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Date: May 17, 2016

To: All RFP ETG0005 Proposers

RE: **ADDENDUM No. 1**
Request for Proposal (RFP) ETG0005
Third Party Administration of Wellness and Disease Management Programs

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Acknowledgement of receipt of this Addendum No. 1:

Proposers must acknowledge receipt of this Addendum No. 1 by providing the required information in the box below and including this page 1 in Proposer's Proposal.

Proposer's Company Name:
Authorized Printed Name:
Authorized Signature:
Date

Please note the following updates to RFP ETG0005:

1. **ADD** the following bullet to Page 15 of the RFP, Section 2.4 to the right of TAB 1 directly proceeding "Provide the following in the following order:"
    - Page 1 of ADDENDUM No. 1: Sign Page 1 of Addendum No. 1, complete, and sign.

2. **NOTE:** the Word document named Attachment E - Subcontractor Information, located on the ETF Extranet should, within the Attachment, have the title/header "Attachment E," not Attachment D. The Word document that was posted on VendorNet was titled correctly.

3. **REMOVE** the Microsoft Excel file labeled "*Attachment C – Cost Proposal*" and **REPLACE** with the Microsoft Excel file labeled "*Attachment C – Cost Proposal – ADDENDUM No. 1*."

4. **ADD** Appendix 8 – 2015 Onsite Biometric Screening Events. (8 pages)

5. **ADD** Appendix 9 – Standard Claims Extract. (22 pages)

6. **ADD** Appendix 10 – Wisconsin Administrative Code INS 18.03. (4 pages)

7. **ADD** the following answers from ETF to questions submitted by Proposers:

No.	RFP Section	RFP Page	Question / Answer
Q1	1.2.1	4	How would a PMPM calculation work? Does this RFP consider all members that are in the Enrollment Data to be included? Can we have a better estimate on headcount… I.e. do we calculate based on "Subscribers" or on "Members" or on both?
A1			Per Attachments C-1 and C-2, the cost is calculated using a cost per Employee per month (PEPM); the headcounts that Proposers' costs must be based on are already entered into Attachment C-2.
Q2	1.2.1	3	Can you please provide a breakdown of the number of eligible dependents that are under 18 years old versus 18+? In other words, of the 135,742 dependents, how many are under age 18?
A2			The data in Appendix 1 State of Wisconsin Enrollment Data has this breakdown for enrollment. The enrolled spouse/domestic partner is eligible for the Well Wisconsin incentive. Other enrolled dependents, regardless of age, are not eligible.
Q3	1.2.1	4	Can you confirm the eligible population is 246,311 for the wellness and disease management program?
A3			The data in Appendix 1 State of Wisconsin Enrollment Data represents all enrollment in GHIP/WPE programs. In 2015, approximately 200,000 individuals were eligible for the Well Wisconsin incentive. Currently the State does not have a disease management program.
Q4	1.2.1	4	Can you share the name and contact information from Segal that is over this project for ETF?
A4			No.
Q5	1.2	3	Section 1.2 indicates that ETF administers programs for 570K employees and annuitants, while Table 1 (page 4) indicates 357,880 subscribers and members with health insurance. Does the >200K delta represent employees and annuitants who do not receive health insurance from ETF?

A5			570,000 represents the total number of employees and annuitants participating in the five (retirement, health, life, disability, and long-term care) ETF-administered programs listed in Section 1.2. Per Table 1, in Section 1.2.1, 110,569 employees, annuitants, continuants and graduate assistants are participating in GHIP/WPE programs and total number covered lives in GHIP/WPE programs is 246,311.
Q6	1.2.2	5	What is the level of satisfaction with OptumHealth's screening solution?
A6			Having onsite biometrics provided by a single vendor has been well received by the employer groups hosting events and has improved the process and experience for Participants.
Q7	1.2.2	5	Do the OptumHealth screenings currently measure both A1c and Glucose? If so, why are both tests utilized?
A7			The current onsite biometrics are only collecting glucose, not A1c.
Q8	1.2.2	5	Please provide a list of the current screening sites and the participant count at each. If a list is not available, please provide an overview (e.g. # sites with 20 - 50 participants, 50 - 100 participants, 100 - 500 participants and 500+ participants).
A8			See Appendix 8 “2015 Onsite Biometric Screening Events.”
Q9	1.2.2	5	What is your current incentive strategy?
A9			See Section 1.2.2. The current strategy is represented in Section 1.3 under Phase 1.
Q10	1.2.2	5	How many unique product and incentive structures are required to meet the needs of the ETF and its subpopulations/agencies (e.g., universities, municipalities, etc.)? For example, will some populations have distinct/different incentive structures or program features? If so, how many unique breakouts will be required?
A10			The current structure offers a uniform wellness benefit to all Subscribers and their enrolled spouse/domestic partners, excluding those who are also enrolled in a Medicare Advantage program.

Q11	1.2.2	5	What is the planned and budgeted incentive for the first year of service on a per-eligible per-year basis? How many members of the GHIP/WPE do you anticipate to be eligible to earn the incentive?
A11			At this time there is no proposal before the Board to change the design of the Well Wisconsin incentive for the 2017 program year other than moving to a single vendor for program administration. The incentive will remain at $150 in 2017. Eligibility for the current Well Wisconsin incentive is approximately 200,000 individuals. It is expected that improved Participant experiences through a single vendor will increase participation in 2017.
Q12	1.2.2	5	Should we assume that ETF is covering the face value of the $150.00 and that we are implementing the administration of the award (gift card, cash, etc.)?
A12			Correct.
Q13	1.2.2	5	Is worksite biometric screening only available to employees who have health insurance through ETF? If employees have primary insurance, for example, through a spouse, are they able to participate in biometric screening?
A13			To participate in the biometric screenings, an individual must be enrolled in GHIP/WPE programs at the time of registration and screening.
Q14	1.2.2	5	How is it the case that 27,500 incentive payments were made in 2015 if only 16,600 individuals completed biometric screening? Wasn't biometric screening a requirement for an incentive payment?
A14			Individuals have the option to meet the biometric requirement by obtaining results from their healthcare provider or attending a worksite biometric screening event.
Q15	1.3	6	What is the total count of eligible members for the wellness program? Can you please break it down into # of employees, # of spouses/domestic partners, and # of child dependents?
A15			Child dependents are not eligible for the current Well Wisconsin incentive. There are approximately 110,000 Subscribers and 90,000 spouse/domestic partners eligible for the Well Wisconsin incentive.

Q16	1.3	6	Is there an opportunity to include EAP as a part of this bid?
A16			No.
Q17	1.3	6	Are you looking for chronic condition management programs as a part of the wellness, or are you looking for traditional disease management, which your carriers are providing? If it's the latter, will you replace the carrier DM with the third-party or supplement?
A17			At this time chronic condition management will remain with the contracted health plans.
Q18	1.3	6	Is there a strategic reason for a 12/30 launch or can it be a 1/1/17?
A18			State offices are closed January 1 and 2, 2017, for the legal holiday.
Q19	1.3	6	Understanding that exact timelines are unknown until final decisions are made, for the purposes of outlining a vision (short, medium, long) for the State's health and wellness program can you broadly define the timeframes of the phases outlined? For example, broadly speaking, do you see Phase 1 lasting a single year or 2-3 years? Phases 2 and 3? Do you anticipate all phases to be accomplished within the scope of this contract and/or within the optional extensions?
A19			No, detailed timelines cannot be provided at the time of this RFP. The timelines for wellness and disease management will be heavily impacted by subsequent procurements occurring in GHIP/WPE programs and the resulting decisions of the Board.
Q20	1.3	7	Could the ETF clarify its requirements to bridge services in the area of coaching and disease management between the current program and 2016/17 program?
A20			Currently there is not a uniform coaching or disease management program offered as part of the GHIP/WPE programs.
Q21	1.3	6	In reading through the goals and objectives of the ETF for the wellbeing program, we believe that there is an opportunity to bring in some best in class partners. Is this a strategy that the ETF is open to?
A21			Proposers are permitted to subcontract portions of the scope of the RFP. Also, see Section 8.2 for proposing

			related services beyond the Services described in the RFP to be considered as part of contract negotiations.
Q22	1.3	6	The first point following “the Proposer must” states “Be a strategic partner to ETF and the Board in wellness and disease management planning and strategic program and policy development.” My question is how to become a part of this? Can we register in time for this to still submit a viable/legal proposal that will not be discounted?
A22			There is not a registration process. The Contractor will serve as a strategic partner to ETF and the Board as part of the contract.
Q23	1.3, 1.4.7, 5.7.B, 5.7.C, 5.7.D, 5.7.G, 5.7.H, 5.7.I	6, 7, 35, 36, 37	You refer to disease management coaching, as well as health coaching and disease management in the specified sections and pages of the RFP. Disease management is not coaching and coaching is not disease management. Are you looking for two distinct programs that would seamlessly integrate (e.g. warm transfer to DM from health coach based on risk and complexity of behavior and lifestyle issues)? Would you be willing to provide a definition of what DM means to ETF in order to better understand your delineation between health coaching role and the role of DM.
A23			Currently there is no uniform disease management program. For 2017, the expectation is that the Contractor will provide health coaching to moderate-to high-risk participants as determined by the biometric screenings and, utilizing the pharmacy claims data that will be available, recommend to ETF and the Board additional outreach for health coaching for specific conditions beyond behavior and lifestyle issues. Such outreach will need to occur along with education to Enrollees of the new service being offered. ETF sees disease management expanding over time, starting more as outreach/awareness/engagement but developing into a model that can impact health outcomes. The Contractor will assist ETF with recommendations to the Board to define and develop disease management.
Q24	1.9	12	Please confirm the scheduled go-live date for the program.
A24			Education and promotion by the Contractor will begin during 2016 open enrollment for 2017 participation in the Well Wisconsin incentive. The HRA, biometrics, and all aspects of the Contractor's web portal must be

			available for Enrollees of the GHIP/WPE programs no later than December 30, 2016. See Section 5.1, Implementation.
Q25	1.9	12	Could you please clarify the program launch date to employees?
A25			See A24.
Q26	2.4	15	The RFP states that electronic access is preferred in regard to providing samples of our promotional materials; however, page 17 asks for hard copy samples. Which would you like us to provide?
A26			Please provide URL links to .pdf documents.
Q27	2.4	15	On page 15 in section 2.4, the instructions indicate a preference for electronic versions of promotional materials, but on page 17, Tab 4, hard copies are requested.
A27			See A26.
Q28	2.4	15, 17	In section 2.4 Proposal Organization and Format (RFP page no. 15), the ETF states that it prefers “promotional materials” in electronic format; on RFP page no. 17, the ETF states that the promotional materials must be provided in hardcopy format. Can you clarify whether the ETF prefers promotional materials electronically, in hardcopy, or both?
A28			See A26.
Q29	3.5	19	It is stated that the scores for the cost category will be calculated with a mathematical formula. Earlier in the same paragraph it is stated that the proposals will receive prorated scores based on proportion that the cost vary from the lowest cost proposal. Can the formula be shared with the proposers? If not, can more detail of the rate of proportion be provided?
A29			The mathematical formula applied to the Proposer fees to derive the cost points will be calculated by an actuarial contractor.
Q30	5	22	Can we provide deviations or proposed alternatives to this section or is it mandatory to accept them as is? We noticed different terminology between Attachment B, Page 18, Page 21 (pass/fail) and Section 5. Thus, it was unclear if deviations or proposed alternatives were acceptable.

A30			ETF will review all Proposer assumptions and exceptions; ETF is not obligated to accept any proposed assumption or exception. Per the RFP, Section 5, page 22, "If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of the Proposer's response."
Q31	5.1	22	Can you outline and list the data feeds vendors will need to accommodate? For example, will the ETF send one eligibility file identifying all eligibles and related subpopulations/agencies? Or will the ETF send multiple eligibility feeds from different State agencies (e.g., universities, municipalities, multiple payroll processing centers, etc.)? If the ETF prefers sending multiple eligibility files, will all of the files be in the same format?
A31			For eligibility data feeds, a single ETF 834 file contains data on all employer groups participating in GHIP/WPE programs. ETF will provide the vendors a full 834 file, then provides daily updates with enrollment updates including coverage adds and drops. A full file compare is used to confirm coverage adds and drops have been correctly processed. See Section 5.12.1.E1 for the data feeds that the Contractor will provide to the health plans. See A32 for additional feeds that will be received by the vendor.
Q32	5.1	22	Does ETF anticipate a single claims/Rx file from the data warehouse versus the multiple plans in place as of 2018 and beyond?
A32			The vendor will receive a monthly file from the PBM during 2017 for pharmacy claims. See Section 5.1.D.16. Once a data warehouse is established, medical and Rx claims data would be accessed through the data warehouse. The potential procurement for the data warehouse vendor will occur in 2016, with a contract start date in 2017. Additional timelines on the availability of the data warehouse for this vendor will be known at a later date. The Contractor will not receive claims data directly from the health plans.
Q33	5.1	22	Will State agencies be identified with unique IDs in the eligibility file given to vendors?

A33			Yes, State agencies and local government employers will have unique IDs.
Q34	5.1.D.4	23	What content is expected to be available to members on the portal during open enrollment as compared to the content at go-live on 12/30? Does a splash page with program information, which does not require user authentication, meet the need for Open Enrollment?
A34			Section 5.6.C details the information that must be available without user credentials for the Contractor's web portal. 2016 open enrollment content would be limited to describing the 2017 Well Wisconsin incentive, transition to a new vendor, Contractor's customer service information, and information on the web portal launch date.
Q35	5.1.D.6	23	Is July 31st a reasonable date to for ETF to execute the contract?
A35			See Section 1.9.
Q36	5.1.D.10	23	Would ETF consider either a delimited text file or an Excel file for the eligibility files?
A36			No.
Q37	5.1.D.4	23	When referring to a website that is to go live in September, is this the actual wellness program launch date or is this the program home page that will explain what's upcoming in 2017?
A37			See A34.
Q38	5.1.D.6	23	Please explain the components of a homepage that you are looking for to launch September 30, 2016.
A38			See A34.
Q39	5.1.D.4 & 5.1.D.6	23	Is the "website" that is mentioned in both item 4 and item 6 considered to be a "homepage" that contains information about the 2017 program as opposed to the fully configured portal offering?
A39			See A34.
Q40	5.1.D.5	23	Subsection D5 states that "The Contractor's customer service staff for the program is established, trained and operational for the It's Your Choice open enrollment period…" – will the customer service be for

			Wellness only? Or will we need to provide customer service for the entire health plan?
A40			Contractor's customer service will only be for wellness and disease management services and programs outlined in this RFP, not for the entire health plan.
Q41	5.1	23	For 5.1 Implementation, question D.6, the ETF states that the vendors must deliver a “homepage of the website” no later than September 30, 2016. Can you clarify the ETF’s expected functionality of said homepage. For example, will the homepage serve as a participant landing page where they can find basic program information and a link to their benefits open enrollment site? Or would the vendor be expected to provide a deeper portal experience with personalization, functional program links, etc.?
A41			See A34.
Q42	5.1 D.4; D.6	23	Please clarify the “website” being referred to in these requirements. Our assumption is that these requirements relate to development of a landing page/homepage “website” that includes information on the 2017 program, similar to ETF’s existing Well Wisconsin site, and is not either a state-wide open enrollment platform or the member wellness portal (for incentive tracking, and so forth). Is this assumption correct? If so, would an acceptable approach for these requirements be to provide content to ETF to update the existing Well Wisconsin site (enhancing informational consistency for members) rather than creating a new site? Please clarify what a “test environment” will be in this approach.
A42			Open enrollment activity, as it relates to enrolling in health insurance offered by the GHIP/WPE programs, is outside of the scope of this RFP. A34 details the website content for 2016 open enrollment. The RFP requires that Contractor provide a member wellness portal as detailed in Section 5.6, with specific components detailed in Section 5.6 F.
Q43	5.1.D.5	23	Item D 5 in section 5.1 requires that the customer service unit needs to be open and operational to members on September 30, 2016. However, the implementation timeline does not require eligibility to be tested/operational until November 11, 2016, and the wellness portal to be open to members until December 2, 2016. Please clarify what type of service you anticipate being provided and/or the type of questions answered by the customer service unit

			starting on September 30, 2016, when that team will not be able to validate a caller's eligibility. Does this apply to customer service staff that will support the Web Portal, Health Assessment and services offered by the Contractor and all other medical benefits enrollment questions will be referred to the caller's respective health plans?
A43			For 2016 open enrollment, Contractor's customer service must be able to answer general questions about the 2017 Well Wisconsin incentive such as explaining the transition to a single vendor and how and when Contractor's services will be available in 2017.
Q44	5.1 D.9	23	Please confirm that this requirement pertains to a member wellness "web portal," which is differentiated from the informational "website." Will log ins for a demo site (test site) and/or static content mock-ups be sufficient for this requirement?
A44			Correct, this is for the content that will be in the web portal, including the HRA. Additional detail is expected in the Implementation Plan to determine acceptable subtasks to reach the deadline listed in Section 5.1.D.13.
Q45	5.1	24	In #11, please clarify if is this the process for employers to understand the scheduling system or for members/employees to actually register for appointments?
A45			Section 5.1.D.11 pertains to employer group requests to schedule onsite screening events for calendar year 2017.
Q46	5.1	24	Please confirm that #12 and #13 are correct for dates because in #14 this date is later than live date of #12 and #13. Please clarify. Also indicate when the "communicated" member go live date is. It appears to be 1/1/2017.
A46			Both #12 and #13 are to ensure functionality of the web-portal and data transfers to the health plans are fully functional prior to the program launch of December 30, 2017. #14 allows additional time, if needed, for final web-portal content, not functionality, to be approved and updated.
Q47	5.1.D.13	24	What is the difference between the portal availability offering that is noted in item 13 for December 2nd and the go-live offering scheduled for December 30th?

