

**REQUEST FOR QUALIFICATIONS
FOR
WELLNESS PROGRAM ADMINISTRATOR**

**Issued by the
The Municipal Reinsurance Health Insurance Fund**

**Date Issued:
May 18, 2010**

**Responses Due by:
June 8, 2010**

**REQUEST FOR QUALIFICATIONS (RFQ)
FOR
WELLNESS PROGRAM ADMINISTRATOR**

I. PURPOSE AND INTENT

Through this Request for Qualifications (RFQ), the Municipal Reinsurance Health Insurance Fund (hereinafter the “Fund”) seeks to engage a vendor as Wellness Program Administrator for the period commencing July 1, 2010 through December 31, 2012. This contract will be awarded as an extraordinary, unspecifiable service contract pursuant to NJSA 40A:11-1 et seq.

II. PROPOSAL SUBMISSION

Submit (a) one original paper copy, clearly marked as the “ORIGINAL” plus an electronic copy on CD or disk in Word format. The proposal must be addressed to:

John Whitley, Account Manager
Municipal Reinsurance Health Insurance Fund
250 Pehle Avenue
Saddle Brook, New Jersey 07663

The proposal must be received by June 8, 2010 at 2:00 p.m.

Faxed proposals will NOT be accepted.

Any inquiry concerning this RFQ should be directed in writing to Mr. Whitley at johnw@permainc.com.

All documents/information submitted in response to this solicitation shall be available to the general public as required by the New Jersey Open Public Records Act N.J.S.A. 47:1A-1 et seq. The Fund will not be responsible for any costs associated with the oral or written and/or presentation of the proposals. The Fund reserves the right to reject any and all proposals, with or without cause, and waive any irregularities or informalities in the proposals. The Fund further reserves the right to make such investigations as it deems necessary as to the qualifications of any and all vendors submitting proposals. In the event that all proposals are rejected, the Fund reserves the right to re-solicit proposals.

III. GENERAL INFORMATION ON THE FUNCTIONS OF THE FUND

The Fund is organized pursuant to NJSA 40A: 10-36 to provide reinsurance and joint purchasing of services for its member health insurance funds. The Fund is controlled by

Board of Fund Commissioners that meet quarterly. The Fund is regulated by the NJ Department of Banking and Insurance and the NJ Department of Community affairs. The Fund and its member entities have enrollment of 12,000 employees, or over 25,000 covered lives. Claims agents used by the Funds include Aetna, United Healthcare, Qualcare, Express Scripts, Amerihealth, and Delta Dental.

VI. MANDATORY CONTENTS OF PROPOSAL

In its proposal, the firm must include the following:

- 1) Contact Information: Provide the name and address of the firm, the name, telephone number, fax number, and e-mail address of the individual responsible for the preparation of the proposal.
- 2) An executive summary of not more than three pages identifying and substantiating why the vendor is best qualified to provide the requested services.
- 4) A staffing plan listing those persons who will be assigned to the engagement if the vendor is selected, including the designation of the person who would be the vendor's officer responsible for all services required under the engagement. This portion of the proposal should include the relevant resume information for the individuals who will be assigned. This information should include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the vendor.
- 5) A description of the vendor's experience in performing services of the type described in this RFQ. Specifically identify client size and specific examples of similarities with the scope of services required under this RFQ.
- 6) A description of resources of the vendor (i.e., background, location, experience, staff resources, financial resources, other resources, etc.).
- 7) The location of the office, if other than the vendor's main office, at which the vendor proposes to perform services required under this RFQ. Describe your presence in New Jersey. Specifically, the vendor must state in its proposal whether or not the vendor is registered as a business enterprise with the New Jersey Commerce and Economic Growth Commission New Jersey's Set-Aside Program.
- 8) Provide references including the contact names, titles and phone numbers.
- 9) In its proposal, the vendor must identify any existing or potential conflicts of interest, and disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Fund.
- 10) The vendor must answer each of the questions posed in Exhibit A – Questionnaire.

VII. INTERVIEW

The Fund reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Fund reserves the right to request clarifying information subsequent to submission of the proposal.

VIII. SELECTION PROCESS

All proposals will be reviewed to determine responsiveness. Non-responsive proposals will be rejected without evaluation. For vendors that satisfy the minimum requirements, the Fund will evaluate proposals based on the following evaluation criteria and weighting:

- a. Organizational Management, Stability and Ownership (10%)
- b. Expertise in Health and Wellness Coaching and Program Management (30%)
- c. Ability to comply with the required standards of the RFQ (30%)
- d. Experience in dealing with governmental client business in the area of health and wellness (25%)
- e. Results collected from provided references (5%)

IX. SELECTION CRITERIA AND CONTRACT

The Fund will select the vendor deemed most advantageous to the Fund, price and other factors considered. The contract between the Fund and the selected vendor(s) shall be comprised the standard form of contract issued by the Fund, this RFQ, any clarifications or addenda thereto, the selected vendor's proposal, any changes negotiated by the parties, and pricing to be negotiated by the parties after the RFQ process is complete.

