## ADDENDUM NO. II

**DATE:** February 24, 2021

**TO:** All Potential Proposers

FROM: James McKeehan, Assistant Purchasing Agent, City of Knoxville

**SUBJECT:** Addendum No. II to RFP Wellness Portal

**PROPOSALS TO BE OPENED**: March 12, 2021 at 11:00 AM (Eastern Time)

This addendum is being published to provide clarification regarding the above referenced RFP. This addendum becomes a part of the contract documents and modifies the original specifications as follows:

## <u>Items for Clarification:</u>

- 1. Please provide a breakdown of the number of eligible participants by the following categories:
  - Active employees
  - Retirees
  - Spouses/domestic partners/dependents (16+ years of age) of active employees
  - Spouses/domestic partners/dependents (16+ years of age) of retirees

Total eligible participants are any employees and spouses/domestic partners participating in the BlueCross BlueShield Medical plan, not including children. Not all employees choose to participate in the wellness program. The City currently has approximately 70% participation. Please see the included report showing the demographic breakdown of participants. There are a total of 1,394 employees and 596 spouses including retirees and their spouses.

2. Please provide additional details related to the requirement that the portal must be "Accessible by the employee, employer, and the disease management educators who are employed by our onsite clinic provider." What kind of accessibility is needed? For what purpose?

Each participant requires their own login. The employer requires an admin login to update the site, view participants, see who is completing requirements, etc. Premise Health wellness coaches also require an admin login to verify that participants are completing requirements.

3. May we provide a table of exceptions for any contract terms for which we would like to suggest further discussion?

Please include any and all exceptions to the contract requirements contained in the Request for Proposals in your proposal for consideration by the City.

4. How many demo accounts would you like us to provide?

Please provide at minimum one employee view, and one employer/admin view demo account.

5. Please provide additional details regarding the use of third-parties to verify performance measures. What does the City envision?

Either the Benefits Consultant or a combination of the consultant/clinic will verify that the contractor is meeting any guarantees promised.

6. Please provide additional detail to support the following request, "Include whether you score biometric data given your criteria and produce a wellness score for the 1/1/2022 plan year and/ or what your implementation plan would be." We're not clear as to what the City is requesting.

Do you, as a vendor, have set criteria to determine a wellness score from uploaded biometrics and do you have a health questionnaire within your portal or are you able to use biometric data/health questionnaire from another vendor to create a score? If you do have a questionnaire, do you have the ability to combine outside biometric data with your questionnaire to develop a wellness score? What specific components make up your wellness score? i.e.: questions from the questionnaire are 20% while biometrics are 80%--of which 20% is A1c, 20% is BMI, 20% is Cholesterol, 20% is blood pressure, 20% is \_\_\_\_\_.

7. What would you characterize as the City's 3 primary wellness program goals?

The City's primary wellness goals are to increase meaningful engagement by providing programming and content that allows individuals to actively engage at their comfort level with the intent to make positive change. To meet our population where they are and to readily have resources available when behavior change is initiated.

8. Would the City entertain an alternate rewards design?

The City is open to know what is available and if there is a possibility to integrate your reward design into the City's current incentive design.

9. Submission Form S-1 only mentions a hard copy option for proposal submission, while Section 7.2 mentions both an online option and hard copy option. Please confirm if online submission through the vendor registration page is an acceptable option for submission.

Online Electronic Submissions will be accepted through the Bid Page (www.knoxvilletn.gov/bids)

10. Due to policies developed as a result of COVID-19, Virgin Pulse employees are not currently working in business offices, making notary signatures difficult to complete. Would the City allow for signature of forms without a Notary?

Due to COVID restrictions notarized submission forms are not required as part of the proposal, however any winning firm must be able to produce notarized copies of all submission forms prior to a contract being awarded.

11. In addition to S-2, Questionnaire, is the City expecting any additional content that should be in the Body of the Proposal?

Any additional content the Proposer believes to be relevant may be included for consideration.

12. Regarding our financial proposal, there may be some instances in which a PPPM or PPPY may be more advantageous to the City than a PEPM pricing model. When that is the case, may we propose Per Participant vs. PEPM?