A47			December 2, 2016 would be considered a soft launch of the web portal for final testing of the portal functionality. The web-portal will not go live until December 30, 2016.
Q48	5.1.D.16	24	Can you describe the type of data transfers you are wanting with the Pharmacy Benefits Manager?
A48			See Appendix 9 “Standard Claims Extract,” for the expected Level 2 PBM data.
Q49	5.2	24	May a proposer fulfill minimum experience requirements by including relevant experiences from subcontractors on the proposer’s team?
A49			Yes. However, minimum experience may not be combined years of experience from multiple subcontractors.
Q50	5.3	25	How many incentive participation files will need to be sent to ETF (one vs. multiple files to individual State agencies)? Will vendors be required to receive incentive participation files from third-party vendors for incentive tracking? If so, please confirm how many.
A50			See Appendix 6 Item 11 for the requirement for reporting program participation to ETF. The Contractor is responsible for collecting participant information such as results of biometric screenings, HRAs, and participant-provided forms, and for maintaining participation files. That information will not come from a third party vendor.
Q51	5.3.A	25-26	Please clarify the support you need in administering the cash incentive.
A51			This RFP is for a wellness and disease management vendor who will be responsible for all aspects of administering the incentive including, but not limited to, determining which Participants have earned the Well Wisconsin incentive, issuing and mailing the incentive, providing customer service for incentive payment issues, reporting to ETF on the status of incentive payments, and providing reporting for employer group payroll purposes.
Q52	5.3.B	26	Is the intent to offer this wellness program to all members, including those on a Medicare Advantage plan, with the exception that those in Medicare Advantage do not have access to incentives?

A52			At this time there is no proposal before the Board to change the design of the Well Wisconsin incentive for the 2017 program year other than moving to a single vendor for program administration. However, the Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4) recommended Board evaluation of changes to the overall structure of the GHIP/WPE programs as early as 2018.
Q53	5.3.G	26	Are you anticipating the cash incentives to be the only incentive? Or is this on top of other incentives that may be issued through a wellness program? Are you open to other incentive options?
A53			See A52. However, per Section 5.2.C. the Contractor will assist ETF with developing future incentive design recommendations for consideration by the Board. The Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4) recommends moving to a premium based differential.
Q54	5.3G and Attachment C (Cost Proposal)	Page 26	Fulfillment of cash and/or gift card incentives for participants who earn such rewards is a mostly variable-cost program element. That is, there are distinct costs associated with each gift card provided, in the same way that there are per-participant costs for each biometric screening participant. The cost proposal file effectively requires that these costs be captured via the General Program Fees. However, this is a program element in which the number of participants earning such a reward could vary tremendously for any given year, driving significant cost changes. The 27,500 incentive payouts from 2015 could conceivably be several times that number over time. Are you open to allowing gift card pricing to be structured on a Per Card basis similar to the way other per-participant program elements are structured?
A54			Proposers will include the Well Wisconsin incentive (including cash and/or gift cards) in the PEPM Wellness Program Fee (Line C-1 of the Cost Proposal).
Q55	5.3 E	26	Please clarify what submissions ETF will expect members to submit?
A55			For 2017 ETF anticipates Members may submit paper HRAs, biometrics obtained from their healthcare providers, complaints and grievances.

Q56	5.3.A & G	26	Would the ETF consider the use of Amazon gift cards as an option for the cash incentive fulfillment?
A56			No.
Q57	5.4	27	Biometric screenings: A) Does the ETF utilize one standard physician form or does the form vary from plan to plan? B) What is the anticipated off-hour screening volume? C) What percentage of off-hour screenings has the ETF experienced in the past? D) Does the ETF intend to conduct cotinine tests on all biometric screening participants or only those who do not self-identify as a current tobacco user? E) Does the ETF intend to include the Hemoglobin A1c test in every screening or only for those participants who do not self-identify as a diabetic?
A57			A) Section 5.4 J details the requirement for the Contractor to develop a form for healthcare providers to submit biometrics. This will not be provided by ETF. B) See Appendix 8 “2015 Onsite Biometric Screening Events” as an example; this may not be representative of 2017 activity. C) See the aforementioned Appendix for 2015 onsite events as an example, this may not be representative of 2017 activity. D) Services for cotinine tests are being requested for future program design options. It is not anticipated to be a part of the 2017 screening. E) Services for A1c tests is being requested for future program design options. It is not anticipated to be a part of the 2017 screening.
Q58	5.4 D.2	27	Is ETF open to on-site biometric events being held with a minimum of 35 or 50 participants per location, which will lead to lower fees and complement- the on-site event with an off-site modality (e.g., provider’s office)?
A58			No. See Section 5.4.D.2. Events are based on employer group requests. See Appendix 8 “2015 Onsite Biometric Screening Events.”
Q59	5.4	27	Can the ETF share specific zip code locations, expected dates of events and the expected participation by zip code?
A59			Events are based on employer group requests so expected events are not known. See Appendix 8 “2015 Onsite Biometric Screening Events” for a list of onsite biometric screening events held in 2015.

Q60	5.4.D.3	27	In section 5.4, D. 3. Will the vendor be supplied with contact information at the employer group level?
A60			Yes.
Q61	5.4	27	Will vendors be required to pass assessment and screening data to each of the participating health plans?
A61			Yes. See Section 5.12.1.E.
Q62	5.4 F	28	Is the ETF open to having smoking status self-reported or by the health provider and reducing the fees related to cotinine screening?
A62			Services for cotinine tests are being requested for future program design options. It is not anticipated to be a part of the 2017 screening.
Q63	5.4F	28	Which draw method is currently being utilized in the OptumHealth screenings - finger stick or venipuncture?
A63			Current screenings use a finger stick as the collection method.
Q64	5.4F	28	Does ETF have a preference for fingerstick or venipuncture?
A64			Venipuncture-obtained biometrics is not anticipated to be a part of the 2017 screenings, but is being requested for future program design considerations.
Q65	5.4, 6	28	Have two hours been historically required and/or necessary for staff arrival and set-up for biometric screening events?
A65			The current contract for onsite biometric screening requires one hour prior arrival.
Q66	5.4.F	28	Cotinine is included in your screening listing. Will this test be included with every screening? Or do you anticipate using as part of a future outcome-based model. Is a saliva swab acceptable, or do you want venipuncture for Cotinine testing?
A66			See A62.
Q67	5.4.F	28	Can you provide the percentage of the 16,600 individuals screened in 2015 that required venipuncture?

A67			See A63.
Q68	5.4.M	29	Can you provide the percentage or the number of members and employer groups who requested flu clinics in 2015?
A68			This service is not currently provided by a single vendor; therefore, a percentage cannot be provided.
Q69	5.5	31	Please provide the two languages that will be required for the paper version of the health risk assessment.
A69			If it is determined there is a strong enough need for translated material, the languages selected will be determined after a survey of employer groups. Although it is not known at this time, based on the Wisconsin demographics, it may be Spanish and Hmong.
Q70	5.5B	31	Please provide the two languages expected in the HRA.
A70			See A69.
Q71	5.5	31	What languages are desired for the Health Assessment translation?
A71			See A69.
Q72	5.5	31	What is the expected volume of 1) paper and 2) phone health assessments?
A72			Based on information received from our largest health plans the expected volume of paper HRAs is approximately 1%; the volume is unknown for phone assessments.
Q73	5.5	31	The RFP asks for paper health assessments in two languages. Can you confirm specific, preferred languages and the anticipated volume of multiple-language paper health assessments (i.e., number of paper health assessments by language)?
A73			The volume in unknown. See A69.
Q74	5.5	31	Approximately how many community resource vendors will the selected vendor need to promote or refer participants to as part of the wellness solution? Will this be limited to specific resources across the full State population vs. unique community resources by location or subpopulation?

A74			The quantity and type of community resource vendors are not specified in the RFP. ETF will work with the Contractor to determine such vendors.
Q75	5.6.C	33 & 23	In letter C on page 33 , are these the website requirements referenced as the “home page” that is available in Section 5, page 23, #6, by September 30th?
A75			See A34.
Q76	5.6	34	Will State employees access the vendor portal through a single sign-on (SSO) from an existing State intranet vs. directly through the vendor portal? Do all State employees have access to a single State intranet that will be connected via SSO to the selected wellness vendor’s portal? Please confirm whether multiple SSOs from multiple intranets will be required. If so, please confirm how many?
A76			For 2017 the single sign-on will be unique to the Contractor's web-portal and services, accessible directly from Contractor's website. There is no SSO State intranet site. However, the system referenced in 5.12.A. will, at project completion, result in a self-service member portal for Enrollees. There is no requirement for the Contractor to authenticate using ETF authentication systems. The requirement is that once the user is authenticated in the Contractor’s web-portal, all features in the web-portal will be available without the need for additional logon events.
Q77	5.6	34	Section 5.6.H asks vendors to collect the name of the primary campus or other group/agency in which a participant is employed. Can you confirm whether this type of information will be provided in the eligibility file given to vendors? If it is in the eligibility data, can you confirm why vendors are being asked to collect this data in the wellness portal? Does the ETF have any expectations with regard to how the vendor will use or report this data if collected on the portal?
A77			Campus level detail for the University of Wisconsin employer group is not currently available in the ETF eligibility data. Individual campuses will use the aggregate data provided by the Contractor for their campus specific employee wellness programs.
Q78	5.6.F	34	How many SSO linkages to the consolidated member portal does ETF anticipate? Will members be

			accessing the site via the health plan, or from an ETF intranet/portal?
A78			See A76.
Q79	5.6.12	34	What types of reporting functionality are you looking for on this item? Is this employer facing or member facing? Can you provide a list of the type of reports you would like.
A79			See Section 5.6.K., which details the minimal functionality. Also see Appendix 6 Reporting Requirements.
Q80	5.6.F	34	Regards to letter F, are we to assume one single sign on from ETF? Or by each health plan or employer entity?
A80			Health plans will not have access to the web-portal. It is not a requirement that the Contractor provide role-based sign-on for employer groups, but ETF would be open to options that allow employers access to aggregate data on participation and completion levels. See A76 for additional detail on single sign on requirements.
Q81	5.6F	34	Please provide an example of how ETF will use the following requirement in F, #6? We currently do not see anything in the current design requiring this functionality.
A81			See A55.
Q82	5.6 F.9.i	34	Please provide examples of an education module that is customized with ETF content? Generally, a wellness-oriented education module will deliver the same content across different populations (e.g., an education module on physical activity will have similar content for different audiences). How would this differ from the customized webinars required in item 5.7.N?
A82			ETF would like to leverage the active engagement of Enrollees utilizing the Contractor's web-portal and participating in the Well Wisconsin incentive program to highlight ETF initiatives that may not be covered in the Contractor's standard content such as advanced care planning or shared decision making, and modules meant to educate on content specific to GHIP/WPE benefits - including the components of the current year wellness and disease management program. Webinars would be an alternate method of delivery for similar types of communication.

Q83	5.6.H	34	For participants employed by the University of Wisconsin System, can the primary campus on which the participant is employed be captured and included on the eligibility file provided to the contractor?
A83			See A77.
Q84	5.7	35	Would the ETF be open to on-site health coaching?
A84			Onsite health coaching is detailed in Section 5.7.H. See Section 8.2 for proposing related services beyond the Services described in the RFP to be considered as part of contract negotiations.
Q85	5.7	35	For pricing purposes should we assume all 17 health plans would be part of a carve-out DM solution or only specific plans? If DM would not be offered to all 17 plans, what is the adult eligible count on those that would be offered?
A85			Yes. It is anticipated that disease management programs will be offered to enrollees of all contracted health plans.
Q86	5.7	35	Regarding accreditation, please confirm that vendors must posses only one of the three accreditation types noted in Section 5.7.A.
A86			Correct, Contractor must possess one of the three accreditation types listed.
Q87	5.7	35	Would ETF consider allowing vendors to subcontract with a disease management vendor with which the selected wellness vendor would then integrate?
A87			Yes.
Q88	5.7	35	How does your current wellness services integrate with physicians? What are your expectations within this area?
A88			This varies by health plan and is very limited. ETF would like better integration where feasible.
Q89	5.7	35	Are members and their claims being analyzed monthly to determine which individuals are not up to date with preventive and/or chronic gaps in care exams and tests?

A89			Currently ETF does not have access to data to perform such analysis. Such analysis is under the purview of the health plans, and varies by health plan.
Q90	5.7	35	What type of customer insight is used to communicate to individuals with preventive and/or chronic gaps in care exams and tests?
A90			This type of communication currently occurs at the health plan level and varies by health plan.
Q91	5.7	35	Can the ETF provide any past individual communication samples?
A91			No. Any examples would have been developed by contracted health plans.
Q92	5.7.D.6	36	If participants who complete the health risk assessment do not trigger for coaching, is Proposer to inform about the availability of coaching (for self-enrollment) and encourage participation via self-enrollment?
A92			Yes.
Q93	5.7.D.6	36	What does “program requirements” refer to? Is this referring to requirements specific to enrolling in Proposers’ coaching program, or requirements to be specified by the State of WI?
A93			This refers to the current Well Wisconsin incentive or future requirements that are needed to earn the incentive.
Q94	5.7.D.7	36	Does “unlimited sessions” refer to the number of sessions per year, number of sessions per week/month, or sessions as defined within the Proposer coaching program cadence schedule?
A94			For the initial contract term ETF would like enrollees of GHIP/WPE programs to have full access to health coaching. ETF will work with the Contractor to further define "unlimited sessions" based on actual utilization.
Q95	5.7.E	36	Does ETF consider “robocalls” to include one-way and/or two-way interactive voice response (IVR) calls?
A95			Yes.