Exhibit A

Municipal Reinsurance Health Insurance Fund

Request for Qualifications for Wellness Program Administrator

Questionnaire

Applicant vendors must respond to each of the following questions:

Organization Information

1. Where is your organization headquartered?
2. Where are the principal offices of the department that would deliver health and wellness services to the Fund? Where do you have other offices?
3. How long has your organization been in business?
4. How long has your organization been providing health promotion and wellness related services?
5. What is the ownership structure of your organization?
6. How many employees does your company have overall?
7. Please indicate the number of health promotion and wellness clients you have

100 – 500 Employees:	_____
500 – 1,000 Employees:	_____
1,000 – 3,000 Employees:	_____
3,000 – 5,000 Employees:	_____
5,000 – 10,000 Employees:	_____
10,000 + Employees:	_____
8. Please provide 5 references of current clients that have 1,000 or more employees for whom you provide full service health promotion and wellness services. This should include the client’ name, contact person, and their phone and email
9. Please describe the type of professional insurance does your company maintain? Please provide a copy of your professional liability certificate. Also, please confirm that you shall minimally comply with maintaining the following levels of professional

insurance. Note "Service Provider" refers to the bidder for purposes of this questionnaire:

The Service Provider shall provide, at its own cost and expense, proof of the following insurance:

- A. Workers' Compensation: Statutory - in compliance with the compensation laws of the State of New Jersey.
- B. General Liability: Minimum limit of liability, per occurrence, for bodily injury of \$1,000,000/\$2,000,000 CSL for bodily injury, property damage, and personal injury.
- C. Automobile Liability: \$1,000,000 covering all owned/non-owned, and hired automobiles.
- D. Professional Liability Insurance: A minimum limit of liability of \$1,000,000/\$1,000,000 aggregate.

Failure by the Service Provider to supply such written evidence shall result in default. It is required that the Fund and each member Fund or entity be named that selects the Service Provider as an "additional named insured" on any certificate of insurance.

The insurance companies for the above coverages must be licensed, solvent, and acceptable to the Fund. Service Provider shall not take any action to cancel or materially change any of the above insurance required under this Agreement without Fund approval. Maintenance of insurance under this section shall not relieve Service Provider of any liability greater than the insurance coverage.

10. Please confirm that your company has or will obtain a New Jersey Business Registration Certificate.
11. Please confirm that you understand that Health Insurance Funds (HIFs), pursuant to NJSA 40A:36-10, are public entities under the laws of the State of NJ and that your company shall be obligated to comply with all such laws and regulations that apply to HIFs in the event your revives are retained. Please describe any limitations you may have in this regard, if any.
12. Has your organization had any matters of litigation that have been decided against you in the past 5 years? If so, please explain.
13. With respect to HIPAA and Data Security, has your organization had any data or security breaches in the last 3-5 years? If so, please describe and include how the matter was resolved and corrected

14. Please describe your organization's current Data Breach Plan and you Disaster Recovery Plan.

15. Does your organization have a SAS-70 certification? If not, please describe your process for measuring and evaluating processes and controls over your business.

Products and Services

16. Please check off the primary services you firm has the capacity to provide. Please indicate whether you provide the services or if you subcontract for the services:

	Web Portal Services	On Site Coaching	Telephonic Coaching	Bio Metric Screenings
Service Provided				

Wellness Portal

17. Does your organization have a fully functional web site that may be private labeled for the client and that can host a fully integrated health and wellness plan?

18. Does your organization offer a validated, on-line health risk assessment tool that can be used throughout the health and wellness continuum? Please explain.

19. Does your organization have evidence based on line self help tools/library and services via the World Wide Web that can be used in support of a health and wellness plan? I.e. BMI calculators, Daily Health News Articles, Health chat, Self-Study Web Courses, Symptom checker, etc. Please explain.

20. Does your organization offer Educational Videos available on the Wellness portal?

21. Does your organization have the ability to offer an on line personal health record so that the participant can track and store in a single place their personal medical data for easy access? Please explain.

22. Does your organization have the ability to interface with other vendors (non TPA type vendors) as many are necessary to leverage and communicate external elements of the plans in place? Please explain.

Biometric Screenings

23. Does your organization have the capacity to coordinate on site bio-metric screenings across major profile areas, including blood and other non invasive screenings? Do the screenings minimally include blood pressure, cholesterol levels, Body Mass Index, flu shots, pulmonary function and PSA blood screening?