Alternative pricing models may be submitted for evaluation. The City reserves the right to select the model that presents the best possible price.

13. For proposal preparation, do you want us to answer these questions in the narrative section of our Form S-2 response OR add to the fee schedule spreadsheet, Form S-3. We are often asked to separate all cost-related information from the narrative and want to make sure we meet the City's wishes in this regard.

Both submission forms S-2 and S-3 should be completed in their entirety.

14. We previously asked if the City is willing to consider an alternate program/reward design. If the answer is **yes or no** what outcomes of the current design are most important to and valued by the City?

The City's primary wellness goals are to increase meaningful engagement by providing programming and content that allows individuals to actively engage at their comfort level with the intent to make positive change. To meet our population where they are and to readily have resources available when behavior change is initiated. Alternative programs or designs may be submitted for evaluation.



of Tennessee Date: 02-24-2021

## **Demographic Breakdown of Members**

## **City of Knoxville**

Current Period: 02/01/2018 through 02/28/2018

Age Range	MALE				FEMALE					
	EMPLOYEE	SPOUSE	CHILD	OTHER	TOTAL	EMPLOYEE	SPOUSE	CHILD	OTHER	TOTAL
< THAN 01	0	0	16	0	16	0	0	15	0	15
01 - 06	0	0	117	0	117	0	0	111	0	111
07 - 19	3	0	311	0	314	0	0	299	0	299
20 - 35	280	10	122	0	412	59	137	95	0	291
36 - 45	252	17	0	0	269	60	146	0	0	206
46 - 55	317	23	0	0	340	96	141	0	0	237
56 - 64	190	25	0	0	215	92	75	0	0	167
65 AND >	27	11	0	0	38	18	11	0	0	29
Total	1,069	86	566	0	1,721	325	510	520	0	1,355

Age Range	Grand Totals					Percent of Total Employees	Percent of Total Members	Benchmark % Employees	Benchmark % Members
	EMPLOYEE	SPOUSE	CHILD	OTHER	TOTAL	Linployees	Mellibers	Lilipioyees	Members
< THAN 01	0	0	31	0	31	0.0 %	1.0 %	0.0 %	0.1 %
01 - 06	0	0	228	0	228	0.0 %	7.4 %	0.0 %	5.8 %
07 - 19	3	0	610	0	613	0.1 %	19.9 %	0.0 %	16.8 %
20 - 35	339	147	217	0	703	24.4 %	22.9 %	26.7 %	24.8 %
36 - 45	312	163	0	0	475	22.4 %	15.4 %	22.5 %	15.8 %
46 - 55	413	164	0	0	577	29.3 %	18.7 %	24.6 %	17.4 %
56 - 64	282	100	0	0	382	20.2 %	12.4 %	21.5 %	15.0 %
65 AND >	45	22	0	0	67	3.5 %	2.3 %	4.8 %	4.3 %
Total	1,394	596	1,086	0	3,076	100.0 %	100.0 %	100.0 %	100.0 %

Type of Member	Average Age
EMPLOYEE	46.5
SPOUSE	45.6
CHILD	13.5
TOTAL	34.7

Bench Avera	ımark ge Age
	45.0
	47.0
	13.0
	42.2

Type of Contract	Number of Contracts	% of Total Contracts	Benchmark % of Total Contracts
EMPLOYEE ONLY	641	46.0 %	55.8 %
EMPLOYEE & SPOUSE	194	13.9 %	13.2 %
EMPLOYEE & CHILDREN	157	11.3 %	11.6 %
FAMILY	402	28.8 %	19.5 %
OTHER	0	0.0 %	0.0 %
TOTAL	1,394	100.0 %	100.0 %

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Report Parameters				
Parameter	Parameter Selected Value			
Medical Group(s):	p(s): 111174 - City of Knoxville			
Medical Subgroup(s):	No Filter Selected			
Medical Plan ID(s):	No Filter Selected			
Medical Department(s):	No Filter Selected			
Begin Date:	02/01/2018			
End Date:	02/28/2018			
Prior Period:	No			
Parent:	43457			

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Group Parent No: 43457 Group(s): 111174