Q96	5.7	36	Who are the acceptable credentialing bodies for health coaching? If a nurse is licensed, does that fulfill health coaching credentialing requirements?
A96			A complete list of acceptable credentialing bodies for health coaching will not be provided. A licensed nurse would need credentials specific to health coaching.
Q97	5.7	36	If the program is accredited by URAC or NCQA, are staff working within that program considered credentialed?
A97			Individual health coaching staff working on the program would need to meet the requirements of Section 5.7.F and 5.7.K.
Q98	5.7.I	37	What conditions does ETF consider included in the term “chronic respiratory diseases?”
A98			This is not currently defined by ETF and would be developed for future programming.
Q99	5.7.I	37	Please provide the number of employees with each of the conditions required for DM: Hypertension, Type 2 Diabetes, Asthma, Chronic Respiratory Diseases, Metabolic Syndrome, Low Back Pain and Depression
A99			ETF does not currently have access to medical claims data. See the Total Health Management section of the Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4) for analysis that has been completed on the available data and health plan disease management programs.
Q100	5.7.I	37	Please provide your total number of unique employees with any one or more of the conditions specified in 5.7.I
A100			See A99.
Q101	5.7.J	37	A) Will the medical claims file/data be integrated into a single file received from ETF similar to eligibility or pharmacy claims data, or will this be a separate file from each health plan? B) Will health plans make referrals for high-risk members who they identify from their case management programs and have specific conditions defined by ETF?
A101			A) ETF will provide medical claims data from all the ETF-contracted health plans in one file. Medical claims data will become available to the Contractor through the data warehouse. The potential

			procurement for the data warehouse vendor will occur in 2016, with a contract start date in 2017. Additional timelines on the availability of the data warehouse will be known at a later date. See A32. B) Referrals from health plans are not anticipated to be a part of the initial disease management programs, but would be explored as a collaborative vendor model for future program expansion.
Q102	5.7.J	37	Based on this section, we initially will not receive claim files from the PBM or from the 18 health plans. At what point do you expect us to start receiving claims data? This will be a significant element of cost, so if we are expected to include this in our future year fees, it would be very helpful to better understand the expected timing. Would monthly claim files be the expected transfer frequency? Is taking in claim files an element that could be priced out separately in the future, or should it be included in the current pricing?
A102			Data from the PBM will be available in 2017 and the implementation of the related data transfer is listed in 5.1 D.16. Medical claims data will not be transferred from the individual health plans to the wellness and disease management Contractor. Proposers should price year 1 and subsequent years accordingly. See A32.
Q103	5.7.J	37	Please confirm that item 5.7.J refers to additional conditions and opportunities beyond those identified in 5.7.I and not justification to begin a program focused on those employees with conditions identified in 5.7.I. This information is required to appropriately size the year 1 program.
A103			Correct. In addition, Year 1 will primarily act as an analysis and development year for DM programming. Which will initially be based on the limited data that will be available to the vendor in year 1 and will also be impacted by the subsequent Member education that will need to occur prior to engaging Members who are not identified through voluntary participation in Well Wisconsin.
Q104	5.7.L	37	Regarding the requirement to conduct individual outreach by mail, can you elaborate on your expectations? Is this a simple letter to identified members inviting them to enroll? Would this be an annual invitation, or more frequent? You mention that we must adjust the frequency and type of outreach for

			DM programs. How would such adjustments relate to mailings, as frequent mailings to thousands of members would entail significant additional costs? Any guidance in advance would be very helpful.
A104			Mailings should be used for outreach and engagement purposes. General Member education and awareness could be incorporated into the annual open enrollment mailings (Section 5.11 E). Mailings for 5.7 L would be for targeted populations, based on claims data, related to DM programming.
Q105	5.7.L	37	What is ETF's expectation around types, number, and frequency of mailers
A105			Section 5.11 E outlines the required mailing for general Contractor information. Mailings for 5.7 L would be for targeted populations, based on claims data, related to DM programming. The number and frequency is not known at the time of this RFP.
Q106	5.7.L	37	Please provide your current assumptions across the total number of unique employees with one or more of the conditions specified in 5.7.I for % of those employees in each of the risk groups (High, Moderate, Low)
A106			See A99.
Q107	5.7.M	37	Please provide your expectation for when the medical claims and pharmacy data will be made available to vendor for predictive modeling and risk stratification (ex: 12 months after launch of program)
A107			See A32.
Q108	5.7.N	37	Please clarify the anticipated length and content for the two (2) webinars per year that will be “specific to the requirements of the ETF programs and Contractor services offered as part of the ETF program.” The services in-scope for this solicitation are related to wellness and disease management coaching and education, which is generally consistent regardless of population (e.g., a webinar on proper nutrition will cover the same content regardless of audience). As such, what do you see as a webinar that is specific to the services offered as part of the ETF program?
A108			This would be a webinar explaining the requirements for Well Wisconsin and how to complete those requirements with the Contractor. The length of the potential webinars is not known.

Q109	5.7.O	37	Please clarify your desires for the pilot programs.
A109			Pilot programs will allow ETF to release a program to a targeted group prior to expanding the program to the entire enrollment population. The Contractor will assist ETF with identifying pilot programs that will fit the needs and demographics of the employer groups and Members.
Q110	5.7.O	37	Please elaborate on what pilot program elements may entail.
A110			See A109.
Q111	5.7	37	What parameters or criteria does the ETF use to determine whether members should receive lifestyle or disease management programming?
A111			There are currently no parameters as the GHIP/WPE program does not currently have a uniform disease management program.
Q112	5.7	37	Can you provide an example of a past pilot implemented by a vendor and the costs, resources and time required?
A112			Pilot programs to date have been small-scale programs focused on health coaching, and supporting employer group-specific wellness activity. Due to the overall size and scope of those pilots, the cost of resources and time required for those pilots is not relevant to the Proposer.
Q113	5.7	37	Please clarify the appropriate certifications/credentials for the disease management health coaches. Are they the same as the health coaches?
A113			Disease management coaches must have appropriate certification and credentials specific to the disease state they are addressing with an individual.
Q114	5.9.A	38	What tools would be available to schedule appointments?
A114			It is Contractor's responsibility to implement tools that will allow Members to schedule screening appointments through the web-portal and via Contractor's customer service toll free number.
Q115	5.9	38	What is the ETF's current customer support center call volume?

A115			Call center volume specific to the scope of this RFP, wellness and disease management, is not available.
Q116	5.9	39	Is the ETF able to share any typical call volumes for customer service in your populations?
A116			See A115.
Q117	5.9.C	39	Can this be changed to Company holidays, as opposed to legal holidays?
A117			No.
Q118	5.9.F	39	Can satisfaction surveys suffice to meet this requirement?
A118			No.
Q119	5.9.F	39	What is the expected volume each month?
A119			See A115.
Q120	5.9.G	39	Can the ETF provide a sample of the survey(s) desired and the means by which they would expect it to be administered?
A120			The Contractor will be responsible for developing the survey content. Surveys may be administered in a variety of formats (electronic, mail, telephonic).
Q121	5.9.G	39	Can the surveys be provided electronically?
A121			Yes
Q122	5.9.G	39	How does this relate to the NPS?
A122			We do not know what is being referred to in the question.
Q123	5.9.G	39	Can surveys be implemented post launch, if additional time is needed for setup and testing?
A123			The Implementation Plan submitted to ETF should include detail on when the vendor will launch surveys and make proposal for delayed implementation.
Q124	5.9G	39 & 40	In this and several other sections of the RFP, a 5-point rating scale is specified for satisfaction surveys. Further, in this particular section, you specify four categories that must be measured. Can you share the satisfaction surveys currently used for these

			categories of service? Do you equate neutral response options with dissatisfaction? Are you open to “forced-choice” options or responses capturing moderate satisfaction to eliminate neutral responses?
A124			There is not a standard survey being used by the contracted health plans for the current wellness programs or customer service. Yes, ETF would be open to the Contractor proposing approaches for eliminating a neutral response once content is being developed, but ETF would reserve the option to require a neutral response. See Appendix 6 Reporting Requirements for additional detail on satisfaction surveys.
Q125	5.9	39	With regard to the service inquiry system, can the ETF clarify the circumstances under which the selected vendor’s customer support representatives would receive a call from an employer group or health plan vs. from an ETF participant?
A125			Participants that receive misinformation or poor customer service from a vendor of the GHIP/WPE programs will often request assistance from the benefit staff at the employer group. This is especially the case if several employees at one employer group are impacted by a vendor issue. It is not anticipated the vendor will receive a large volume of calls from the health plans, however, there may be some transfers from the health plans during 2017 as Participants adjust to the transition of the Well Wisconsin incentive being administered by a single vendor.
Q126	5.9.H	40	Can more clarity be provided on what is expected for this item?
A126			One example would be when an enrollee contacts ETF and identifies poor customer service or misinformation was provided by the vendor customer service representative. ETF would expect the client service liaison to contact the enrollee for resolution.
Q127	5.9.H	40	What are the types of matters that would be considered urgent?
A127			This would be case specific, but generally an enrollee who has had a very negative experience with the vendor at the fault of vendor error and misinformation.
Q128	5.9.H	40	Can you elaborate on the role of the client service liaison? Is this a person that a representative of the State would contact on behalf of a member for an

			urgent issue, or is this a person that a member would contact directly? We would like to fully understand how this role relates to general customer service support or even account management.
A128			See A126.
Q129	5.10.B	40	Can the specific provisions of Wis Adm Code INS 18.3 that are applicable to a “health benefit plan” be provided to bidders?
A129			See Appendix 10 “Wisconsin Administrative Code INS 18.03.”
Q130	5.10.B	40	Who / what determines when a financial incentive is denied and how would the vendor be informed?
A130			The Contractor is responsible for determining when the program requirements have been met by a Participant and would inform the Participant of a denial.
Q131	5.10.C	40	Who will be making the decisions and writing the response for the contractor to review and issue?
A131			The Contractor must make the decision and write the response.
Q132	5.10.C	40	What is the timeline commitment for the contractor to receive this information?
A132			Contractor will receive complaints and grievances directly from Members and will manage them according to Contractor's process and procedures for complaints and grievances. (See Sections 5.10, A, B & C.)
Q133	5.10	40	Please clarify the nature and intent of a “Complaints and Grievances” process versus a customer service issue tracking service.
A133			This will become relevant if the GHIP/WPE programs move to a premium differential for participation in wellness and disease management programs. It is likely that the current design of the Well Wisconsin incentive would fall under customer service.
Q134	5.11	41	We can accommodate the 10 day request. However, there’s a significant amount of onboarding conversations and discovery that takes place. Would ETF consider a slightly higher extension?

A134			Per the RFP, Section 5, page 22, "If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of the Proposer's response."
Q135	5.11.B	41	Please further define the anticipated scope of ETF's material review; what does ETF define as a communication? Would the wording of various system-generated notices members may receive (e.g., a mobile app reminder to complete a wellness action) require review and approval?
A135			ETF must review the content of all general communications prior to use by the Contractor. Presentations made by the Contractor to stakeholders of the GHIP/WPE programs would require prior approval. All content on the web portal will require ETF review.
Q136	5.11.C	41	Would the State consider 5-7 days?
A136			Per the RFP, Section 5, page 22, "If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of the Proposer's response."
Q137	5.11G	42	Please explain the expectations to "disseminate" ETF-developed messages.
A137			ETF-developed messages will include information specific to the GHIP/WPE programs such as open enrollment reminders or promotion of communication via ETF's Gov Delivery Service.
Q138	5.12.1.A	44	Regarding eligibility files received by the vendor, is it correct that in 2017 we would receive 18 daily eligibility files corresponding with the number of health plans, and that in 2018 after the State has consolidated its data in a new system we would start receiving only one eligibility file? Approximately when in 2018 would this likely occur?
A138			No. See A31.
Q139	5.12.1	44	Will biometric screening and health assessment results inform personalization for members?
A139			Yes, see 5.7.L, and other references to outreach within the RFP.

Q140	5.12.1.B	44	Is MyETF Benefits (MEBS) 8-digit member ID a unique ID?
A140			Yes.
Q141	5.12.1.D	44	Is the State willing to consider using vendor-preferred file formats other than 834 provided they meet security requirements?
A141			No.
Q142	5.12.1.E	44	This section discusses the biometric, HRA, and coaching/DM data files that the contractor will be asked to send to each of the 18 health plans. For what purpose will this data (18 health plans x 3 weekly files each) be sent to the health plans since they will no longer be providing any of these services?
A142			This data is required for incorporation into the health plans' approach to population health management for Enrollees in the GHIP/WPE programs.
Q143	5.12.1.E	44	This section mentions use of a mutually agreed file layout as approved by ETF. Does this mean that conceivably the contractor's standard file layout could be used in distributing this data to each of the health plans? Whatever the format, will it be the identical format for each health plan?—not potentially 18 different formats?
A143			The Contractor's standard file layouts for new data transfers to the health plans for the health risk assessment and program engagement would be evaluated for meeting this requirement. All health plans will receive the same standard file layout, layout will not vary by health plan.
Q144	5.12.1.E	44	Will ETF vendors send data to the vendor?
A144			Yes. See Section 5.12.1 E.2
Q145	5.12.1.E	44	Will the data inform personalization/rewards for members?
A145			Section 5.12.1.E describes data send to the health plans and received from the other GHIP/WPE programs vendors so the vendor may determine appropriate programming and outreach for wellness and disease management programs.
Q146	5.12.1	44	Please provide layout referenced in #1 letter a.

A146			Remove the following language from Section 5.12.1.E.1.a. of the RFP: “and follow the existing file layout.” The Contractor must establish and maintain a secure data transfer with all vendors of the GHIP/WPE programs in a mutually agreed to file layout as approved by ETF, unless otherwise noted in Section 5.12.1. For all data transfers, the Contractor will provide data specifications, data dictionaries, and crosswalks, except where ETF indicates it is not required.
Q147	5.12.1	44-45	What inbound data feeds will the vendor be required to accept? How many? At what frequency?
A147			See A31.
Q148	5.12.1.G	45	Please clarify what is meant by existing biometric screening data? Is the request to incorporate historical data into the web portal? If so, what is the expectation of that data within the web portal after launch?
A148			We are referring to participation data from 2014 -2016 biometric screening events provided by the current contractor. Correct, this historical data should be incorporated into the Contractor's data for the GHIP/WPE programs and be available to the Participant, if data exists for that Participant, within the web portal so they can view their historical results.
Q149	5.12.1	45	Will vendors also need to send data files to a data warehouse?
A149			Yes, once the data warehouse is established. The RFP for the data warehouse is expected to be released in 2016, with a contract being established sometime in 2017. See Section 5.12.1 E.3.
Q150	5.12.1	45	Please provide layout referenced in #2, Pharmacy Benefits Manager, on page 45.
A150			See Appendix 9 “Standard Claims Extract.”
Q151	5.12.1.E.3	45	What are the outbound data feed requirements to the data warehouse?
A151			Once the data warehouse is established, the data transfers detailed in Section 5.12.1.E.1 would be sent to the data warehouse rather than the individual

			health plans. ETF's Data access and data feed requirements are unknown at this time. See A149.
Q152	5.13.A	45 & 46	Is the ETF able to provide the identifying information for # 1-4 on the eligibility file?
A152			Yes, with the exception noted for large employers in Section 5.6 H., all other identifying information in #1-4 is provided in the enrollment file.
Q153	5.13.A	45	Please confirm that all reporting breakdowns will be represented on the membership-wide eligibility file received from ETF.
A153			See A152.
Q154	5.13	45-46	Please confirm whether the eligibility file will have an identifier at the member level for any report breakdown that would be required.
A154			See A152.
Q155	5.13	45	If the contract is terminated, will ETF continue making payments for the remainder of the original contract period as per common industry practice?
A155			No. Please reference Exhibit 4, Department Terms and Conditions, Sections 16 and 17. See also Section 5.15.
Q156	5.13	44 & 45	The description of employer groups indicates 8 payor systems. Does this translate to the chosen partner taking in 8 separate eligibility files (and merging to one) in 834 format or will the ETF send one eligibility file in 834 format?
A156			See A31.
Q157	6.1	48	If the proposer intends to team with subcontractors to provide ETF with best of breed solutions under the proposer's oversight and integrated management, will the team members' relevant experiences fulfill 6.1 requirements?
A157			See A49.
Q158	7.1	52	Is there a strategic reason for a 12/30 launch or can it be a 1/1/17?
A158			See A18.

Q159	7.1.6 & 7.2	52 & 53	Actively engaging employees is often challenging, can you please provide your current engagement statistics as an aggregate across the 18 payers (e.g., Actively participating with a care manager = x%, Identified with qualifying condition(s) and receiving mailings, but not working with a care manager = y%, unengaged or refused to participate = z%, etc.)
A159			That data is not available. See the Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4) for analysis that has been completed on the available data and health plan disease management programs.
Q160	7.1	52	Can you please share your preferred account management model / resource allocation for support?
A160			The Contractor must allocate appropriate resources dedicated to meeting all requirements of the RFP. ETF expects Proposers to propose an account management model within their Proposals.
Q161	7.2 & 5.7.I	53 & 37	In order to best respond to item 7.2 (health outcomes risk), it is important to understand current performance. For those employees with one or more of the conditions identified in 5.7.I, can ETF provide current HEDIS effectiveness of care performance related to the conditions?
A161			ETF receives aggregated HEDIS data from the contracted health plans. See the Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4).
Q162	7.2	53	How will the State measure success? Does the State have clear baselines and identified specifics on measures of success?
A162			Proposers should propose performance guarantees and measures of success. Due to the current data limitations (structure of the Well Wisconsin program, variety of disease management programs offered across health plans, claims data limited to PBM) few baselines exist.
Q163	7.2	53	Is the State interested in addressing/measuring gaps in care, quality metrics?
A163			Overall yes, but that will not be the responsibility of the Contractor, it will be a coordinated effort with the contracted health plans, vendors selected for the potential Board procurements (PBM, data

			warehouse/business intelligence), and program design evaluations that are currently occurring for GHIP/WPE programs.
Q164	8.0 Cost	53	Does the selected vendor have a mechanism to request renegotiation of price should the volume be significantly outside the projected volumes provided in Attachment C?
A164			ETF has provided volumes for year 1 and year 2; there is no formal mechanism for renegotiation, however, the Contractor may make requests for renegotiating terms at any time.
Q165	General	General	Can the State provide more clarity on the covered population for this program? Should the bidder assume that the program covers only employees (i.e.: 110,569 subscribers) since that is all that is requested in pricing? Or does this include employees spouses, and dependents (i.e.: 246,311)?
A165			The program covers all eligible Members (approx. 246,311), but pricing should be presented on a per Employee per month basis.
Q166	General	General	Does the State have an interest in base programming for other populations?
A166			The question is unclear. The RFP details expanding the GHIP/WPE programs based on pilots and targeted programming.
Q167	General	General	Can the State provide a list of its current partners and programs that they intend to include in program
A167			See Section 1.2.1 of the RFP.
Q168	General	General	Does the State intend to integrate all of its current health plans into this program?
A168			Yes.
Q169	General	General	Who is your Dental provider (e.g.: Delta Dental?)
A169			Delta Dental.
Q170	General	General	Do you intend to include dental exams as a rewardable behavior?
A170			ETF would be open to making this recommendation to the Board for future program design consideration.

