to the DFA of any kind whatsoever.” Will DFA consider adding “except for payment for work completed by Licensor and accepted by Licensee prior to termination” in lieu of “of any kind whatsoever”, as is seen in other Mississippi department standard contracts?	No. The Availability of Funds clause is required as stated by the Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations. DFA is unable to modify the verbiage of the clause.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
4	Appendix C, Draft Contract	16	In regard to Item 9, Paymode, does DFA have a tax-exempt certificate or is DFA stating Contractor will not be able to charge for any applicable taxes?	The State of Mississippi is tax exempt pursuant to Miss. Code Ann. Section 27-65-105(a).
5	Section 5, Performance Standards	28	Please confirm the reports listed on page 38 of Appendix C, appendix-c-draft-health-and-wellness-management-services-contract-2, Exhibit C – Health and Wellness Management Services Vendor Reports are the same reports requested in item 5.1 of Section 5, Performance Standards. If these are not the same list of Standard Reports please provide the list and the description of each of your targeted Standard Reports as part of Performance Standards 5.1.	Exhibit C to the Draft Contract is only an example of reports. The list will be fully developed during implementation.
6	Section 5, Performance Standards & Appendix C, Draft Contract	28 38	Please confirm which timeframe is required for report delivery. Section 5.1 Standard Reports and Report Frequencies states “All HWM Vendor management reports due to the Board will be submitted within fifteen (15) calendar days from the end of the reporting cycle.” In Exhibit C of Appendix C, Draft Health and Wellness Management Services Contract, the Ongoing Frequency for each report states “Quarterly – 30 days after the quarter ends.”	Exhibit C to the Draft Contract is only an example of reports and frequencies. Reporting frequencies will be mutually agreed upon by The Board and the HWM Vendor.
7	Section 3, Minimum Qualifications , Item 5	19	Regarding Section 3, Item 5 of the RFP, would DFA be willing to remove the performance bond or escrow account requirement and in its place accept a corporate guarantee?	No. As stated in the first sentence of Section 3, the Minimum Qualifications are mandatory.
8	1	6	Where is their satisfaction level with their incumbent provider (ActiveHealth Management)?  Have they had any service issues? If so, please	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP. The

Question #	Section #	Page #	Question	DFA Response
			<p>explain.</p> <p>How long have they been with this vendor?</p>	<p>Board has contracted with Active Health Management since 2011 for UM services and since 2014 for health and wellness services.</p>
9	1	6	<p>What does their current program (Motivating Mississippi – Keys to Living Healthy) model look like?</p> <p>Does the current program allow for telephonic coaching, online resources, health assessment, online coaching, challenges, biometric screenings, incentive design, EAP integration?</p>	<p><i>Motivating Mississippi – Keys to Living Healthy</i> is the Plan’s health and wellness promotion program. The program includes a number of wellness benefits and preventive services at no cost to the participant. The HWM vendor selected by the Board will be required to help promote the program, as well as provide services (telephonic coaching, online resources, incentives, etc.) under the direction of the Board. The Board will work with the selected HWM vendor to further develop and/or revise the program to enhance participation and positive outcomes.</p>
10	8.3	35	<p>Explain current functionality of App/Website/Platform?</p> <p>What, if any AI &amp; predictive analytic capabilities exist today?</p> <p>What limitations does current vendor have?</p> <p>What is desired state for future capabilities?</p>	<p>Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.</p>
11	4.5	22	<p>Please describe current incentive structure and design?</p> <p>How are points earned &amp; redeemed?</p> <p>How are incentives managed?</p> <p>On what frequency and what incentives are</p>	<p>The Plan does not currently have an incentive program.</p>

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
			distributed (Pts, HSA, other)?	
12	4.3.2	21	Please elaborate on biometric screenings the State utilizes today and frequency? Are these incentivized?	Biometric information is obtained through annual preventive wellness visits with PCPs, typically provided at no cost to the participant.
13	4.10	26	What has utilization looked like for their current program? Are they satisfied with the program utilization? Can you provide a copy of a most recent utilization report?	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.
14	1	6	What is the current rate on their program? What is the budget for this program?	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.
15	4.1	23	How many hours/week do the wellness coaches work per week? 40 hours? How many current coaches does the state have today? Do current coaches travel? If so define what that looks like and frequency?	Wellness Coaches are full-time, wholly dedicated and exclusive to the Plan. Please refer to Section 4.5.1 of the RFP for information regarding Wellness Coach requirements.
16	4.1	23	Does the state have onsite wellness coordinator(s) today? If so are they state employees or employees of incumbent program – please describe current role(s)	Each employer unit has one or more volunteer site champions, employed by the respective employer unit. In addition to their regular duties, these individuals serve as local liaisons with the HWM Vendor’s Wellness Coaches. The HWM Vendors’ Wellness