Can you provide assistance in promoting, coordinating and running the health fairs? At the individual entities of the Fund?

24. Can your organization provide mail-home biometric screening kits?

25. Is your organization, or preferred partner that performs the biometric screenings, licensed to do mobile screenings in New Jersey, New York, Pennsylvania, Delaware and surrounding areas? If not, will your organization or preferred partner get licensed to do mobile screenings in the mentioned areas?

Wellness Program Communication

26. Does your organization have the ability to assist with and manage the design and execution of detailed communication plans in support of the programs in place? Does this include print and web based media, email and other forms of communication that could be customizable.

27. Please describe the communication materials that are normally included in your wellness programs. Are communication materials available to promote the program initially and followed by program reminders?

Wellness Coaching Program

28. Can your organization provide robust in-bound and out-bound telephonic wellness coaching across the complete spectrum of chronic disease categories? This should include but not be limited to: Asthma, diabetes, cardiac conditions, obesity and nutrition, cancer care, wound care, depression, chemical dependency issues, muscular-skeletal/orthopedic issues and all wellness areas

29. If so, what are the qualifications and credentials of your coaches?

30. How do you train your coaches? Both initial and on going.

31. What on line medical support tools do the coaches use in counseling members?

32. Do you record all calls and what level of quality review is performed on the coaches?

33. Are the coaching services available to employees at all risk levels? This should range from coaching the low risk employees on how to stay healthy to coaching the high risk employees how to improve their health.
34. Can an employee pick their own coach? How are they assigned? Can an employee change their coach?
35. Do you provide access to a toll-free call center to access the coaches, including access to an assigned coach? What are the days and hours of operation?
36. Is online health coaching available if the employee does not want to utilize the telephonic coaching?
37. Does your organization have the capacity to provide on site coaching as may be necessary in support of a telephonic plan? This may include access to appropriately trained medical/clinical staff to support an on site plan that would include but not be limited to private one-on-one coaching. If so, please explain.

On-Site Wellness Services

38. Does your organization offer the option to start and manage an On-Site Clinician, Wellness or Primary Care Center? If so, please describe including whether this is managed by you or via a subcontractor.
39. Does your organization have the capability to set up and manage an On-Site Fitness Center? If so, please describe including whether this is managed by you or via a subcontractor.
40. Does your organization provide On-Site Health Education seminars?

Wellness Program Customization

41. Does your organization offer flexible and client specific type plans? Can you host and help support unique plans and features that a client may need to address due to their unique plan requirements. This may include the capacity to host via the web unique branding and the support of special programs and messaging. Please confirm and explain.
42. Can clients customize the program you offer so that they may choose to offer, and on the contrary, not offer, certain aspects of the program? For example, some client groups may already offer a smoking cessation program and would not like to duplicate the program. Please explain.
43. Can your organization link to and support disease management plans that the client may have set up with external vendors?

Additional Program Information

44. Please demonstrate that your organization has properly documented an auditable quality management and assurance plans, a peer review program and HIPAA compliant operations.
45. Does your organization provide a dedicated toll-free number to provide service to the client should they need it?
46. Does your company outsource any products and/or services? If so, what products/services are outsourced?
47. Can your organization offer the products and services on a tiered level basis? For example, can your services be purchased on an unbundled basis or does one need to select all services?
48. What type of member incentive programs, if any, are available through your organization? Can you host special plans like a “Biggest Loser Plan”?

Reporting and ROI

49. What reporting capabilities does your organization have? Please list and explain the type of reports that are available? Are they available on-demand? Are there ad-hoc reporting capabilities?
50. Are the reports customizable and able to track the unique features of a client’s health and wellness plans?
51. Can your organization retrieve claims, enrollment and other data from the client’s other vendors, namely the medical and pharmacy vendor? If so, how often do you require such data?
52. For client using your intensive coaching services do you provide guarantees on ROI?
53. Regarding your ROI process, please provide the methodology you use to measure ROI?
54. Do you use a control group for measurements or base the ROI in the entire population?
55. Are program costs included in your ROI calculation?

Implementation

56. Please describe your typical new client implementation and the information that will need to be collected from the client groups to implement the Health and Wellness Program.
57. How long does the typical implementation process take?
58. How does your organization receive and track eligibility?
59. Does your organization have a designated team to implement the program?
60. Is an assigned account executive assigned to the account to manage the relationship on an on going basis?
61. Please describe the methods that are proposed to assure that services are provided only to enrollees in the Funds. What are your capabilities and proposals for receiving eligibility files from the Funds or from their carriers?

Pricing

62. The selected vendor will need to agree upon a mutually agreeable fee schedule for transparent pricing that shall be preferably charged on a per participant monthly basis and ala-carte for add on services like on site coaching and bio-metric screening. Please confirm you can work within such parameters.