Q171	General	General	Who is your behavioral health and/or EAP provider?
A171			ETF does not hold contracts for these services. See Section 1.2.1 for more information on employer contracts for EAP.
Q172	General	General	Are there current programs that the State is implementing that are not digitized that they want added to program?
A172			It is unclear what is being asked. Unstructured data may be provided to the Contractor. See A55 and A72.
Q173	General	General	Would ETF be open to exploring other ways of thinking about addressing chronic conditions instead of traditional DM programming?
A173			Yes.
Q174	General	General	What type of utilization and results has ETF seen in their DM programs?
A174			ETF does not currently have a uniform disease management program as part of the GHIP/WPE programs. Also see A99.
Q175	General	General	If ETF finds a vendor that meets their needs for wellness and DM, does ETF anticipate a phased approach in “phasing out” the current (multiple) health plan DM services or do you anticipate this to be something that would be executed all at once?
A175			It is unknown at this time and will be dependent on larger Board decisions related to moving to a self-insured program for the GHIP/WPE programs.
Q176	General	General	Is ETF open to keeping DM with health plans but carving the wellness out with a different vendor so that the selected wellness vendor can integrate with the current health plan DM vendors?
A176			This RFP is for wellness and disease management programs.
Q177	General	General	Will the ETF be posting a document in Word for responses?
A177			Yes. The Microsoft Word version will not contain exhibits or appendices.

Q178	General	General	Can the RFP – ETG0005 be made available in a Word Doc?
A178			See A177.
Q179	General	General	Is ETF requesting a claims based ROI study? If so, does the ETF utilize a data warehouse? If so, whom?
A179			See Section 5.7.M of the RFP. ETF is in the process of procuring data warehouse / business intelligence services. The potential procurement for such services will occur in 2016, with a contract start date in 2017. Additional timelines on the availability of the data warehouse will be known at a later date.
Q180	General	General	Does the ETF have an approved budget for the initiative? If so, should we be working within a set budget amount?
A180			No. This RFP is the first of several RFPs outlined in the Benefit Consultant November 10, 2015 Report to the Board (Table 2 of Section 1.2.4) meant to contain future cost increases and improve health outcomes while increasing the efficient delivery of quality health care to Members.
Q181	General	General	Will ETF allow any pre-implementation meetings and discussions to occur between the date of Intent to Award (July 15, 2016) and the Contract Start Date (August 15, 2016)?
A181			ETF prefers not to allow such meetings prior to having an executed Contract. If such meetings are necessary, ETF would consider a request to hold such meetings.
Q182	General	General	In general, please outline the scope of support you envision the customer service team will provide to members. Will they be required to educate members on benefits not provided by the contractor, or (for example) provide navigational advocacy for a member who needs to contact his/her health plan? Is it acceptable for a customer service representative to engage members with another contractor resource (such as a health coach) if that resource is more applicable to their needs?
A182			The Contractor will provide customer service for wellness and disease management programs administered by the Contractor for Enrollees in the GHIP/WPE programs. The Contractor's customer

			service will not educate on general matters of the GHIP/WPE programs, but will be expected to be able to correctly direct a caller to the appropriate GHIP/WPE programs vendors for matters that do not relate to the scope of this RFP, such as the health plan or employer group benefit staff. Yes, it would be appropriate to use the opportunity of a customer service contact to inform the individual about other Contractor services being provided to Enrollees.
Q183	General	General	Are all members eligible for wellness/disease management coaching regardless of whether they are eligible to receive an incentive? Will this information be included on the received eligibility file?
A183			At this time it is anticipated coaching will be available on a voluntary basis even to those who have not completed the incentive requirements.
Q184	Appendix 1		Does the ETF envision eligibility to be mainly for employees and dependents over the age of 18+?
A184			See A52.
Q185	APPENDIX 1, 2, 3 and 4		Given there are many different counties, employer groups, department of corrections, State work locations listed in the RFP, can you please give us a better sense of how many different wellness and disease management program iterations you desire?
A185			See A52.
Q186	APPENDIX 1, 2, 3 and 4		Will Well Wisconsin Incentive and Program be uniform throughout all employer groups?
A186			See A52.
Q187	APPENDIX 1, 2, 3 and 4		If there are sub-group programs under Well Wisconsin Incentive and program, can you please give us a sense of how many total iterations and the sub structure of that broad configuration?
A187			See A52.
Q188	Appendix 7; Item A-5	1	Who will be providing the training to the contractor for the It's Your Choice open enrollment information?
A188			ETF staff, including the ETF Program Manager and IT contacts, will work with the vendor for open enrollment activity.

Q189	Appendix 7; Item G-1	3	What types of issues would require ETFs involvement?
A189			ETF staff may be involved in assisting to resolve unique issues that may require troubleshooting at multiple data, vendor, or communication points.
Q190	Appendix 7; Item G-1	3	What types of issues should not require ETFs involvement?
A190			ETF staff should not be involved in resolving customer service issues related to the Contractor's services for the GHIP/WPE programs.
Q191	Appendix 7; Item G-1	3	What is the expected response times from the ETF, if involvement is required?
A191			ETF would reciprocate the timing detailed in Section 5.9.H.
Q192	Appendix 7; Item G-1	3	Can a list of the parties, vendors, groups that may need to be involved in issue management be provided?
A192			ETF will assist the Contractor with developing appropriate resource lists for directing Members to the correct party or vendor if the issue is not specific to the Contractor services provided for wellness and disease management programs. Appendix 7 Performance Standards, Item G-1 will be measured on handling Member issues related to the wellness and disease management programs.
Q193	Appendix 7; Item H-10	4	Re: written responses to grievances: Who is writing the response to the grievance?
A193			See A132.
Q194	Appendix 7; Item H-10	4	Can more information be provided with regard to the types of grievances?
A194			See A133.
Q195	Appendix 7; Item H-10	4	What is response time from ETF, when involvement is needed?
A195			See A191.
Q196	Appendix 7; Item H-3	4	What is considered a disruption? An outage that lasts more that how many minutes?

A196			Any outage that would create a situation that made it impossible for a Member to reach a Customer Service Representative within 30 seconds, per the limits of Appendix 7, H-1. Also see Appendix 7, H-2.
Q197	Appendix 7; Item H-3	4	Would the State accept an email notification as a notice of disruption?
A197			Yes, as long as it is within one (1) hour of realization that a problem exists.
Q198	Appendix 7; Item H-4	4	Re: first call resolution, what is the expected call volume?
A198			Unknown.
Q199	Appendix 7; Item H-6	4	Re: the call resolution action plan, can more information be provided on this process?
A199			ETF expects the Contractor to devise an action plan that ensures ETF is a) informed of complex customer service issues that require additional time for resolution and b) is informed of the ongoing effort to resolve the issue.
Q200	Appendix 7; Item H-8	4	What types for inquiries would be submitted via USPS? What are the appropriate methods of response?
A200			Unknown, but inquiries submitted via USPS must be accepted and meet the customer service standards for response.
Q201	Appendix 7; Item H-9	4	Re: holidays, would the State consider modifying this requirement to include company holidays?
A201			No.
Q202	Appendix 7; Item I	4	Can the ETF provide a sample of the survey?
A202			No. The survey content will be provided by the Contractor.
Q203	Appendix 7; Item I	4	Can the vendor begin surveys at a date post-program launch?
A203			Surveys for onsite coordinators must begin with the first onsite biometric screening. All other surveys must be administered in a manner that ensures a statistically valid sample is obtained.

Q204	Attachment A: Proposer Checklist	1	Can the ETF confirm that the bidder must only acknowledge Exhibits 1 - 4 and we are not expected to return the exhibits with our response?
A204			Proposers need not return Exhibits 1-4.
Q205	Attachment A: Proposer Checklist	1	Can the ETF confirm that it does not expect the bidder to sign and return Exhibit 1: Pro Forma contract as indicated in the Proposers checklist unless the bidder is selected as the vendor of choice?
A205			ETF does not expect the bidder to sign and return the pro forma contract included with the RFP; the pro forma contract (Exhibit 1) was included for informational purposes.
Q206	Attachment C: Cost Proposal		For C-1 what is the total eligible population?
A206			See A11 and A15.
Q207	Attachment C: Cost Proposal		For C-1 what is the minimum eligible population?
A207			The Proposer should project the minimum based on the information provided on current participation rates.
Q208	Attachment C: Cost Proposal		For C-1 and C-2 we understand you want us to price based on 110,569 projected units; is this number actual coaching participants or eligible for coaching?
A208			The Contractor must be able to provide wellness and disease management programs to eligible Members.
Q209	Attachment C: Cost Proposal		For C-1 wellness programming what is the annual % utilization expectation of a broad population? E.g. what % do you want coached out of 100 eligible?
A209			See Section 1.2.2 of the RFP.
Q210	Attachment C: Cost Proposal		For C-1 wellness programming what is your expectation for % HRA participation?
A210			Unknown, but it is expected that the Contractor will be able to increase the current participation rate of 13% (27,500 Participants).
Q211	Attachment C: Cost Proposal		For C-1 wellness programming do you want a certain % risk stratified for outreach? If so what % of HRA participants do you want targeted for coaching?

A211			See A23.
Q212	Attachment C: Cost Proposal		For C-2 Disease Management what % of the overall population do you want enrolled? E.g. what % out of 100 people eligible?
A212			ETF and the Board strive to have 100% participation of those persons identified as eligible for disease management programs.
Q213	Attachment C: Cost Proposal		For C-5 and C-6 the per coaching session fees, do you want per coaching session or interaction or do you want per coaching session for the year? In other words for C-5 and C-6 do you want the fee to represent the per participant per year fee?
A213			The number entered must represent the per Coaching Session fee for each participant coaching session.
Q214	Attachment C: Cost Proposal		For C-4 and C-9 through C-12 would you like us to include all travel related fees within the Powerpoint or keep that separate?
A214			The Contractor and any Subcontractors' travel expenses (e.g. airfare, lodging, meals, and insurance) and other miscellaneous expenses related to the provision of Services within the RFP must be included in the Proposer's proposed cost and shall not be an additional charge to the Department.
Q215	Attachment C: Cost Proposal		For C-4 and C-9 through C-12 can you tell us what % are in Wisconsin vs. % screenings nationally?
A215			The only service being provided by a single vendor currently is C-4. See Appendix 8 "2015 Onsite Biometric Screening Events."
Q216	Attachment C: Cost Proposal		For C-4 and C-9 through C-12 can you tell us how many events you have annually?
A216			See A215.
Q217	Attachment C: Cost Proposal		For C-4 and C-9 through C-12 can you please share any details you can release that specifies volume by specific location or zip code?
A217			See A215.
Q218	Attachment C: Cost Proposal		For C-9 can you please share the annual volume for participants in 2017?

A218			C-9 is being requested for future program design options. 2017 screenings will likely all be as specified in C-4.
Q219	Attachment C: Cost Proposal		For C-9 can you please share what % growth or decrease you anticipate in years 2018, 2019, 2020, 2021 and 2022?
A219			C-9 is being requested for future program design options, therefore projected volume cannot be determined.
Q220	Attachment C: Cost Proposal		For C-10 can you please share what % growth or decrease you anticipate in years 2018, 2019, 2020, 2021 and 2022?
A220			C-10 is being requested for future program design options. 2017 screenings will likely all be as specified in C-4.
Q221	Attachment C: Cost Proposal		For C-11 can you please share what % growth or decrease you anticipate in years 2018, 2019, 2020, 2021 and 2022?
A221			C-11 is being requested for future program design options. 2017 screenings will likely all be as specified in C-4.
Q222	Attachment C: Cost Proposal		For C-12 can you please share what % growth or decrease you anticipate in years 2018, 2019, 2020, 2021 and 2022?
A222			That is unknown.
Q223	Attachment C: Cost Proposal		For the additional cost detail Cost Breakpoint Detail for C-4, C-5 and C-6 what participation ranges would you like us to use?
A223			The cost breakpoint ranges will be determined by the Proposer.
Q224	Attachment C: Cost Proposal		For the additional cost detail Cost Breakpoint Detail for C-4, C-5 and C-6 what participation ranges would you like us to use? Or do you want vendors to set their own ranges? If we set our own what would you like the minimum and maximum to be?
A224			See A223.
Q225	Attachment C: Cost Proposal		For the additional cost detail Cost Breakpoint Detail for C-4, C-5 and C-6 can you confirm that you want to

			see a per coaching per year fee here vs. one individual session with the coach?
A225			See A213.
Q226	Attachment C: Cost Proposal		For the additional cost detail Cost Breakpoint Detail for C-4, C-5 and C-6, do you want vendors to set their own ranges? If we set our own what would you like the minimum and maximum to be?
A226			See A223.
Q227	Attachment C: Cost Proposal		Re: Section 4: Has the state of Wisconsin done any onsite seminars? If so can you please share the annual volume? How many seminars and what is your average attendance at each?
A227			Onsite seminars are not currently provided.
Q228	Attachment C: Cost Proposal		Re: Section 4, can you please share the annual volume for onsite seminars? How many seminars and what is your average attendance at each?
A228			See A227.
Q229	Attachment C: Cost Proposal		Re: Section 4: how many seminars have been provided and what is your average attendance at each?
A229			See A227.
Q230	Attachment D-2.F-1	3	Can the ETF confirm that the bidders price is only for the website access and not programmatic costs related to actual disease management programs?
A230			The statement on Attachment D-2 Financial Instructions, line F-1 refers to all costs submitted on Attachment C - Cost Proposal.
Q231	Attachment B	1	If we can have deviations to section 5, and on attachment B indicated on 4.6 and 4.7 that we disagree, will our bid be rejected?
A231			ETF will review all Proposer assumptions and exceptions; ETF is not obligated to accept any proposed assumption or exception. Per the RFP, Section 5, page 22, "If the Proposer cannot agree to each item listed, the Proposer must so specify and provide the reason for the disagreement in Tab 3 – Assumptions and Exceptions – of the Proposer's response."