Question #	Section #	Page #	Question	DFA Response
			and hours of work.	Coaches are full-time, wholly dedicated and exclusive to the Plan. Please refer to Section 4.5.1 of the RFP for information regarding Wellness Coach requirements.
17	4	20	Are there any Scope of Services that are mandatory and will result in disqualification if the response is “Unable to provide services”?	The HWM Vendor to be selected by the Board is expected to provide the core services identified in the RFP.. Optional services are indicated as such.
18	5	28	If services do not apply to optional services, what should the response be (if neither “confirmed” or “confirmed with exception” apply)?	For any optional service listed for which the HWM Vendor is not able or willing to provide, re-state the service followed by “ <b>Not proposing this optional service</b> ”.
19	8.7-8.10	41-43	For “optional” programs, if they are not covered in Offerer response- how should they be marked to avoid disqualification for incomplete response?	See DFA Response to Question #18.The inability or unwillingness to provide one or more of the optional services will not disqualify a vendor.
20	1.1	5	Referring to “Proposing vendors must have the proven ability to perform all core services requested in this RFP”, what are the core services? Will both “confirmed” and “confirmed with exceptions” qualify?	Core services are those not otherwise identified as Optional. Yes, “confirmed” and “confirmed with exceptions” will qualify.
21	7.2	32	Is there a preferred definition for governmental clients needed for reference?	Local, State or Federal agency, preferably similar in size and complexity to the Plan.
22	9.2	45	Is the board open to a fixed rate annual billing cycle?	A vendor may include an alternate pricing option IN ADDITION to the pricing structure required by the RFP. Any alternate pricing options will not be considered until contract negotiations, should the proposing vendor be selected.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
23	1.1	5	Would the State of Mississippi consider offering additional well-being programs (e.g., in addition to the optional tobacco cessation, weight management, disease management programs) as part of their total well-being solution?	Yes, these may be included as “Other Services” on the fee schedule. However, the contract will only be awarded based on the required core Health and Wellness Management Program Services defined in the RFP.
24	1.1	6	How long have the State of Mississippi and ActiveHealth been contracted?	See DFA Response to Question #8.
25	1.1	6	Are all the requirements included in the RFP the same at what is place with ActiveHealth? If not, what are the differences?	Contract award will be based on the requirements contained in this RFP.
26	1.1	6	Is the State of Mississippi happy with their current program? What do they hope to accomplish in the future?	See DFA Response to Question #8.
27	1.4	9	How many other vendors have submitted their letter of intent to bid?	This information is not considered necessary for the completion of your proposal.
28	1.5	9	Would the State of Mississippi consider providing an extension to Friday 1/22/2021 to allow more working time after the receipt of vendor responses (expected 12/23)?	No, DFA does not anticipate extending the deadline to submit proposals.
29	4.3	21	Will the weekly eligibility file sent from the Plan’s TPA be 1 file encompassing the approximately 330 state agencies, school districts, community colleges, universities, and library systems?	Yes. All data is aggregated.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
30	4.3	21	Will the monthly detailed medical claims file and separate biometric file sent from the Plan's TPA be 1 file and encompass the 330 state agencies, etc.?	Yes. All data is aggregated.
31	4.3	22	Will the monthly detailed pharmacy claims file and separate biometric file sent from the Plan's TPA be 1 file and encompass the 330 state agencies, etc.?	Yes. All data is aggregated.
32	4.5	22	Will the State of Mississippi retain the wellness program name " <i>Keys to Living Healthy</i> " regardless of the vendor selected?	Yes.
33	4.5	22	Please confirm there is no current incentive program in place (to be implemented in 2021) or if there is, provide details.	Confirmed. The Plan expects to work with the selected vendor to develop and implement an incentive program next year.
34	4.5	23	How many employees are at the 4 locations requiring onsite wellness coaches? Are the wellness coaches at the sites 40 hours per week?	The HWM Vendor's wellness coaches are required to visit and provide support to the more than 300 employer units across the State. Wellness Coaches should be strategically located throughout the state in order to meet this requirement. Please refer to Section 4.5.1 for information regarding to Wellness Coach requirements.
35	8.3	40	On average, how many onsite biometric screenings and/or flu shots are administered each year? Were onsite screenings performed in 2020?	The Plan does not provide onsite biometric screening or flu shots directly. Onsite screenings are periodically conducted at individual employer unit health fairs; however, no statistics are available at this time.
36	8.3	40	Would the State of Mississippi like information and pricing included for onsite biometric screenings and/or flu shots?	No.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
37	9	47	Regarding the 176,000 total covered lives, can you please provide a breakdown of these lives. How many are employees? Spouses? Child dependents?	Approximate counts: Active Employees – 112,000 COBRA – 700 Non-Medicare Retirees – 8,100 Spouses – 11,000 Children – 44,200
38	N/A	N/A	How much of the eligible population participate in the current wellness program, as a percentage?	An exact percentage is not available; however, participation is low.
39	4.10	26	Can you provide clarity around the ad hoc reporting request? Historically what is the frequency of ad hoc report requests, and can you give examples of prior ad hoc report requests?	Ad hoc reporting is rarely needed; however, the vendor must be able to provide ad hoc reports when required and within the timeframe requested.
40	4.5.1	23	Can you share your current wellness staffing structure? Are dedicated resources in place currently, and if so how many? If so are those expenses included in the program fee, or billed separately?	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP
41	N/A	N/A	Please share any budget information for the wellness program.	See DFA Response to Question #14.
42	N/A	N/A	Please share your current rate for the wellness program, including pricing basis and any add on/ancillary expenses not included in the base/core fees.	See DFA Response to Question #14.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
43	3 #6	19	Does your current wellness vendor manage all customer service, call handling, etc. within the U.S.?	Section 3, item #6 of this RFP requires all services directly related to this contract be performed from office(s) located within the United States.
44			If our company were to respond to the combined RFX are we to just respond to the Health and Wellness Management Services RFX or is the expectation to respond to both?	As specifically detailed in Section 1.1 of the RFP, the two procurement processes will run concurrently and will result in the announcement of two winners. Proposals submitted by firms in response to the procurements shall not be “All or None”, and shall not be contingent on being awarded both services. The proposals submitted shall be separate and stand alone for each procurement.
45	8.1	34	Section 8.1 Service Plan – these set of questions are included in both RFX #31800012600 and RFX #3180001262, was that intended?	See DFA Response to Question #44.
46	8.0	34	Section 8.0 Service Plan – there are number of sections that are listed as “optional” – please clarify.	As stated in Section 1.1, of the RFP, “Optional services, at the discretion of the Board, include disease management, maternity management, weight management, and a tobacco cessation program. Proposing vendors must have the proven ability to perform all core services requested in this RFP.” The contract will be awarded based on the proposing vendors proven ability to perform all core services identified in the RFP. Optional services proposed will be evaluated separately from core services and may, at the Board’s discretion, be included in the contract after a vendor is selected.
47	1.1	5	Section 1.1. Purpose and Goals – the RFX lists 197,000 participants with 21,000 not applicable. Is the	As stated in Section 1.1, of the RFP, “Note: The core health and wellness services described within this RFP