Q232	Appendix 7	121	Please outline the process and timelines by which ETF and contractor will develop and come to mutual agreement on the measurement/tracking/reporting methodologies used in assessing performance guarantee compliance. Who will have primary responsibility for metric tracking, the contractor or ETF?
A232			Report development should be included in the Contractor's Implementation Plan. ETF will assess the Contractor's performance based on Appendix 6 reporting and by occurrence of per incident metrics.
Q233	Appendix 7 G.1	123	The PG states that the contractor shall handle 98% of all member issues without ETF involvement. How does ETF anticipate the contractor measuring/tracking whether or not a member contacts ETF subsequent to working with the customer service team? How will the contractor measure/track calls that may start with the wellness program customer service team, but that rightly require handling by ETF (e.g., eligibility data source issues, official hire dates, questions about HR practices, and so forth)?
A233			If the volume of ETF involvement indicates a potential issue in performance standards, ETF would track the number of issues referred by the Contractor to ETF for resolution that should have been resolvable by the Contractor customer service or client liaison staff and compare that to the overall volume of Contractor customer service issues as tracked in Section 5.9.D.
Q234	Appendix 6	118	For the Required Reports that indicate a template will be provided by ETF, are those report templates available for bidder review?
A234			Many of these are first time reports, therefore, templates will be developed by ETF in collaboration with the Contractor after the contract start date.
Q235	Attachment C, C-1 Instructions and C-2 Cost Proposal tabs	C7	Pricing for the onsite wellness health coach item is requested on a per-hour basis at a "blended rate" for 100 hours, presumably to match the requirement for 100 hours of onsite support specified in RFP Section 5.7.H. A) Can you provide some guidance as to how such support has been provided previously or how it is intended to work? That is, approximately how many events/locations, coaches, hours per day of coaching attendance, etc. do you expect? B) Is it your expectation that the hours against which the hourly fee would apply related to the time that the coach is made available for coaching, such as eight (8) hours at an all-day event? C) Does the reference

			to a “blended rate” refer to the combination of coaching time and travel expenses?
A235			A) Currently, the Onsite Wellness Health Coach program does not exist. B) Yes. C) The blended hourly rate is the average hourly rate charged to the Department by the Contractor for any onsite wellness health coach regardless of the coach’s specialty or area of expertise. The onsite wellness health coach travel expenses (e.g. airfare, lodging, meals, and insurance) and other miscellaneous expenses related to the provision of Services within the RFP must be included in the Proposer's blended hourly rate and shall not be an additional charge to the Department.
Q236	Attachment D, tab D2, Financial Compliance Checklist	F4	This item specifies that the vendor will lower its fees upon negotiation with the State “if warranted”. Can you elaborate on the types of circumstances you envision that would warrant such negotiations to reduce fees? Are there circumstances in which negotiation of higher fees would be entertained?
A236			None are known at the time of the solicitation.
Q237	Attachment C (Cost Proposal), Tab C-1 Instructions	C5 & C6	Pricing for telephonic coaching and DM is requested on a per session basis, and the instructions specify that sessions are defined as having a minimum of 15 minutes. Call durations vary from member to member for a number of reasons. What is your expectation of this duration as it relates to fees? Is this a general expectation, or do you expect that a 14-minute call would not be billable? Does wrap time count in the 15-minute duration? Is this approach currently used? Depending on the specific rules, such an approach could have unintended consequences such as member dissatisfaction from artificially prolonged calls.
A237			Each coaching session fee is based the coach's time spent with the participant and their time spent on administrative activities related to the coaching session.
Q238	Appendix 7 (Liquidated Damages), Section I.2	4	The liquidated damages for I.2 is $2500 per quarter per survey requirement. Please elaborate on what the “per survey requirement” component means. Does this refer to the satisfaction categories of customer service, biometrics, HRA, and web portal as noted on pages 39 and 40? So for any given quarter, the $2,500 penalty could apply to each of four surveys?

A238			The penalty applies to all surveys required by the Contract.
Q239	Appendix 6		Can you provide all the templates that we are required to input data referenced in Appendix 6?
A239			See A234.

END

This Addendum is available on ETF's Extranet at http://etfextranet.it.state.wi.us/etf/internet/RFP/rfp.html.

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
State	Oshkosh Department of Natural Resources	1/8/2015	8:30 AM	12:30 PM	James P. Coughlin Building	Oshkosh	39
UW	University of Wisconsin, Stevens Point	2/13/2015	7:45 AM	12:45 PM	Dreyfus University Center	Stevens Point	198
State	Green Bay Department of Natural Resources, Northeast Regional Headquarters	2/16/2015	8:00 AM	12:00 PM	2984 Shawano Avenue	Green Bay	79
State	Madison Department of Workforce Development	2/16/2015	8:00 AM	1:00 PM	GEF1, 201 E. Washington Avenue	Madison	170
State	Madison Tommy Thompson Commerce Center	2/17/2015	8:00 AM	12:00 PM	201 W Washington Avenue	Madison	122
State	Eau Claire Benefit Center	2/18/2015	8:00 AM	12:00 PM	715 S. Barstow Street	Eau Claire	76
State	Wisconsin Rapids WisDOT	2/18/2015	6:30 AM	10:30 AM	State Office Building, 1681 Second Avenue South	Wisconsin Rapids	72
State	Rhinelander WisDOT	2/19/2015	7:45 AM	11:45 AM	510 N Hanson Lake Road	Rhinelander	44
State	La Crosse State Office Building	2/26/2015	7:00 AM	12:00 PM	3550 Mormon Coulee Road	La Crosse	88
State	Spooner Department of Natural Resources	3/3/2015	8:00 AM	12:00 PM	810 W. Maple St.	Spooner	60
State	Madison Public Service Commission	3/5/2015	8:00 AM	12:00 PM	610 North Whitney Way	Madison	74
State	Eau Claire DCF/WRO (only open to employees at this site and their adult dependents)	3/10/2015	7:00 AM	11:00 AM	610 Gibson Street	Eau Claire	33
State	Rhinelander Department of Natural Resources	3/10/2015	8:00 AM	12:00 PM	107 Sutliff Avenue	Rhinelander	63
State	WC DNR Headquarters Office	3/17/2015	7:00 AM	11:00 AM	1300 W Clairemont Avenue	Eau Claire	46
UW	University of Wisconsin, Eau Claire	3/17/2015	6:15 AM	12:15 PM	Davis Student Center	Eau Claire	271
State	WC DNR Headquarters Office	3/18/2015	7:00 AM	11:00 AM	1300 W Clairemont Avenue	Eau Claire	50
UW	University of Wisconsin, Eau Claire	3/18/2015	6:15 AM	12:15 PM	Davis Student Center	Eau Claire	279
State	Madison Department of Natural Resources	3/26/2015	8:00 AM	12:00 PM	GEF 2 Building	Madison	168
State	Milwaukee Department of Military Affairs (this event is only open to Dept. of Military Affairs employees and their adult dependents/spouses)	3/31/2015	2:00 PM	6:00 PM	128th Air Refueling Wing	Milwaukee	16
State	Fox Lake Correctional Institution (only open to employees at this location and their spouses/adult dependents)	4/1/2015	5:00 AM	9:00 AM	W10237 Lake Emily Road	Fox Lake	84
State	Green Bay State Office Building	4/1/2015	8:30 AM	12:30 PM	200 N Jefferson Street	Green Bay	69
State	Milwaukee Secure Detention Facility (open to employees at this location and their spouses/adult dependents)	4/1/2015	7:00 AM	12:00 PM	1015 N. 10th Street	Milwaukee	91
UW	University of Wisconsin, Stout- Sports and Fitness Center	4/1/2015	6:00 AM	1:00 PM	Sports and Fitness Center, 220 13th Avenue East	Menomonie	439
State	Fox Lake Correctional Institution (only open to employees at this location and their spouses/adult dependents)	4/2/2015	12:30 PM	4:30 PM	W10237 Lake Emily Road	Fox Lake	65
Hospital	Madison East Clinic	4/8/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	28

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	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
State	Madison Department of Administration	4/8/2015	10:30 AM	2:30 PM	101 E Wilson Street	Madison	152
State	Madison Department of Corrections	4/9/2015	7:30 AM	11:30 AM	3099 East Washington Avenue	Madison	89
State	Waukesha Lee Dreyfus State Office Building	4/9/2015	7:00 AM	12:00 PM	Lee Dreyfus State Office Building,141 NW Barstow Street	Waukesha	249
State	Madison Department of Transportation Hill Farms	4/14/2015	7:30 AM	12:30 PM	4802 Sheboygan Avenue	Madison	172
State	Waupun Dodge Correctional Facility (only open to employees at this	4/14/2015	10:00 AM	3:00 PM	1 West Lincoln Street	Waupun	102
State	Ashland Department of Natural Resources	4/15/2015	8:00 AM	12:00 PM	2501 Golf Course Road	Ashland	34
Hospital	Madison West Clinic	4/16/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	35
State	Redgranite Correctional Institution	4/16/2015	6:00 AM	11:00 AM	1006 County Rd EE	Redgranite	132
State	Madison ASB	4/20/2015	6:30 AM	10:30 AM	301 S. Westfield Drive	Madison	14
UW	University of Wisconsin, Green Bay	4/20/2015	8:00 AM	1:00 PM	2420 Nicolet Drive	Green Bay	166
UW	University of Wisconsin, La Crosse	4/23/2015	8:00 AM	12:00 PM	Carwright Center, 1741 State Street	La Crosse	159
Hospital	Madison CSC (UW Hospital and Clinics)	4/24/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	64
State	Mendota Mental Health Institute	4/28/2015	11:00 AM	4:00 PM	301 Troy Drive	Madison	126
Hospital	Madison Research Park	4/29/2015	7:30 AM	11:30 AM	621 Science Drive	Madison	18
State	Madison Department of Employee Trust Funds (this event is only open to ETF employees and their covered adult dependents/spouses)	4/29/2015	9:00 AM	1:00 PM	801 West Badger Road	Madison	50
State	Madison Department of Revenue	4/29/2015	8:00 AM	1:00 PM	2135 Rimrock Road	Madison	201
State	Oshkosh Correctional Institution	4/29/2015	6:00 AM	10:00 AM	1730 W Snell Road	Oshkosh	70
State	Sturtevant Probation and Parole	4/29/2015	8:00 AM	12:00 PM	9531 Rayne Road	Sturtevant	33
State	Green Bay Department of Transportation- WisDot NE Region	4/30/2015	6:00 AM	11:00 AM	944 Vanderperren Way	Green Bay	138
Hospital	Madison West Clinic	5/1/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	25
Hospital	Madison CSC (UW Hospital and Clinics)	5/4/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	60
State	Madison WisDOT SW Region	5/5/2015	8:00 AM	12:00 PM	2101 Wright Street	Madison	97
UW	University of Wisconsin, La Crosse	5/5/2015	8:00 AM	12:00 PM	Carwright Center, 1741 State Street	La Crosse	70
UW	University of Wisconsin, Stevens Point	5/5/2015	8:00 AM	1:00 PM	Dreyfus University Center	Stevens Point	163
State	Green Bay Correctional Institution	5/6/2015	8:00 AM	12:00 PM	2833 Riverside Drive	Green Bay	80
State	Madison Department of Children &	5/6/2015	8:00 AM	1:00 PM	GEF1, 201 E. Washington Avenue	Madison	111
State	Stanley Correctional Institution	5/6/2015	7:00 AM	12:00 PM	100 Corrections Drive	Stanley	124
State	Black River Falls Jackson Correctional Institution	5/7/2015	8:00 AM	12:00 PM	N6500 Haipek Road	Black River Falls	62
UW	University of Wisconsin, Milwaukee	5/12/2015	8:00 AM	4:30 PM	Student Union, 2200 E. Kenwood	Milwaukee	511
Hospital	Madison CSC (UW Hospital and Clinics)	5/13/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	46
Hospital	Madison Research Park	5/13/2015	7:30 AM	11:30 AM	621 Science Drive	Madison	20

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
State	Madison Monona Terrace	5/13/2015	7:30 AM	1:30 PM	1 John Nolen Drive	Madison	305
UW	Madison UW System Administration	5/13/2015	8:00 AM	1:00 PM	780 Regent Street	Madison	121
Local	Town of Grand Chute (this event is only open to Town of Grand Chute employees)	5/14/2015	7:00 AM	11:00 AM	1900 Grand Chute Blvd	Grand Chute	41
Local	Village of Waunakee	5/14/2015	6:30 AM	10:30 AM	Waunakee Village Center	Waunakee	28
State	Bureau of Milwaukee Child Welfare (open to employees in this building and their spouses/adult dependents)	5/14/2015	8:00 AM	12:00 PM	635 N. 26th Street	Milwaukee	49
State	Department of Veterans Affairs	5/19/2015	6:00 AM	10:00 AM	N2665 County Road QQ	King	80
State	Milwaukee Coggs (only open to Coggs, Ross and UMOS employees and their spouses/adult dependents)	5/19/2015	9:00 AM	1:00 PM	1220 W. Vliet Street	Milwaukee	123
State	Appleton Benefit Center	5/20/2015	8:00 AM	12:00 PM	47 Park Place	Appleton	51
State	Department of Veterans Affairs	5/20/2015	12:00 PM	4:00 PM	N2665 County Road QQ	King	64
State	State Patrol Wausau	5/20/2015	7:00 AM	11:00 AM	2805 Martin Avenue	Wausau	52
Hospital	Madison East Clinic	5/21/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	31
State	Milwaukee Teutonia (only open to employees at this location and their spouses/adult dependents)	5/21/2015	9:00 AM	1:00 PM	6091 N. Teutonia Avenue	Milwaukee	59
State	Milwaukee Department of Natural Resources	5/26/2015	8:00 AM	12:00 PM	2300 North Doctor Martin Luther King Junior Drive	Milwaukee	106
Local	Copper Lake Lincoln Hills School, Irma	5/27/2015	6:00 AM	10:00 AM	W4380 Copper Lake Road	Irma	48
State	Milwaukee Benefit Center (this event is only open to Milwaukee Benefit Center and Department of Motor Vehicle employees)	5/27/2015	8:30 AM	12:30 PM	6081 N. Teutonia Avenue	Milwaukee	70
Hospital	Madison West Clinic	6/1/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	37
State	Milwaukee State Office Building (this event is only open to State of Wisconsin employees)	6/1/2015	9:00 AM	1:00 PM	819 N. 6th Street	Milwaukee	129
State	Department of Veterans Affairs	6/2/2015	6:00 AM	10:00 AM	N2665 County Road QQ	King	71
State	Department of Veterans Affairs	6/3/2015	12:00 PM	4:00 PM	N2665 County Road QQ	King	43
State	Madison Public Service Commission	6/4/2015	8:00 AM	12:00 PM	610 North Whitney Way	Madison	58
Hospital	Madison CSC (UW Hospital and Clinics)	6/5/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	39
Local	City of South Milwaukee	6/6/2015	7:00 AM	11:00 AM	2424 15th Avenue	South Milwaukee	75
Local	Village of Hartland (only open to Village of Hartland employees and their spouses/adult dependents)	6/9/2015	7:00 AM	11:00 AM	210 Cottonwood Avenue	Hartland	26
State	Madison Central Wisconsin Center	6/10/2015	9:00 AM	1:00 PM	317 Knutson Drive	Madison	85
State	Madison Department of Transportation Hill Farms	6/10/2015	7:30 AM	11:30 AM	4802 Sheboygan Avenue	Madison	130

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
Local	City of South Milwaukee	6/12/2015	6:00 AM	10:00 AM	2424 15th Avenue	South Milwaukee	71
Hospital	Madison East Clinic	6/16/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	58
State	Department of Veterans Affairs	6/16/2015	6:00 AM	10:00 AM	N2665 County Road QQ	King	55
UW	UW Madison	6/16/2015	9:00 AM	1:00 PM	21 North Park St.	Madison	65
State	Department of Veterans Affairs	6/17/2015	12:00 PM	4:00 PM	N2665 County Road QQ	King	42
Hospital	Madison CSC (UW Hospital and Clinics)	6/18/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	72
State	Milwaukee Job Center	6/19/2015	8:00 AM	12:00 PM	2701 S. Chase Avenue	Milwaukee	50
State	Milwaukee Women's Correctional Center (open only to employees at this site and their spouses/adult	6/24/2015	8:00 AM	12:00 PM	615 West Keefe Avenue	Milwaukee	15
State	Winnebago Wisconsin Resource	6/24/2015	6:00 AM	10:00 AM	1505 North Drive	Winnebago	59
State	Winnebago Wisconsin Resource	6/25/2015	11:00 AM	3:00 PM	1505 North Drive	Winnebago	54
UW	UW Madison, Division of Continuing Studies	6/25/2015	9:00 AM	1:00 PM	21 North Park Street	Madison	50
State	Plymouth Kettle Moraine Correctional Institution	6/26/2015	5:30 AM	9:30 AM	W9071 Forest Drive	Plymouth	69
State	Rice Lake Department of Corrections	7/14/2015	8:00 AM	12:00 PM	2700 College Drive	Rice Lake	19
Local	City of Shawano City Hall (only open to City of Shawano employees/Shawano Municipal Utility employees and their spouses/adult dependents)	7/15/2015	12:00 PM	4:00 PM	127 S. Sawyer Street	Shawano	32
State	Gateway Center	7/15/2015	8:00 AM	12:00 PM	3520 30th Avenue	Kenosha	37
State	Racine Youthful Offenders Correctional Facility (only open to employees at this facility and their spouses/adult dependents)	7/21/2015	11:00 AM	3:00 PM	1414 Albert Street	Racine	69
State	Sand Ridge Secure Treatment Center (this event is only open to employees and their spouses/adult dependents)	7/21/2015	8:00 AM	1:00 PM	1111 North Road	Mauston	171
State	Oshkosh Correctional Institution	7/22/2015	6:00 AM	10:00 AM	1730 W Snell Road	Oshkosh	35
UW	UW Madison (East Campus Mall)	7/22/2015	8:00 AM	12:00 PM	333 East Campus Mall	Madison	95
Hospital	Madison CSC (UW Hospital and Clinics)	7/23/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	92
State	Robert E. Ellsworth Correctional Center (only open to employees at this facility and their spouses/adult	7/23/2015	6:00 AM	10:00 AM	21425-A Spring Street	Union Grove	26
UW	UW Madison (East Campus Mall)	7/23/2015	8:00 AM	12:00 PM	333 East Campus Mall	Madison	64
State	Winnebago Mental Health Institution (this event is only open to employees and their spouses/adult dependents)	7/28/2015	7:00 AM	12:00 PM	1300 South Drive	Winnebago	141
State	Boscobel Wisconsin Secure Program Facility	7/29/2015	11:00 AM	3:00 PM	1101 Morrison Drive	Boscobel	49

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
State	Department of Workforce Development (only open to DWD employees and their spouses/adult dependents)	8/4/2015	12:30 PM	4:30 PM	1802 Appleton Road	Menasha	13
Local	City of Watertown (only open to City of Watertown employees and their spouses/adult dependents)	8/5/2015	7:30 AM	11:30 AM	106 Jones Street	Watertown	54
Local	Jefferson County & Jefferson City (only open to Jefferson City & County employees and their spouses/adult dependents)	8/5/2015	7:00 AM	11:00 AM	864 Collins Road	Jefferson	119
State	Plymouth Kettle Moraine Correctional Institution	8/11/2015	11:30 AM	3:30 PM	W9071 Forest Drive	Plymouth	46
Local	Green Bay Metropolitan Sewerage District	8/12/2015	3:00 PM	7:00 PM	2231 N. Quincy Street	Green Bay	48
Local	Marquette County, Services Center	8/19/2015	8:00 AM	12:00 PM	480 Underwood Avenue	Montello	54
Local	Montello Schools (this event is only open to Montello School employees)	8/20/2015	10:00 AM	2:00 PM	222 Forest Lane	Montello	23
State	Winnebago Mental Health Institution (this event is only open to employees and their spouses/adult dependents)	8/20/2015	11:00 AM	4:00 PM	1300 South Drive	Winnebago	114
UW	UW Madison, Memorial Library	8/25/2015	8:00 AM	1:00 PM	728 State Street	Madison	87
Local	Fennimore Community Schools	8/27/2015	9:00 AM	1:00 PM	830 Madison Street	Fennimore	45
Local	Monona Grove School District (this event is only open to Monona Grove School District employees and their spouses/adult dependents)	8/27/2015	11:30 AM	3:30 PM	5301 Monona Drive	Monona	43
Local	City of Madison, Police Training Center (only open to City of Madison employees and their spouses/adult	9/1/2015	7:00 AM	11:00 AM	5702 Femrite Drive	Madison	45
Hospital	Madison CSC (UW Hospital and Clinics)	9/2/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	67
Local	City of Madison, Engineering West (only open to City of Madison employees and their spouses/adult	9/2/2015	6:30 AM	10:30 AM	1600 Emil Street	Madison	18
Hospital	Madison West Clinic	9/10/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	46
State	Neenah DOC Regional Office	9/10/2015	7:45 AM	11:45 AM	1360 American Drive	Neenah	32
State	Wisconsin Disability Bureau (open only to employees at this site and their spouses/adult dependents)	9/10/2015	8:00 AM	12:00 PM	722 Williamson Street	Madison	83
State	Madison Department of Health	9/16/2015	8:00 AM	12:00 PM	1 West Wilson Street	Madison	196
State	Madison Department of Workforce Development	9/16/2015	8:00 AM	1:00 PM	GEF1, 201 E. Washington Avenue	Madison	106
Hospital	Madison CSC (UW Hospital and Clinics)	9/17/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	65
Hospital	Madison Research Park	9/17/2015	7:30 AM	11:30 AM	621 Science Drive	Madison	46

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
UW	University of Wisconsin, Platteville (only open to UW-Platteville employees and their spouses/adult dependents)	9/22/2015	7:00 AM	12:00 PM	1 University Plaza	Platteville	244
Hospital	Madison East Clinic	9/23/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	51
State	Madison Department of Administration	9/23/2015	8:00 AM	12:00 PM	101 E Wilson Street	Madison	68
State	Madison Department of Corrections	9/29/2015	7:30 AM	11:30 AM	3099 East Washington Avenue	Madison	77
State	Taycheedah Correctional Institution (only open to employees at this	9/29/2015	6:00 AM	11:00 AM	751 County Road K	Fond du Lac	107
Local	City of Marinette, City Hall	9/30/2015	7:00 AM	11:00 AM	1905 Hall Avenue	Marinette	56
State	Hudson Department of Community Corrections	9/30/2015	8:00 AM	12:00 PM	2100 O'Neil Road, Suite 300	Hudson	40
State	Madison Department of Employee Trust Funds (this event is only open to ETF employees and their covered adult dependents/spouses)	9/30/2015	9:00 AM	1:00 PM	801 West Badger Road	Madison	25
State	Madison Department of Revenue	9/30/2015	8:00 AM	12:00 PM	2135 Rimrock Road	Madison	102
Hospital	Madison East Clinic	10/5/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	42
Local	City of Madison, Metro Transit (only open to City of Madison employees and their spouses/adult dependents)	10/6/2015	6:30 AM	10:30 AM	1101 E. Washington Avenue	Madison	23
State	Eau Claire State Office Building	10/6/2015	12:30 PM	4:30 PM	718 W. Clairemont Avenue	Eau Claire	92
UW	UW Madison, Union South	10/6/2015	9:00 AM	3:00 PM	1308 W. Dayton Street	Madison	351
Local	City of Madison, Metro Transit (only open to City of Madison employees and their spouses/adult dependents)	10/7/2015	6:30 AM	10:30 AM	1101 E. Washington Avenue	Madison	18
State	Wautoma DNR Office	10/7/2015	6:00 AM	10:00 AM	427 E Tower Drive, Suite 100	Wautoma	30
UW	University of Wisconsin, Milwaukee	10/7/2015	8:00 AM	4:30 PM	Student Union, 2200 E. Kenwood	Milwaukee	391
State	New Lisbon Correctional Institution (only open to employees at this	10/8/2015	6:00 AM	10:00 AM	2000 Progress Road	New Lisbon	71
State	Chippewa Valley Correctional Treatment Facility (only open to DOC & DHS-Northern Wisconsin Center employees along with their spouses/adult dependents)	10/13/2015	9:00 AM	1:00 PM	2909 East Park Avenue	Chippewa Falls	101
State	Columbia Correctional Institution (only open to DOC employees and their spouses/adult dependents)	10/13/2015	7:00 AM	11:00 AM	2925 Columbia Drive	Portage	61
Local	Copper Lake Lincoln Hills School, Irma	10/14/2015	6:00 AM	10:00 AM	W4380 Copper Lake Road	Irma	22
State	Madison Central Wisconsin Center	10/14/2015	11:00 AM	3:00 PM	317 Knutson Drive	Madison	107
State	Superior Department of Transportation Building	10/14/2015	9:00 AM	1:00 PM	1701 N. 4th Street	Superior	33
Hospital	Madison Research Park	10/15/2015	7:30 AM	11:30 AM	621 Science Drive	Madison	79
UW	University of Wisconsin, La Crosse	10/20/2015	8:00 AM	1:00 PM	Carwright Center, 1741 State Street	La Crosse	192

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
Hospital	Madison CSC (UW Hospital and Clinics)	10/21/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	91
State	Madison Monona Terrace	10/21/2015	8:00 AM	1:00 PM	1 John Nolen Drive	Madison	261
State	Oshkosh Correctional Institution	10/21/2015	12:00 PM	4:00 PM	1730 W Snell Road	Oshkosh	70
State	Prairie du Chien Correctional Institution	10/22/2015	6:00 AM	10:00 AM	500 E Parrish Street	Prairie du	34
UW	UW Madison, Pharmacy School	10/22/2015	9:00 AM	2:00 PM	777 Highland Avenue	Madison	173
State	Department of Agriculture and Consumer Protection (DATCP)	10/23/2015	8:00 AM	12:00 PM	2811 Agriculture Drive	Madison	55
State	Milwaukee DCF- MECA (this event is only open to state employees)	10/23/2015	9:00 AM	1:00 PM	1220 W Vliet Street, Suite 200E	Milwaukee	88
Hospital	Madison West Clinic	10/26/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	76
Local	City of Sparta (only open to City of Sparta employees and their spouses/adult dependents)	10/26/2015	7:30 AM	11:30 AM	City Hall, 201 W. Oak Street	Sparta	26
UW	UW Madison Housing, Gordon Events Center	10/26/2015	12:00 PM	4:00 PM	770 W. Dayton Street	Madison	123
UW	School of Veterinary Medicine	10/27/2015	10:00 AM	2:00 PM	2015 Linden Drive	Madison	175
UW	UW Madison Housing, Dejope Hall	10/28/2015	8:00 AM	12:00 PM	640 Elm Drive	Madison	101
Hospital	Madison CSC (UW Hospital and Clinics)	10/29/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	100
Local	Jefferson County & Jefferson City (only open to Jefferson City & County employees and their spouses/adult dependents)	10/29/2015	7:00 AM	11:00 AM	864 Collins Road	Jefferson	65
State	Department of Agriculture and Consumer Protection (DATCP)	10/30/2015	8:00 AM	12:00 PM	2811 Agriculture Drive	Madison	68
UW	University of Wisconsin- Stout, Memorial Student Center	11/3/2015	7:30 AM	11:30 AM	Memorial Student Center, 302 10th Avenue	Menomonie	158
UW	University of Wisconsin, River Falls	11/4/2015	9:00 AM	1:00 PM	501 Wild Rose Avenue	River Falls	71
UW	UW Madison CALS, Microbial Sciences Building	11/4/2015	8:00 AM	1:00 PM	Microbial Sciences Building, 1550 Linden Drive	Madison	172
UW	University of Wisconsin- Whitewater	11/5/2015	6:00 AM	11:00 AM	800 West Main Street	Whitewater	206
Hospital	Madison CSC (UW Hospital and Clinics)	11/6/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	94
State	Madison Department of Children &	11/9/2015	8:00 AM	1:00 PM	GEF1, 201 E. Washington Avenue	Madison	141
State	Madison Department of Safety and Professional Services	11/9/2015	10:00 AM	2:00 PM	1400 E. Washington Avenue	Madison	66
State	Madison DWD UI Benefit Center (only open to employees at this location and their spouses/adult dependents)	11/9/2015	10:00 AM	2:00 PM	Ultratec Building, 460 Science Drive	Madison	33
UW	UW Madison	11/9/2015	8:30 PM	11:45 PM	21 North Park St.	Madison	110
UW	UW Madison	11/10/2015	12:00 AM	12:30 AM	21 North Park St.	Madison	Included above
State	Boscobel Wisconsin Secure Program Facility	11/11/2015	5:30 AM	9:30 AM	1101 Morrison Drive	Boscobel	50

APPENDIX 8 **2015 Onsite Biometric Sreening Events**

	CompanyName	ScreeningDate	StartTime	EndTime	Address1	City	# Screened
State	Department of Agriculture and Consumer Protection (DATCP)	11/11/2015	8:00 AM	12:00 PM	2811 Agriculture Drive	Madison	69
State	Department of Natural Resources	11/11/2015	8:30 AM	12:30 PM	473 Griffith Avenue	Wisconsin Rapids	29
Hospital	Madison CSC (UW Hospital and Clinics)	11/12/2015	5:30 AM	9:30 AM	600 Highland Avenue	Madison	126
Hospital	Madison Research Park	11/12/2015	7:30 AM	11:30 AM	621 Science Drive	Madison	91
Local	Portage Cooperative Educational Services Agency (CESA)	11/12/2015	6:30 AM	10:30 AM	626 E Slifer Street	Portage	72
State	Bureau of Milwaukee Child Welfare (open to employees in this building and their spouses/adult dependents)	11/12/2015	8:00 AM	12:00 PM	635 N. 26th Street	Milwaukee	29
State	Prairie du Chien Correctional Institution	11/12/2015	6:00 AM	10:00 AM	500 E Parrish Street	Prairie du	27
State	Western Wisconsin Workforce Development	11/12/2015	8:00 AM	12:00 PM	2615 East Avenue South	La Crosse	50
UW	UW Madison, Law School	11/13/2015	8:00 AM	12:00 PM	975 Bascom Mall	Madison	112
Hospital	Madison West Clinic	11/16/2015	8:00 AM	12:00 PM	451 Junction Road	Madison	97
Hospital	Madison East Clinic	11/18/2015	8:00 AM	12:00 PM	5249 E. Terrace Drive	Madison	95
						TOTALS	**Actual participatior**
							16,645

APPENDIX 9

Standard Claims Extract v4.9_L2

File Format					
Field Name	Field Length	Format	Start	End	Description
CLM_AUTH_NUM	16	A/N	1	16	The unique claim authorization number assigned to a paid and reversal transactions. For rejected transactions a unique transaction key is assigned.
CLAIM_STS	30	A/N	17	46	The claim status assigned to a claim. Valid Values: PAID, REVERSAL, REJECTED.
PAID_CLM_AUTH_NUM	14	A/N	47	60	The unique claim authorization number of the paid claim that was reversed. This field will only be populated if the claim status is a REVERSAL
NAVITUS_CLM_ID	15	A/N	61	75	The claim ID which is assigned to the claim transactions to tie all the transactions together for one claim. This is based on the seven part claim key: Carrier ID; Family ID; Person Code; Script Number; Date of Service; Pharmacy Number; Refill Code
ASSOC_ID	10	A/N	76	85	The Association code is used to identify the first level of the client hierarchy and usually represents the Third Party Administrator (TPA) name or other identifier as appropriate. The Association code is used for reporting purposes and not used for claim adjudication.
ORG_ID	10	A/N	86	95	The Organization code is used to identify the second level of the client hierarchy and usually represents the client name or other identifier as appropriate. The Organization code is used for reporting purposes and not used for claim adjudication.
CARRIER_ID	10	A/N	96	105	The Carrier ID is used to identify the third level of the client hierarchy and usually represents the Client name, line of business or other identifier as appropriate. The Carrier ID is used for reporting and claim adjudication purposes.