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
			total number of participants that would have access to the program 176,000? Please confirm.	are not applicable to the approximately 21,000 participants having Medicare primary coverage; however, the optional services may apply to Medicare-primary participants.”
48			Currently the Board contracts with a single vendor, ActiveHealth Management. In the search for a new vendor, is it of preference that the Board continues to have one vendors that supports both health and wellness management services as well as utilization management services?	Please refer to Section 1.1 of the RFP.
49	1.2.1	8	Given the upcoming holidays, would the State consider a deadline extension to January 21, 2021?	See DFA Response to Question #28.
50	NA	NA	Please provide a census file representing all members.	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.
51	4.1	20	Please clarify the reference to “providers” in the Staffing/Account Management section.	The term “Provider” refers to a professional rendering medical services.
52	4.2	21	Please provide the quantity of materials required by the State.	The Plan covers approximately 197,000 covered lives. Informational materials may include, but are not limited to, brochures, flyers, or other printed material that serve to inform participants of services provided through the HWM Vendor. An initial supply of printed informational materials should be supplied to each employer unit at the time of implementation followed by periodic fulfillment upon employer unit request.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
53	4.3	21	Eligibility File Transfers: Please provide the eligibility file specifications for the “existing file layout” for each relevant vendor.	File layouts are standard and will be provided during implementation.
54	4.5	22	<p>Please provide the detailed wellness incentive design for 2021, including:</p> <ul style="list-style-type: none"> <li>• Incentives available (amount, type, method of fulfillment, etc.)</li> <li>• Health actions and/or outcomes tied to incentives</li> <li>• Earning timeframe (i.e., must complete health action A in order to earn incentive in year XXXX)</li> </ul>	The Plan expects to develop and implement an incentive program and parameters with the selected vendor. The incentive will be a reduction in the participant’s deductible for the subsequent Plan year.
55	4.5	22	If the incentive rewards program for 2021 is already set, are you looking to replicate your current design or is the State open to modifications?	See DFA’s response to Question #54.
56	4.5	22	Is there a certain participation rate the State seeks to achieve with the launch of the incentive program, as well as program enrollments?	While targeted goals will be mutually established by the Board and the elected HWM Vendor, the Board has not set expected participation rates for the aforementioned programs.
57	4.5	22	Health and Wellness Promotion: Are spouses eligible to participate in the wellness program?	While dependents have access to most of the Plan’s wellness and preventive services programs and benefits, they are not expected to be included in the incentive program.
58	4.5	22	Health and Wellness Promotion: Are spouses eligible for incentives? If so, do incentives vary from the covered member incentive structure (i.e., amount,	See DFA Response to Question #57.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
			type, etc.)?	
59	4.5	22	Health and Wellness Promotion: Are there any employer-sponsored onsite events made available as a wellness and/or health management initiative (i.e., health fairs, blood drives, flu shot clinics, walks/runs, health lunches, challenges, webinars, lunch and learns, etc.)?	The Wellness Coaches work with employer units to conduct health and wellness events.
60	4.5	23	Wellness Coaches: Does the State currently have four wellness coaches in place today? If so, are they onsite/remote or a hybrid and where are they located throughout the State	See DFA Response to Question #34.
61	4.5	23	Wellness Coaches: If the State currently has coaches in place today, are they looking to retain the current staff?	Retaining current wellness coaches is not required by the RFP and will be the decision of the selected vendor..
62	4.5	23	Wellness Coaches: How much time in the wellness <del>coordinator</del> coach's schedule today is spent delivering 1-on-1 and/or group coaching vs. health promotion?	The HWM Vendor should propose a structure and strategy for maximizing the Wellness Coaches' time and resources to the benefit of the Plan.
63	4.5	23	Online Portal, Mobile App and Digital Coaching: Can you please elaborate on "Set email reminders for health-related events of appointments?" Is this specific to coaching/intervention programs or State-specific initiatives?	The question is in reference to an online calendar to track events.
64	4.5	24	Online Portal, Mobile App and Digital Coaching: Can you elaborate on "Access organized health information for easy sharing with doctors or other	The question is in reference to the participant's online access in the HWM Vendor's system to health and wellness information for sharing with providers.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
			health providers?” How would the member be sharing the information (print, email, etc.)?	Sharing could occur through various media. Vendors should describe their platform capabilities.
65	4.5	24	Online Portal, Mobile App and Digital Coaching: What type of biometric information would be provided by the TPA (2.b.vii.)?	Standard biometric information such as BP, weight, A1c, etc.
66	4.5	24	Online Portal, Mobile App and Digital Coaching: What current contact information would the State like the member to update (2.b.viii)?	Contact information may include, but is not limited to, emails, telephone, or text. Vendors should describe their platform capabilities.
67	NA	NA	Please provide current utilization and/or satisfaction for the following solutions: <ul style="list-style-type: none"> <li>• Health survey</li> <li>• Tobacco cessation</li> <li>• Weight management</li> <li>• Digital coaching</li> </ul>	. Historically, participation in these programs is less than optimal. HVM Vendors should provide responses that are designed to improve engagement and outcomes.
68	8.3	40	Biometric Data: Is the State looking for a quote for biometric testing services? If so, which modalities are currently utilized (onsite, lab, physician forms, at-home kits)? If onsite, is venipuncture or finger stick testing preferred?	No.
69	8.6	41	How many full population (one per member household) direct mail campaigns does the State typically send each year?	Historically, the Plan has averaged between 2 to 4 such mailings per year.
70	8.6	41	What communication strategies have been successful in driving engagement in the past?	See DFA Response to Question #67.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
71	8.6	41	Are communications to members co-branded with the vendor's brand or completely customized?	Communications will be co-branded so that the Plan is clearly identified in all materials.
72	8.6	41	How long as "Motivating Mississippi – Keys to Health Living" been in place? Is there broad awareness and understanding of this initiative? How has it been perceived amongst employees (positive/negative)?	The program name and overall structure have been in existence for more than a decade. Although believed to be perceived in a positive manner, the relative awareness and understanding by the Plan's participants appear to be less than desired.
73	8.6	41	Please provide demographic information of the employee audience including: <ul style="list-style-type: none"> <li>• Ethnicity</li> <li>• Geography</li> <li>• Etc.</li> </ul>	Eligible participants in the Plan include 197,000 active, retired, and COBRA employees (and their enrolled dependents) of the State's agencies, universities, community colleges, school districts, and public library systems. Plan participants are located throughout Mississippi, with a small number of participants residing in other states. More detailed demographic information is not available at this time.
74	8.6	42	What distribution methods does the State have available for printed material?	The HWM Vendor is responsible for the distribution of printed material. Limited supplies may be drop shipped to employer units across the State for new employees, while direct mail to current participants may be the primary methodology for typical distributions.
75	8.6	42	What internal or State-run communications channels are available (i.e, social media targeted to employees, newsletters, signage in buildings, etc.)?	Employer intranet and/or email distributions may be available for some items. Plan paper and electronic newsletters, Plan website, employer websites, and related medium are options available.
76	8.6	42	Is the State able to provide employee email addresses?	At this time, the State does not maintain a database of Plan Participants email addresses.