Field Name	Field Length	Format	Start	End	Description
ACCOUNT_ID	15	A/N	106	120	The Account ID is used to identify the fourth level of the client hierarchy and usually represents the line of business or other identifier as appropriate. The Account ID is used for reporting purposes and not used for claim adjudication.
GROUP_ID	20	A/N	121	140	The Group ID is used to identify the fifth level of the client hierarchy and represents the entity to which the plan benefit design is attached. The Group ID is used for reporting and claim adjudication purposes.
SUBGROUP_ID	20	A/N	141	160	The Subgroup ID is used to identify the sixth level of the client hierarchy and represents locations, employee status, an entity to which a plan benefit design can be attached or other identifier as appropriate. The Subgroup ID is used for reporting and can be used for claim adjudication purposes.
LOCATION_ID	10	A/N	161	170	Not currently supported. For future use.
MEM_UNIQUE_ID	30	A/N	171	200	The member ID uniquely identifies each individual within a family and across the entire membership for the client.
MEM_LAST_NAME	25	A/N	201	225	The last name of the member.
MEM_FIRST_NAME	25	A	226	250	The first name of the member.
MEM_MIDDLE_INIT	1	A/N	251	251	The middle initial of the member.
MEM_PERSON_CD	2	A/N	252	253	The person code assigned to a specific person within the family. 01=Subscriber 02=Spouse 03=Dependant #1 04=Dependent #2, etc.
MEM_REL_CD	2	A/N	254	255	The relationship code indicates the member's relationship to the subscriber. 1=Cardholder 2=Spouse 3=Child 4=Other
MEM_GENDER	1	A/N	256	256	The member's gender code. M=Male F=Female
MEM_BIRTH_DT	8	A/N	257	264	The date of birth of the member Format: CCYYMMDD

Field Name	Field Length	Format	Start	End	Description
MEM_ZIP	10	A/N	265	274	The zip code associated with the member's mailing address. Formatted: XXXXX-XXXX
MEM_SOC_SEC_NUM	9	A/N	275	283	The member's Social Security Number.
MEM_FAMILY_ID	30	A/N	284	313	The family ID ties all the members of the family together by a unique ID.
MEM_PLAN_ID	20	A/N	314	333	The plan number assigned to the member which determines the prescription benefit.
MEM_PRDCT_CD	15	A/N	334	348	The client-defined product code assigned to the member used for reporting purposes.
MEM_RIDER_CD	20	A/N	349	368	The client-defined rider code assigned to the member used for reporting purposes.
MEM_OTHER_COVRG_IND	30	A/N	369	398	The other coverage code or alternate coverage which indicates whether or not the member has other insurance coverage. HAS ALTERNATE INSURANCE=Other coverage exists for the member NO ALTERNATE INSURANCE=Member has no other coverage
MEM_OTHER_COVRG_ID	20	A/N	399	418	The other coverage or alternate ID of the member's other insurance policy.
FILLER_1	1	A/N	419	419	Reserved for future use
FILLER_2	15	A/N	420	434	Reserved for future use
CLM_ELIG_CLARIF_CD	1	A/N	435	435	NCPDP Field #309 - The Eligibility Clarification Code indicating that the pharmacy is clarifying eligibility for a member. 0=Not Specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other

Field Name	Field Length	Format	Start	End	Description
CLM_CUST_LOCATION	2	A/N	436	437	NCPDP Field #307- The customer location code identifying the place where a drug or service is dispensed or administered. Blank=Not specified 1=Pharmacy 2=Unassigned 3=School etc
CLM_FACILITY_ID	10	A/N	438	447	NCPDP Field #336 - the facility ID assigned to the member's clinic/facility.
CLM_OTHER_COVRG	1	A/N	448	448	NCPDP Field #308 - the code indicating whether or not the member has other insurance coverage. 0=Not Specified 1=No other coverage exists 2=Other Coverage Exists payment collected 3=Other Coverage billed claim not covered etc.
SUBMIT_DT	8	A/N	449	456	The date the claim transaction was submitted. Format: CCYYMMDD
SUBMIT_TIMESTAMP	14	A/N	457	470	The date and time the claim transaction was submitted. Format: CCYYMMDD HHMISS
SERVICE_DT	8	A/N	471	478	The service/fill date of the claim transaction. Format: CCYYMMDD
NAVITUS_INVOICE_NUM	25	A/N	479	503	The Navitus invoice number assigned to the claim during the billing process.
INVOICE_DT	8	A/N	504	511	The date the invoice was generated. Format: CCYYMMDD
CLM_COUNTER	2	N	512	513	The claim counter assigned to the transaction. 1 = PAID -1 = REVERSAL 0 = REJECT

Field Name	Field Length	Format	Start	End	Description
CLM_ORIGIN	20	A/N	514	533	The claim origin represents the how the claim was submitted. BATCH = Claims submitted via a batch process MANUAL ENTRY = manually entered claim TRANSMITTED = claims submitted electronically
CLM_REIMBURSE_TYPE	20	A/N	534	553	The claim reimbursement type represent the entity who was paid for the claim. MEMBER = Member reimbursed for the claim PHARMACY = Pharmacy reimbursed for the claim
FILLER_3	9	A/N	554	562	Reserved for future use
RX_NUM_QUAL	1	A/N	563	563	NCPDP Field #455 - Indicates the type of billing submitted. 1=Rx Billing - Transaction is a billing for a prescription or OTC drug product 2=Service Billing - Transaction is a billing for a professional service performed.
REFILL_CD	2	A/N	564	565	NCPDP Field #403 - The code indicating whether the prescription is an original or a refill. 00=New/Original Fill 1-99 = Refill Number
COMPOUND_CD	1	A/N	566	566	NCPDP Field #406 - Code indicating whether or not the prescription is a compound. 0=Not Specified 1=Not a Compound 2=Compound
PRODUCT_SRVC_QUAL	2	A/N	567	568	NCPDP Field #436 - Code qualifying the value in Product/Service ID (NCPDP Field #407).
NDC_NUM	11	A/N	569	579	NCPDP Field #407 - ID of the product dispensed or service provided.

Field Name	Field Length	Format	Start	End	Description
METRIC_DECIMAL_QTY	13	N	580	592	NCPDP Field #442 - Quantity dispensed expressed in metric decimal units. Format: 999999999.999 When the claim status is reversal then the claim will have a negative amount, Format: -99999999.999
DAYS_SUPPLY	4	N	593	596	NCPDP Field #405 - Estimated number of days the prescription will last. When the claim status is reverasl the days supply will be negative
DISPENSE_AS_WRITTEN	1	A/N	597	597	NCPDP Field #408 - Code indicating whether or not the prescriber's instructions regarding generic substitution were followed. Product Selection code or Dispense as Written (DAW) code. 0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed-member Requested Product Dispensed 3=Substitution Allowed-Pharmacist Selected Product Dispensed 4=Substitution Allowed-Generic Drug Not in Stock 5=Substitution Allowed-Brand Drug Dispensed as a Generic 6=Override 7=Substitution Not Allowed-Brand Drug Mandated by Law 8=Substitution Allowed-Generic Drug Not Available in Marketplace 9=Substitution Allowed By Prescriber but Plan Requests Brand - members Plan Requested Brand Product To Be Dispensed
WRITTEN_DT	8	A/N	598	605	NCPDP Field #414 - The date the prescription was written by the prescriber. Format: CCYYMMDD
REFILLS_AUTH	2	N	606	607	NCPDP Field #415 - The number of refills authorized by the prescriber.

Field Name	Field Length	Format	Start	End	Description
RX_ORIGIN_CD	1	A/N	608	608	NCPDP Field #419 - Code indicating the origin of the prescription. 0=Unknown 1=Written - Prescription obtained via paper. 2=Telephone - Prescription obtained via oral instructions or interactive voice response using a phone. 3=Electronic - Prescription obtained via SCRIPT or HL7 Standard transactions. 4=Facsimile - Prescription obtained via transmission using a fax machine. 5=Pharmacy - This value is used to cover any situation where a new Rx number needs to be created from an existing valid prescription such as traditional transfers, intrachain transfers, file buys, software upgrades/migrations, and any reason necessary to give it a new number.
RX_CLARIFICATION_CD	2	A/N	609	610	NCPDP Field #420 - Code indicating that the pharmacist is clarifying the submission. 0=Not Specified 1=No Override 2=Other Override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change etc.
CLM_PRIOR_AUTH_NUM	12	A/N	611	622	The prior authorization number submitted on the claim.

Field Name	Field Length	Format	Start	End	Description
PRIOR_AUTH_CERT_CD	1	A/N	623	623	NCPDP Field #416 - Value indicating prior authorization or medical certification occurred, and the number associated with the code in the left most position. 1=Prior authorization 2=Medical certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) 4=Exemption from co-pay 5=Exemption from prescription limits 6=Family planning indicator 7=TANF (Temporary Assistance for Needy Families) 8=Payer defined exemption
MEMBER_PRIOR_AUTH_NUM	30	A/N	624	653	The Navitus member prior authorization number assigned to the member.
MPA_REASON_CD	20	A/N	654	673	The reason code attached to the member prior authorization.
MPA_START_DT	8	A/N	674	681	The member prior authorization start/effective date attached to the member prior authorization. Format: CCYYMMDD
MPA_END_DT	8	A/N	682	689	The member prior authorization end/expiration date attached to the member prior authorization. Format: CCYYMMDD
DRUG_PRDCT_NAME	25	A/N	690	714	The drug product name of the product dispensed on the claim.
DRUG_PRDCT_DESC	25	A/N	715	739	The drug product name including the dosage form and strength.

Field Name	Field Length	Format	Start	End	Description
DRUG_TIER	2	A/N	740	741	The formulary drug tier assigned the drug dispensed on the claim. If Tier assigned is other than standard 1, 2, or 3, definitions used could be (based on client plan design): D = Specific OTC covered copays F = Tier 4 copays M = Medicare Only O = Split Fill P = Preventative Drugs S = Specialty Drugs X = Med B Drugs Z = Client Specific $0 copays
GENERIC_PRDCT_ID	14	A/N	742	755	The generic product identifier (GPI) assigned to the dispensed product. Products having the same 14-character GPI are identical with respect to active ingredient(s), dosage form, route, and strength or concentration.
GENERIC_PRDCT_NAME	60	A/N	756	815	The generic name of the dispensed product including dosage form and strength.
AHFS_CD	6	A/N	816	821	American Hospital Formulary Service Class Code
DRUG_DEA_CLASS_CD	5	A/N	822	826	The DEA class code (or schedule) assigned to the drug, C-II, C-III, and C-IV.
RX_OTC_CD	1	A/N	827	827	The Rx OTC code indicates federal prescription (Rx) or over-the-counter (OTC) status O=OTC SINGLE SOURCE P=OTC MULTI SOURCE R=RX SINGLE S=RX MULTI
MULTI_SOURCE_IND	1	A/N	828	828	The multi-source indicator identifies drug products as either single- or multiple- source original drug products or a generic copy of a standard drug product. Brand = O drugs ---> Brand w/Generic Equiv Generic = Y drugs ---> Generic drugs Multisource = M & N drugs ---> Brand Multiple & Single Source

Field Name	Field Length	Format	Start	End	Description
DRUG_STRENGTH	12	N	829	840	The drug strength of the product dispensed on the claim. 9 BEFORE THE DECIMAL AND 3 DECIMAL PLACES
DRUG_STRENGTH_UOM	12	A/N	841	852	The drug strength unit of measure of the product dispensed on the claim.
SUBMIT_PHARM_ID	12	A/N	853	864	NCPDP Field #201 - The unique ID assigned to a pharmacy or provider.
PHARM_ID_QUAL	2	A/N	865	866	NCPDP Field #202 - The pharmacy ID qualifier, which qualifies the Service Provider ID submitted on the claim. (2-B1). 00=Not Specified 01=NPI 07=NCPDP ID etc
PHARM_NAME	35	A/N	867	901	The name of the pharmacy where the claim was dispensed for the member.
PHARM_STORE_NUM	10	A/N	902	911	The pharmacy store number where the claim was dispensed for the member.
PHARM_AFFIL_CD	3	A/N	912	914	The pharmacy affiliation/chain code where the claim was dispensed for the member.
PHARM_CONTRACT_TYPE	50	A/N	915	964	Not currently supported. For future use.
PHARM_ADDR_1	50	A/N	965	1014	The street address - line 1 associated with the pharmacy's mailing address.
PHARM_ADDR_2	50	A/N	1015	1064	The street address - line 2 associated with the pharmacy's mailing address.
PHARM_CITY	50	A/N	1065	1114	The city associated with the pharmacy's mailing address.
PHARM_STATE_CD	2	A/N	1115	1116	The state abbreviation associated with the pharmacy's mailing address.
PHARM_ZIP_CD_10	10	A/N	1117	1126	The zip code associated with the pharmacy's mailing address. Formatted: XXXXX-XXXX
PHARM_PHONE_NUM	10	A/N	1127	1136	The phone number associated with the pharmacy.
PRESCRIBER_ID	10	A/N	1137	1146	The prescriber ID submitted on the claim.

Field Name	Field Length	Format	Start	End	Description
PRESCRIBER_ID_QUAL	2	A/N	1147	1148	NCPDP Field #466 - the code qualifying the type of Prescriber ID submitted with the claim. 00=Not Specified 01=NPI 12=DEA etc
PRESCRIBER_NAME	40	A/N	1149	1188	The prescriber/physician name of the person who prescribed the prescription.
PRESCRIBER_ADDR_1	50	A/N	1189	1238	The street address - line 1 associated with the prescriber's mailing address.
PRESCRIBER_ADDR_2	50	A/N	1239	1288	The street address - line 2 associated with the prescriber's mailing address.
PRESCRIBER_CITY	50	A/N	1289	1338	The city associated with the prescriber's mailing address.
PRESCRIBER_STATE_CD	2	A/N	1339	1340	The state abbreviation associated with the prescriber's mailing address.
PRESCRIBER_ZIP_CD_10	10	A/N	1341	1350	The zip code associated with the prescriber's mailing address. Formatted: XXXXX-XXXX
PRESCRIBER_PHONE_NUM	15	A/N	1351	1365	The phone number associated with the prescriber.
REJECT_CD1_DESCR	60	A/N	1366	1425	The first rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CD2_DESCR	60	A/N	1426	1485	The second rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CD3_DESCR	60	A/N	1486	1545	The third rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.

Field Name	Field Length	Format	Start	End	Description
DUR_CONFLICT_CD	2	A/N	1546	1547	NCPDP Field #439 - The DUR conflict code identifying the type of utilization conflict detected by the prescriber or the pharmacist or the reason for the pharmacist's professional service. DD=Drug to Drug Interaction ER=Overuse, early refill HD=High Dose LD=Low Dose etc..
DUR_INTERVENTION_CD	2	A/N	1548	1549	NCPDP Field #440 - The DUR intervention code identifying pharmacist intervention when a conflict code has been identified or service has been rendered. R0= Pharmacist consulted another source TH=Therapeutic Product Interchange M0=Prescriber Consulted etc...
DUR_OUTCOME_CD	2	A/N	1550	1551	NCPDP Field #441 - The DUR outcome code represents the action taken by a pharmacist or prescriber in response to a conflict or the result of a pharmacist's professional service. 1B=Filled Prescription as is 1C=Filled with a different dose 1D=Filled with a different directions 1E=Filled with a different drug etc....
LEVEL_OF_SRVC	2	A/N	1552	1553	NCPDP Field #418 - Code indicating the type of service the provider rendered. 0=Not Specified 1=member consultation 2=Home delivery 3=Emergency 4=24 hour service 5=member consultation regarding generic product selection 6=In-Home Service

Field Name	Field Length	Format	Start	End	Description
DIAGNOSIS_CD	15	A/N	1554	1568	NCPDP Field #424 - the diagnosis code submitted on the claim which signifies the diagnosis of the member.
DIAGNOSIS_CD_QUAL	2	A/N	1569	1570	NCPDP Field #492 - the diagnosis code qualifying the Diagnosis Code. 00=not specified 01=international classification of diseases (ICD9). 02=International Classification of Diseases (ICD10) etc…
DRUG_CONFLICT_CD1	2	A/N	1571	1572	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc
CLINICAL_SIGNIFICANCE_CD1	1	A/N	1573	1573	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined
OTHER_PHARM_IND1	1	A/N	1574	1574	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT1	8	A/N	1575	1582	NCPDP Field #530 - the date prescription was previously filled. Format:CCYYMMDD
PREV_FILL_QTY1	12	A/N	1583	1594	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.

Field Name	Field Length	Format	Start	End	Description
DATABASE_IND1	1	A/N	1595	1595	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND1	1	A/N	1596	1596	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber
DUR_FREE_TXT_MESSAGE1	30	A/N	1597	1626	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
DRUG_CONFLICT_CD2	2	A/N	1627	1628	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc
CLINICAL_SIGNIFICANCE_CD2	1	A/N	1629	1629	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined
OTHER_PHARM_IND2	1	A/N	1630	1630	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT2	8	A/N	1631	1638	NCPDP Field #530 - the date prescription was previously filled. Format:CCYYMMDD
PREV_FILL_QTY2	12	A/N	1639	1650	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.

Field Name	Field Length	Format	Start	End	Description
DATABASE_IND2	1	A/N	1651	1651	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND2	1	A/N	1652	1652	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber
DUR_FREE_TXT_MESSAGE2	30	A/N	1653	1682	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
DRUG_CONFLICT_CD3	2	A/N	1683	1684	The drug conflict code associated with the claim DD=Drug to Drug LD=Lose Dose HD=High Dose LR=Late Refill etc
CLINICAL_SIGNIFICANCE_CD3	1	A/N	1685	1685	NCPDP Field #528- the severity code identifying the significance or severity level of a clinical event as contained in the originating database. Blank - Not Specified 1=Major 2=Moderate 3=Minor 9=Undetermined
OTHER_PHARM_IND3	1	A/N	1686	1686	NCPDP Field #529 - the code indicating the pharmacy responsible for the previous event involved in the DUR conflict. 0=Not Specified 1=Your Pharmacy 2=Other Pharmacy in same chain 3=Other Pharmacy
PREV_FILL_DT3	8	A/N	1687	1694	NCPDP Field #530 - the date prescription was previously filled. Format:CCYYMMDD
PREV_FILL_QTY3	12	A/N	1695	1706	NCPDP Field #531- the amount expressed in metric decimal units of the conflicting agent that was previously filled.