Question #	Section #	Page #	Question	DFA Response
77	8.9	42	<p>Does the State's current medical carrier have case management programs in place today that cover some of the disease management conditions listed in this RFP? For example, are Arthritis and Autoimmune Conditions managed by nurses at your existing health plans?</p> <p>If yes, which conditions are supported through carrier case management programs today and which may be co-managed with carrier programs going forward?</p>	<p>The Plan is self-insured and does not have a medical insurance carrier. The Plan's TPA is not responsible for providing case management and/or disease management services.</p>
78	8.9	42	<p>Will the State's existing carriers have the ability to refer member to us for disease management needs?</p>	<p>Board vendors are expected, and are contractually obligated, to cooperate with other Board vendors as needed or directed by the Board to achieve positive outcomes. Specific referral options will be discussed with the selected HWM Vendor.</p>
79	8.9	42	<p>Does the State have internal or third-party referral and communications strategies in place that will drive members to leverage our disease management programs?</p>	<p>See DFA Response to Question #78.</p>
80	8.9	42	<p>Is the State's expectations for the management of depression that a DM nurse will, upon identification of a depression risk, refer members to the behavioral health resource at your current carriers?</p>	<p>Referrals should be based on clinical appropriateness.</p>
81	8.9	42	<p>Does it satisfy the State's requirements to report DM at the program level rather than categorized at the condition level outlined in the RFP? For example, hyperlipidemia and hypertension are co-morbidities for multiple disease states, so we would report on a member with associated gaps in care under the</p>	<p>That level of reporting example appears to be acceptable, and would be discussed/agreed upon with the selected HVM Vendor.</p>

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
			program(s) for which they engaged with the nurse.	
82	8.10	43	Please provide 2019 program utilization for the following the State’s maternity management program.	Approximately 2,800 participants participated in the program in 2019.
83	NA	NA	Please provide the existing contract and/or fees in place today for this product suite. If you cannot, please direct us to where we can find this public information on the State of Mississippi website.	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP. Specific contract information is available at <a href="http://www.transparency.mississippi.gov/">http://www.transparency.mississippi.gov/</a> .
84	9	47	Please confirm that “per participant” means “per member.”	Confirmed.
85	4.1	20	Please elaborate on the use of the dedicated customer service number. How many calls are received each quarter?	Call statistics/detail are not available. Vendors providing services of similar size and complexity should utilize their book of business.
86	4.1	20	What types of call are fielded through this dedicated customer service number and who is making the calls?	Per Section 4.1 of the RFP, participants, providers and the Board will utilize the customer service number. Call statistics/detail are not available. Vendors providing services of similar size and complexity should utilize their book of business.
87	4.5	23	Does the State of Mississippi have Wellness Ambassadors in place today to assist members and work with the onsite wellness coordinators? If so, how many and where are they located?	Each of the 300 plus employer units are asked to appoint a site champion for their respective worksites (over 1,000). The HWM Vendor’s Wellness Coaches will work with the local site champions to promote health and wellness literacy and events.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
88	NA	NA	Please send us a breakdown of where employees are located within the State. The top 10 largest population locations would be helpful.	Employees are located in all 82 counties in Mississippi. Plan membership generally follows local population clusters of the State.
89	4.5	23	Do members access and use telephonic wellness coaches? If so, what is the utilization and what is the average number of calls per member?	Yes. Utilization statistics are not available.
90	NA	NA	Please send us a copy of the most recent annual report for all of the wellness, DM, weight management, maternity and onsite programs in place today.	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.
91	NA	NA	What is the annual budget in place for 2021 to deploy and deliver these services?	See DFA Response to Question #14.
92	General		What are the metrics for success for the wellness vendor?	Vendors should describe their service capabilities and proposed metrics based on the specifications and requirements of this RFP.
93	General		What are the 2020 initial and sustained engagement results and outcome improvements with your current vendor for the total population?	Vendors should describe their service capabilities and propose their most competitive fees based on the specifications and requirements of this RFP.
94	General		Can you please provide the number of members who are identified as obese? Number of members with pre-diabetes? Number of members with diabetes?	Plan demographics tend to mirror the State's overall demographics. Please refer to national or other regional estimating sources for this statistic.
95	General		From the above health risk and chronic conditions, what is the resulting PMPM spend on MSK, cardiac and diabetes? What are the 2020 ER Visits/1000, the Admits/1000 and the Average Length of Stay?	This information is not available.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
96	5	28	Would the Board be open to alternative pricing arrangements such as performance improvement or engagement based pricing?	Proposer should provide pricing information as requested in the RFP..
97	5.4	28	Regarding Performance Standard 5.4 (disease management), is this metric (90% with 4+ live contacts) in place with your current vendor, and has this proven achievable? What incentives (types/value) are or will be in place to promote such engagement?	Vendors should describe their service capabilities and propose incentives to help satisfy this metric.
98	Fee Schedule for Health and Management Wellness Services	47	Of the 176,000 eligible members for the core health and wellness services, approximately how many are active/retired/cobra employees?	See DFA Response to Question #37.
99	Fee Schedule for Health and Management Wellness Services	47	On Page 47 (Fee Schedule), you make references to Per Participant Per Month (PPPM) fees as the preference, but the table for Core HWM Program fees requests a PMPM (per member per month). In this section (and in the “other services” section), please confirm if you are using the term “participant” interchangeably with “member”? Our assumption is that you are looking for a rate that will be multiplied by the ~176,000 members each month to calculate monthly fees.	The terms “participant” and “member” are synonymous in this context.
100	General	7, 31	On page 7, resumes are references as Section M. Question 17 on page 31 refers attachments to Tab 14. Please clarify where references are required.	Résumés should be submitted as Section 13 of your proposal.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
101	General		Are there differences in which populations will be eligible for different types of services, such as biometrics screenings or coaching?	Core services are to be provided to non-Medicare participants. Biometric screenings are covered at no cost to the participant, under the Plan’s wellness benefits. Coaching services should be available based on enrolled/engaged status of the participant.
102	General		What role do your network provider partners currently play in your Health and Wellness initiatives? How are you working to involve them in changing behaviors and mitigating health risks?	Biometric screenings are covered at no cost to the participant, under the Plan’s wellness benefits when performed by a network PCP.
103	General		Beyond plan design, how are you channeling members into top performing physicians and high value providers?	Not applicable to the services being requested.
104	General		How do you envision members keep track of the handoff between wellbeing to healthcare services, and how do you avoid the member’s confusion with multiple outreaches by your TPA and other vendors?	HWM Vendor should propose services and delivery structure to help ensure efficiency and non-duplication of effort among other Plan vendors and providers
105	General		How does the Board view the role of the State’s covered members to change the overall health of the general population?	The Board’s goal is to secure a vendor with expertise in promoting health and wellness to bring forth proven ideas and strategies.
106	1.2	7	Item m. Section 13—Resumes for Key Staff. Who does the board consider Key Staff for purposes of resumes?	The proposing vendor should submit résumés of those staff members they consider key to their business model for providing services to the Board.
107	4.2	21	Can you please elaborate on what informational materials have historically been used? What print materials are you using today with your population?	The Board has historically utilized a number of approaches in communicating with Plan participants; however, with this RFP the Board is seeking evidenced best practices for engaging and informing

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
				our population.
108	4.2	21	Can you clarify the type of customization to include for language and design? Is there an expectation for multi-language materials, and if so, what languages and what volumes are needed for each?	While English is the standard for Plan communications, HWM Vendors should have the capability to produce communication pieces in other languages if requested/required by the Board.
109	4.2	21	Can you clarify what informational/communication materials have been used with the implementation rollout, so we can plan for associated costs?	HWM Vendors should propose their recommended implementation communication plan, and assume that any and all costs for printing, distributing, etc., will be the responsibility of the HWM Vendor.
110	4.2	21	How frequently are you using direct mailers for the HWM program, and what was is the annual volume of mailers?	See DFA Response to Question #69.
111	4.3	21	Please list all current and future vendors (any known vendors that will be in place during the contract period beyond what's listed in bullets 2-4) that the HWM Vendor would be expected to interface with.	See Section 1.1 of the RFP.
112	4.3	21	Do you have single sign on capabilities in place with your HWM benefits vendors today, and if so, how many? Please list.	No.
113	4.3	21	If there are any additional vendors from what's noted in bullets 2-4, please list each vendor/carrier where there is sharing of data and please list the level of integration with each as well as the file type.	See Section 1.1 of the RFP.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
114	4.3.1	21	Can you please provide the Plan's TPA's existing file format/layout for Eligibility File Transfers?	File layouts are standard and will be provided during implementation.
115	4.3.2	21	Can you please provide the Plan's TPA's existing file layout for Medical Claims and Biometric File? What were Per Month/ Per Year medical claims for the past three years (and trend)?	File layouts are standard and will be provided during implementation.
116	4.3.3	22	Can you please provide the Plan's PBM's existing file layout for Pharmacy Claims Files? What were Per Month/ Per Year pharmacy claims for the past three years (and trend)?	File layouts are standard and will be provided during implementation.
117	4.3.4	22	Can you please provide the Plan's Utilization Management Vendor's existing file layout for participant engagement to support the incentive program?	File layouts are standard and will be provided during implementation.
118	4.2	21	Is Biometric Screening in scope for us to include in our proposal, or does the State have their own vendor? If biometric screenings are to be quoted, how are the biometric screening to be scoped for 2021, ie onsite or at a provider service center, physician form or home kits?	This RFP is not requesting a vendor to provide biometric screening.
119	4.4.2	22	For the requested support of closing care gaps, is the vendor to make the determination of the gaps, or will your TPA make that determination? Does your TPA also make care gap outreaches?	While other Plan vendors may also identify such needs, HWM Vendor will be primarily responsible for determining gaps in care if this optional service is elected. The TPA does not currently make care gap outreaches.