Field Name	Field Length	Format	Start	End	Description
DATABASE_IND3	1	A/N	1707	1707	NCPDP Field #532 - the code identifying the source of drug information used for DUR processing. 1=First DataBank 2=Medi-Span
OTHER_PRESCRIB_IND3	1	A/N	1708	1708	NCPDP Field #533 - the code comparing the prescriber of the current prescription to the prescriber of the previously filled conflicting prescription. 0=Not Specified 1=Same Prescriber 2=Other Prescriber
DUR_FREE_TXT_MESSAGE3	30	A/N	1709	1738	NCPDP Field #544 the text that provides additional detail regarding a DUR conflict.
OOP_FLAG	1	A/N	1739	1739	Not currently supported. For future use.
DEDUCT_FLAG	1	A/N	1740	1740	Not currently supported. For future use.
WC_INJURY_DATE	8	A/N	1741	1748	Not currently supported. For future use.
WC_CLAIM_ID	30	A/N	1749	1778	Not currently supported. For future use.
WC_INJURY_TYPE	14	A/N	1779	1792	Not currently supported. For future use.
WC_EMPLOYER_NAME	40	A/N	1793	1832	Not currently supported. For future use.
WC_EMPLOYER_ADDR_1	40	A/N	1833	1872	Not currently supported. For future use.
WC_EMPLOYER_ADDR_2	40	A/N	1873	1912	Not currently supported. For future use.
WC_EMPLOYER_CITY	20	A/N	1913	1932	Not currently supported. For future use.
WC_EMPLOYER_STATE_CD	2	A/N	1933	1934	Not currently supported. For future use.
WC_EMPLOYER_ZIP_CD	10	A/N	1935	1944	Not currently supported. For future use.
WC_EMPLOYER_PHONE_NUM	10	A/N	1945	1954	Not currently supported. For future use.
WC_EMPLOYER_FAX_NUM	10	A/N	1955	1964	Not currently supported. For future use.
WC_ADJUSTER	25	A/N	1965	1989	Not currently supported. For future use.
WC_ADJUSTER_PHONE	10	A/N	1990	1999	Not currently supported. For future use.

Field Name	Field Length	Format	Start	End	Description
WC_ADJUSTER_FAX	10	A/N	2000	2009	Not currently supported. For future use.
WC_VENUE_STATE_CD	2	A/N	2010	2011	Not currently supported. For future use.
WC_ACTIVATION_DATE	8	A/N	2012	2019	Not currently supported. For future use.
WC_INJURY_CAUSE	100	A/N	2020	2119	Not currently supported. For future use.
FILLER_4	1	A/N	2120	2120	Reserved for future use
FILLER_5	5	A/N	2121	2125	Reserved for future use
FILLER_6	4	A/N	2126	2129	Reserved for future use
FILLER_7	10	A/N	2130	2139	Reserved for future use
FILLER_8	15	A/N	2140	2154	Reserved for future use
FILLER_9	15	A/N	2155	2169	Reserved for future use
FILLER_10	15	A/N	2170	2184	Reserved for future use
AWP_UNIT_PRICE	15	A/N	2185	2199	The Average Wholesale Price (AWP) unit cost of the product dispensed on the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
WAC_UNIT_PRICE	15	A/N	2200	2214	The Wholesaler Acquisition Cost (WAC) unit cost of the product dispensed on the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
COST_DESC	6	A/N	2215	2220	The cost description which indicates how the claim was paid. AWP = Average Wholesale Price WAC = Wholesaler Acquisition Cost MAC = Maximum Allowable Cost U&C = Usual & Customary GAD = Gross Amount Due CNOTE = Flat dollar (i.e. vaccine pricing) BILLED = Usual & Customary pricing applied

Field Name	Field Length	Format	Start	End	Description
APPRVD_MEMBER_PAID	15	N	2221	2235	NCPDP Field #505 - the member copayment is the amount that is calculated by the processor and returned to the pharmacy as the TOTAL amount to be paid by the member to the pharmacy; the member's total cost share, including copayments, amounts applied to deductible, over maximum amounts, penalties, etc. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
FILLER	15	N	2236	2250	Reserved for future use
APPRVD_DAW_DIFF	15	N	2251	2265	The dispense as written (DAW) differential amount which is calculated upon adjudication of the claim. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
APPRVD_ OOP_AMT	15	N	2266	2280	The dollar amount on the claim which attributed toward the member's out-of-pocket (OOP) amount. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
APPRVD_DEDUCT_AMT	15	N	2281	2295	The dollar amount on the claim which attributed toward the member's deductible amount. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
APPRVD_BENEFIT_MAXIMUM	15	N	2296	2310	Not currently supported. For future use.
ALT_MEM_ID	20	A/N	2311	2330	Additional alternative member ID which uniquely identifies each individual. This field is used for reporting purposes only.

Field Name	Field Length	Format	Start	End	Description
DAW_WHO	1	A/N	2331	2331	The party responsible for the dollar difference between brand and generic based on the dispense as written (DAW) code submitted. N = Pharmacy; C = Member; P = Plan.
RX_NUMBER	12	A/N	2332	2343	NCPDP Field #402 - The prescription reference number assigned by the provider for the dispensed drug/product and/or service provided.
OTHER_PAYER_MEM_RESP_AMT_QTY	2	A/N	2344	2345	NCPDP Field #351 - Code qualifying the other payer patient responsibility amount
OTHER_PAYER_MEM_RESP_AMT	15	N	2346	2360	NCPDP Field #352 - The patient's cost share from a previous payer. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
OTHER_PAYER_MEM_RESP_COUNT	2	A/N	2361	2362	NCPDP Field #353 - Count of other payer responsibility amounts and qualifier
MEDICAID_PAID_AMT	15	N	2363	2377	NCPDP Field #113 - Amount paid by the Medicaid Agency. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
COST_REIMBURSE_AMT	15	N	2378	2392	NCPDP Field #148 - Required when basis of reimbursement determ (522-FM) is 14 (patient respon amt) or 15 (patient pay amt) unless prohibited by state/federal/regulatory agency. This field is informational only. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
FILLER_14	15	A/N	2393	2407	Reserved for future use

Field Name	Field Length	Format	Start	End	Description
COINSURANCE_AMT	15	N	2408	2422	NCPDP Field #572 - Amount to be collected from the patient that is included in 'Patient Pay Amount' (5ø5-F5) that is due to a per prescription coinsurance. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
FILLER_15	15	A/N	2423	2437	Reserved for future use
FILLER_16	15	A/N	2438	2452	Reserved for future use
ADDITIONAL_DOC_TYPE_ID	3	A/N	2453	2455	Not currently supported. For future use.
LENGTH_OF_NEED	3	A/N	2456	2458	Not currently supported. For future use.
LENGTH_OF_NEED_QUAL	2	A/N	2459	2460	Not currently supported. For future use.
PRESCRIB_DATE_SIGNED	8	A/N	2461	2468	Not currently supported. For future use.
REQUEST_STATUS_CD	1	A/N	2469	2469	Not currently supported. For future use.
REQUEST_PERIOD_START_DT	8	A/N	2470	2477	Not currently supported. For future use.
REQUEST_PERIOD_REVISED_DT	8	A/N	2478	2485	Not currently supported. For future use.
SUPPORTING_DOC	65	A/N	2486	2550	Not currently supported. For future use.
QUESTION_NUM_LETTER_COUNT	2	A/N	2551	2552	Not currently supported. For future use.
PROFESSIONAL_SERVICE_FEE	15	N	2553	2567	NCPDP Field #562 - Amount representing the contractually agreed upon fee for professional services rendered. Format: 999999999.99999 When the claim status is reversal then the claim will have a negative amount Format: -99999999.99999
REJECT_CODE_1	3	A/N	2568	2570	The code reflecting the first rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
REJECT_CODE_2	3	A/N	2571	2573	The code reflecting the second rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.

Field Name	Field Length	Format	Start	End	Description
REJECT_CODE_3	3	A/N	2574	2576	The code reflecting the third rejection message associated with the claim. This field will only be populated when the clm_status is REJECTED.
FILLER 13	369	A/N	2577	2945	Reserved for future use
	2945				

APPENDIX 10
Wisconsin Administrative Code INS 18.03

The following highlighted provisions of INS 18.03 set forth the grievance procedure applicable to RFP ETG0005.

INS 18.03 Grievances.

(1) DEFINITION AND EXPLANATION OF THE GRIEVANCE PROCEDURE.

(a) Each insurer offering a health benefit plan shall incorporate within its policies, certificates and outlines of coverage the definition of a grievance as stated in s. Ins 18.01 (4).

(b) An insurer offering a health benefit plan shall develop an internal grievance and expedited grievance procedure that shall be described in each policy and certificate issued to insureds at the time of enrollment or issuance.

(c) In accordance with s. 632.83 (2) (a), Stats., an insurer that offers a health benefit plan shall investigate each grievance.

(2) NOTIFICATION OF RIGHT TO APPEAL DETERMINATIONS.

(a) In addition to the requirements under sub. (1), each time an insurer offering a health benefit plan denies a claim or benefit or initiates disenrollment proceedings, the health benefit plan shall notify the affected insured of the right to file a grievance. For purposes of this subchapter, denial or refusal of an insured's request of the insurer for a referral shall be considered a denial of a claim or benefit.

(b) When notifying the insured of their right to grieve the denial, determination, or initiation of disenrollment, an insurer offering a health benefit plan shall either direct the insured to the policy or certificate section that delineates the procedure for filing a grievance or shall describe, in detail, the grievance procedure to the insured. The notification shall also state the specific reason for the denial, determination or initiation of disenrollment.

(c)

1. An insurer offering a health benefit plan that is a defined network plan as defined in s. 609.01 (1b), Stats., other than a preferred provider plan as defined in s. 609.01 (4), Stats., shall do all of the following:

a. Include in each contract between it and its providers, provider networks, and within each agreement governing the administration of provider services, a provision that requires the contracting entity to promptly respond to complaints and grievances filed with the insurer to facilitate resolution.

b. Require contracted entities that subcontract for the provision of services, including subcontracts with health care providers, to incorporate within their contracts a requirement that the providers promptly respond to complaints and grievances filed with the insurer to facilitate resolution.

c. Maintain records and reports reasonably necessary to monitor compliance with the contractual provisions required under this paragraph.

d. Take prompt action to compel correction of non-compliance with contractual provisions required under this paragraph.

2. An insurer offering a health benefit plan that is a preferred provider plan as defined in s. 609.01 (4), Stats., shall do all of the following:

a. Include in each contract between it and its providers, provider networks and within each agreement governing the administration of provider services, a provision that requires the contracting entity to promptly provide the insurer the information necessary to permit the insurer to respond to complaints or grievances described under subd. 2. c.

b. Require contracted entities that subcontract for the provision of services, to incorporate within their contracts, including subcontracts with health care providers, a requirement that the subcontractor promptly provide the insurer with the information necessary to respond to complaints or grievances described under subd. 2. c.

c. Include in its description of the grievance process required under sub. (1), a clear statement that an insured may submit to the insurer offering a health benefit plan a complaint or grievance relating to covered services provided by a participating health care provider.

d. Process and respond to a complaint or grievance described under subd. 2. c.

e. Maintain records and reports reasonably necessary to monitor compliance with the contractual provisions required under this paragraph.

f. Take prompt action to compel correction of non-compliance with contractual provisions required under this paragraph.

(d) If the insurer offering a health benefit plan is either a health maintenance organization as defined in s. 609.01 (2), Stats., or a limited service health organization as defined by s. 609.01 (3), Stats., and the insurer initiates disenrollment proceedings, the insurer shall additionally comply with s. Ins 9.39.

(3) GRIEVANCE PROCEDURE. The grievance procedure utilized by an insurer offering a health benefit plan shall include all of the following:

(a) A method whereby the insured who filed the grievance, or the insured's authorized representative, has the right to appear in person before the grievance panel to present written or oral information. The insurer shall permit the grievant to submit written questions to the person or persons responsible for making the determination that resulted in the denial, determination, or initiation of disenrollment unless the insurer permits the insured or insured's authorized representative to meet with and question the decision maker or makers.

(b) A written notification to the insured of the time and place of the grievance meeting at least 7 calendar days before the meeting.

(c) Reasonable accommodations to allow the insured, or the insured's authorized representative, to participate in the meeting.

(d) The grievance panel shall comply with the requirements of s. 632.83 (3) (b), Stats., and shall not include the person who ultimately made the initial determination. If the panel consists of at least three persons, the panel may then include no more than one subordinate of the person who ultimately made the initial determination. The panel may, however, consult with the ultimate initial decision-maker.

(e) The insured member of the panel shall not be an employee of the plan, to the extent possible.

(f) Consultation with a licensed health care provider with expertise in the field relating to the grievance, if appropriate.

(g) The panel's written decision to the insured as described in s. 632.83 (3) (d), Stats., shall be signed by one voting member of the panel and include a written description of position titles of panel members involved in making the decision.

(4) RECEIPT OF GRIEVANCE ACKNOWLEDGMENT. An insurer offering a health benefit plan shall, within 5 business days of receipt of a grievance, deliver or deposit in the mail a written acknowledgment to the insured or the insured's authorized representative confirming receipt of the grievance.

(5) AUTHORIZATION FOR RELEASE OF INFORMATION.

(a) An insurer offering a health benefit plan may require a written expression of authorization for representation from a person acting as the insured's authorized representative unless any of the following applies:

1. The person is authorized by law to act on behalf of the insured.

2. The insured is unable to give consent and the person is a spouse, family member or the treating provider.

3. The grievance is an expedited grievance and the person represents that the insured has verbally given authorization to represent the insured.

(b) An insurer offering a health benefit plan shall process a grievance without requiring written authorization unless the insurer, in its acknowledgement to the person under sub. (4), clearly and prominently does all of the following:

1. Notifies the person that, unless an exception under par. (a) applies, the grievance will not be processed until the insurer receives a written authorization.

2. Requests written authorization from the person.

3. Provides the person with a form the insured may use to give written authorization. An insured may, but is not required to, use the insurer's form to give written authorization.

(c) An insurer offering a health benefit plan shall accept under par. (a) any written expression of authorization without requiring specific form, language or format.

(d) An insurer offering a health benefit plan shall include in its acknowledgement of receipt of a grievance filed by an authorized representative a clear and prominent notice that health care information or medical records may be disclosed only if permitted by law. The acknowledgement shall state that unless otherwise permitted under applicable law, including the Health Insurance Portability and Accountability Act of 1996, U.S. PL 104-191, ss. 51.30, 146.82 to 146.84, and 610.70, Stats., and ch. Ins 25, informed consent is required and the acknowledgement shall include an informed consent form for that purpose. An insurer offering a health benefit plan may withhold health care information or medical records from an authorized representative, including information contained in its resolution of the grievance, but only if disclosure is prohibited by law. An insurer offering a health benefit plan shall process a grievance submitted by an authorized representative regardless of whether health care information or medical records may be disclosed to the authorized representative under applicable law.

(6) RESOLUTION OF A GRIEVANCE. An insurer offering a health benefit plan shall resolve a grievance:

(a) For a grievance that is a review of a benefit determination that is subject to 29 CFR 2560.503-1, within the time provided under 29 CFR 2560-503-1 (i).

(b) For any grievance not subject to par. (a), within 30 calendar days of receiving the grievance. If the insurer offering a health benefit plan is unable to resolve the grievance within 30 calendar days, the time period may be extended an additional 30 calendar days, if the insurer provides a written notification to the insured and the insured's authorized representative, if applicable, of all of the following:

1. That the insurer has not resolved the grievance.

2. When resolution of the grievance may be expected.

3. The reason additional time is needed.

(7) COMMISSIONER ANNUAL REPORT. The commissioner shall by June 1 of each year prepare a report that summarizes grievance experience reports received by the commissioner from insurers offering health benefit plans. The report shall also summarize OCI complaints involving the insurer offering health benefit plans that were received by the office during the previous calendar year.

History: CR 00-169: cr. Register November 2001 No. 551, eff. 12-1-01; corrections in (2) (c) 1. and (5) (d) made under s. 13.93 (2m) (b) 7., Stats., Register December 2004 No. 588; CR 05-059: am. (2) (c) 1. Register February 2006 No. 602, eff. 3-1-06.