Question #	Section #	Page #	Question	DFA Response
120	4.4.3	22	<p>Can you elaborate on the request for written care alerts?</p> <p>Are you requesting the selected vendor will mail care alerts to each individual?</p> <p>If so, how many members are receiving these written care alerts, and what is the frequency of these mailers?</p> <p>Or are you looking for the digital platform to notify the member of gaps in care?</p> <p>Can you elaborate on the telephonic outreach for acute needs besides medication?</p> <p>Does the PBM outreach for medication interactions and adverse events?</p> <p>If so, can you confirm that the selected vendor will also make the outreach call?</p> <p>What volume of telephonic outreach is done today?</p>	<p>HWM Vendor should propose its best solution for addressing gaps in care needs. The historical frequency, medium, and delivery statistics are not relevant to this RFP, as these metrics are the result of the respective HWM Vendors systems and algorithms. The PBM may also provide gaps in care services if so directed by the Board. The extent and level of services among the Board’s vendors will be discussed with the selected HWM vendor to ensure coordination of effort and non-duplication of services.</p>
121	4.4.4	22	<p>For the quarterly reports, are you looking to track the care gap closure, or is there additional information being requested in the reports regarding the adjusted treatment plan?</p>	<p>HWM Vendors should propose their recommended standard reports, and be receptive to any additional information needs not currently met by same.</p>
122	4.5	22	<p>Can you clarify how the Board expects to design/structure incentives, including the expected activity requirements and the type and amount of rewards? How does the Board plan to balance the use</p>	<p>The Board is seeking input from the HWM Vendors as to best practices for incentivizing engagement and participation. The incentive structure and related strategy is still under development.</p>

Question #	Section #	Page #	Question	DFA Response
			<p>of incentives to encourage participation in completing an activity requirement vs incentive to attain behavior change?</p> <p>Will disease management coaching be part of the activity requirements?</p> <p>Can you please list current engagement levels for all disease management programs, including coaching? How are you communicating disease management programs and coaching to employees today?</p> <p>How does the Board currently connect to the member's specific health and wellness needs, and what are your current and future objectives regarding personalization?</p> <p>What is the type of direct mail used today, ie postcards or other collateral, what is the frequency and volume?</p> <p>Please provide any data about the effectiveness of each outreach method employed.</p> <p>How do you assess the effectiveness of this collateral?</p>	<p>It is anticipated that participation in the various health and wellness programs will play a role in the incentive program.</p> <p>The Wellness Coaches communicate with employer units and participants via on-site wellness events and direct communications.</p> <p>The Board is seeking input from HWM Vendors on best practices for identifying and meeting these needs.</p> <p>See DFA Response to Question # 69.</p> <p>Historical participation in these programs is less than optimal. HVM Vendors should provide responses that are designed to improve engagement and outcomes.</p>
123	4.5.1	23	<p>For the onsite wellness coaches, how many are in place today?</p> <p>What is the qualifications of a coach, ie clinician or other educational training and experience?</p> <p>Is the new vendor to assume responsibility of these</p>	<p>The current HWM Vendor employs the current onsite wellness coaches. The HWM Vendor selected by the Board is responsible for its own employment activities, including recruitment, salaries, qualifications, etc.</p>

Question #	Section #	Page #	Question	DFA Response
			<p>resources, or is the vendor to select new coaches?</p> <p>If we are to take over the existing coaches, can you provide their locations and current salary bands?</p> <p>Can you share the number of unique coaching participants and total number of coaching encounters from the most recent program year? If possible, can you break down participants by program?</p> <p>How many site champions are in place today? What support is provided today for the champions, and what is the frequency of that support?</p> <p>For the request to fund raffles and other giveaways, what type of raffle funding level is being requested, and what type of giveaways and volume should be anticipated?</p>	<p>The Board is seeking input from the HWM Vendors as to best practices for incentivizing engagement and participation.</p> <p>Please see Section 4.5.1 of the RFP related to Wellness Coaches.</p> <p>The Board is seeking input from the HWM Vendors as to best practices for incentivizing engagement and participation.</p>
124	4.5.2	23	How many different benefits vendor apps are currently required for your members to manage their benefits and wellness?	While none are “required”, participants have access to apps through the TPA, the PBM, and the HWM Vendor.
125	4.5.2.b.ix	25	Please provide number of direct mailers annually for all programs in 2019 and 2020	See DFA Response to Question #69.
126	4.8.2	26	Can you please provide the number of direct educational mailings for this section?	See DFA Response to Question #69.
127	5.2	28	For tobacco, what is the current Quit Rate for participants are 6 months? Are there incentives deployed to have program completion?	N/A – Coaching and nicotine replacement is provided at no cost to the participant.

Question #	Section #	Page #	Question	DFA Response
128	5.3	28	For weight management, what is the BMI improvement being attained today? Are there incentives deployed to have program completion?	N/A - Coaching is provided at no cost to the participant.
129	5.4	28	Can you clarify if the Plan participant is defined as someone covered within the medical plan or as participating in the DM plan?	There is no DM plan per se. Disease management services are available to qualifying Plan members meeting specific medical criteria.
130	General		Approximately how many customer service calls has the program generated annually? Any comments on the distribution of these calls would also be helpful for analysis purposes.	N/A – HWM Vendor providing services of a similar size and complexity to the Plan should refer to its own book of business and service model.
131			The proposal requirements list a that Offerors must have provided services to services to at least one (1) employer client with at least one hundred thousand (100,000) covered lives within the last 3 years. Our largest employer client is 65,000 covered lives, but we feel that we are very experienced servicing large populations from our work with large Medicaid populations and employer groups. Would you be willing to reconsidering 100,000 covered live requirements based on our experience servicing other large entities?	The RFP seeks proposals from vendors who must have provided health and wellness management services to at least 1 employer client with <b><u>at least 100,000 covered lives</u></b> within the past 3 years. [Emphasis added]
132	4.2	21	Can you provide information related to the types, quantities and frequency of communications printed, distributed and mailed to the home the state has historically required each program year?	See DFA Response to Question #69.
133	4.3	21	Can you provide a sample eligibility file layout the State wishes to use?	File layouts are standard and will be provided during implementation.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
134	4.3	21-22	Can you provide sample claims file layout for both medical and Rx?	File layouts are standard and will be provided during implementation.
135	4.6, 4.7, 4.8, 4.9	25-26	For Tobacco, Weight, Disease Management and Maternity programming, can you share historical engagement/enrollment is each of these programs?	Data requested is not available.
136	Fee Schedule	47	For the tobacco, weight, disease management fees, are you amenable to a flat PPPY fee model vs. a case rate or even a milestone or performance-based model?	Proposer should provide pricing information as requested in the RFP.
137	Fee Schedule	47	For the Core HWM Program PMPM fee, can you provide a breakdown of each: <ul style="list-style-type: none"> <li>- Total plan subscribers (employees)</li> <li>- cobra, non-medicare retirees</li> <li>- adult/spouse dependents</li> <li>- &lt;18 dependents</li> </ul>	See DFA Response to Question #37.
138	4.2 Communications	21	What percent of the population has email? Will the State provide emails for communications purposes?	See DFA Response to Question #76.
139	4.2 - Communications	21	Is the State amenable to carving out print/fulfillment costs (hard costs) from the PMPM CORE fees?	Proposer should provide pricing information as requested in the RFP.
140	4.2 - Communications	21	Can you provide zipcodes and number of locations we will need to send supplemental communication materials to?	This information will be provided to the selected HWM Vendor. Participants reside in every county in the State, as well as a small number in neighboring states/throughout the country.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
141	Section 8.3 HRA -	39	Can you provide estimated volume for each paper and phone-based Health Assessment completions annually?	HWM Vendor providing services of similar size and complexity to the Plan should use its book of business and service model estimates.
142	Section 8.3 – Incentives	39	Does the State offer any monetary incentives today? If so, can you describe type, amount and how it is administered? Are you open to a device subsidy?	A financial incentive program is not currently in place. HWM Vendors should propose best practices and recommended strategies for improving engagement/outcomes.
143	Section 4 – wellness coaching	25	We understand the requirement for onsite coaching/program coordination. In addition to the optional DM coaching program included in the bid, does the State wish to offer telephonic lifestyle management coaching as part of the core program? If yes, is this part of the Core HWM program today? Can the State provide current utilization rates for the telephonic lifestyle management coaching?	Required HWM services are identified within the RFP. Lifestyle management coaching is not identified as a required service, but, may be addressed in the HWM Vendor’s response if a component of the health and wellness service model.
144	Section 3 – Minimum Requirements	19	Can the State please provide details related to the bond as to what triggers collection?	Section 3, item #5 of the RFP provides information related to the performance bond/escrow account.
145	Section 3 – Minimum Requirements	19	Do you have an outline of parameters for measuring milestone and completion of the successful implementation?	Per Section 3 of the RFP. The Board and the selected HWM Vendor will work cooperatively to develop a document with implementation milestones and corresponding deliverable dates.
146	Section 3 – Minimum Requirements	19	Are there stipulations or concessions related to circumstances where the issue is not a default by the awarded vendor (e.g., third party, delays by the state)	See DFA Response to Question #145.

Question #	Section #	Page #	Question	DFA Response
147	Section 3 – Minimum Requirements	19	What is the time period for determination of a successful launch and release of the bond?	See DFA Response to Question #145.
148	4.3	21	Can you please provide a sample of the TPA’s biometric file layout?	File layouts will be provided during implementation.
149	4.3	22	Can you please provide a sample of the incentives file layout from the utilization management vendor?	These do not currently exist; however, they will be developed with the selected vendor.
150	1.2	7	<p>Could you please confirm that the entire RFP response is to be submitted via Segal’s Secure File Transfer?</p> <p>Section 1.2 indicates that proposals shall be submitted via Segal’s Secure File Transfer (SFT) system. Page 14, in the section entitled “Compliance Phase” item 3.a indicates that the proposal is to be submitted on flash drive or compact disc.</p>	Confirmed. All proposals shall be submitted via Segal’s Secure File Transfer (SFT) system.
151	4.5	23	Can you share what percentage of the population uses the personal health record?	Participation is very low.
152	4.8	25	Can you share some of the outcomes data from your current Disease Management program?	N/A
153	1.2 (Proposal Submission Requirements )	8-9	As it relates to the stated requirements that proposers submit one electronic copy and one "blinded/redacted" electronic copy of our proposal, can you clarify? If we are not including any confidential and/or proprietary information in our primary proposal, are we still required to include a	Responding vendors are to submit 3 versions of their proposal, as stated in Section 1.2, Proposal Submission Requirements: 1. One electronic copy of the complete proposal, 2. One blind electronic copy of the complete proposal, and 3. one redacted copy of the proposal. The “blind” copy of the proposal shall not contain any

Question #	Section #	Page #	Question	DFA Response
			"blinded/redacted" copy of our proposal?	<p>vendor identifying information. "Vendor-identifying information includes but is not be limited to, any prior, current and future names or addresses of the vendor, any names of incumbent staff, any prior, current and future logos, watermarks, and company colors, any information, which identifies the vendor as an incumbent, and any other information, which would affect the blind evaluation of technical or cost factors. The "blind" copy shall <i>not</i> include information from Section 9, Fee Schedule or any other pricing information or Section 13, Résumés for Key Staff. This requirement is necessary to help ensure the anonymity of the Offerors from the evaluation team that will review the aforementioned sections of your proposal. The "blind" copy should be provided in a searchable Microsoft Office® format, preferably in Word®. <b>Blind proposals containing vendor-identifying information may be disqualified. The "redacted" copy shall be "used/released for any reason deemed necessary by DFA, including but not limited to, submission to the PPRB, posting to the Transparency Mississippi website, etc."</b> <b><u>"If a redacted copy is not submitted, DFA shall consider the entire Proposal to be public record."</u></b></p>
154	2.8 (Proposal Evaluation)	14	<p>Item #3a. under "Compliance Phase" states that an electronic copy should be submitted "on flash drive or compact disc." However, Section 1.2 on page 7 states, "Proposals shall be submitted via Segal's Secure File Transfer (SFT) system." Please clarify whether you require a flash drive or compact disc as part of our submission, and if so, how many.</p>	<p>All proposals shall be submitted via Segal's Secure File Transfer (SFT) system.</p>

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
155	4.3 (Scope of Services)	22	Please provide your third-party administrator's file specifications (unique identifier, etc.), as we understand that the selected vendor would use these file formats.	File layouts are standard and will be provided during implementation.
156	4.3.1 (Scope of Services)	22	Regarding data file maintenance, does the State have a historical estimate of the number of required files per category (eligibility, pharmacy, medical) that you can share?	Please refer to the Scope of Services 4.3 for the frequency of the file transfers.
157	4.5.1 (Scope of Services)	24	Item 4.5.1 (Wellness Coaches) in the Scope of Services section requests a minimum of four wellness coaches located in Mississippi. The RFP indicates that the State is looking for tobacco, disease management and weight management coaching. Will tobacco, disease and weight management coaching be provided by the onsite wellness coaches, or will these types of coaching be performed strictly by telephonic wellness coaches?	Tobacco, disease and weight management coaching may be provided by telephonic wellness coaches, as well as by the onsite wellness coaches
158	9 (Fee Schedule)	46	Is submitting a separate pricing proposal, in addition to Section 9, Fee Schedule, encouraged or discouraged?	Proposer should provide pricing information as requested in the RFP.
159	Introduction/ Signed Proposal Cover Letter, Proposal Cover Sheet (Appendix A), Sections 9,	53-54	Will the State accept an electronic signature for these documents, or do you require a wet signature?	Electronic signature will suffice.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
	10, 11, 12			
160	9	45	Is there an annual cap associated with the fee schedule and PPPM?	No.
161	3	18	What is considered sufficient detail as it relates to working with clients of the same size and scope as the plan?	If the Board is unable to determine that the HWM Vendor has the prerequisite experience, the proposal may be disqualified.
162	3-1	18	Are we required to list every client we currently do business with in 1 a-b-c-d?	No. The HWM Vendor should provide one (or more, at the proposer's discretion) clients that demonstrate the required experience, size, longevity, etc., requested.
163	3-2	18	Can a single entity with multiple divisions make up the required number of lives?	The Board will evaluate the HWM Vendor's response to these questions and advise if the requirement is not met, or if additional information/clarification is needed.
164	4	23	Do the wellness coaches have to be our employees or can they be contracted gym owners with certified credentials?	Per the RFP, the HWM Vendor's wellness coaches must be dedicated and exclusive to coordinating and promoting health and wellness programs for the Plan. As such, the use of contracted gym owners would not appear to comply with this requirement.
165	5	28	Optional items ex: tobacco cessation are not required to win this contract, correct?	Correct.
166	3	18	3-1 if the required lives were not established by July 1 2020 is this a disqualifying event?	Correct.

<b>Question #</b>	<b>Section #</b>	<b>Page #</b>	<b>Question</b>	<b>DFA Response</b>
167	4.5	23	Can you further explain what ad hoc reporting might be inclusive of from a reporting perspective?	See DFA Response to Question #39.
168	4.10	26	Can you elaborate on your expectations of the onsite health coach? As in how much time needs to be dedicated to onsite support and what shift/hours you expect.	The Board will discuss with the selected HWM Vendor the specific expectations for the on-site wellness coaches, including deployment, goals, access, etc.
169	4.10	26	Are expectations the same given Covid and social distancing put into place situations?	Any necessary variations to the agreed-upon service model due to the COVID-19 pandemic will be discussed with selected HWM Vendor.
170	4.7	25	What is the BMI threshold set by the board?	The current threshold for participating the in the Weight Management Program is a BMI of 30 or greater.
171	4.7	26	What are the requirements of your maternity program?	HWM Vendors should review the current Plan Document and propose based on their specific recommended models.

**Receipt of Amendment Number 1 Acknowledged:**

Company: \_\_\_\_\_

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_