



SAN FRANCISCO HEALTH SERVICE SYSTEM

Affordable, Quality Benefits & Well-Being

Request for Information (RFI) for Expert Opinion, Care Coordination, and Musculoskeletal Services for the San Francisco Health Service System

RFPQ#HSS2018.07

Issued: October 30, 2018

CONTACT: Michael Visconti, michael.visconti@sfgov.org, (415) 554-1711

Intent:

In accordance with The San Francisco Health Service System (SFHSS) 2020-2022 Strategic Plan, adopted by the San Francisco Health Service Board (Board) on October 11, 2018, SFHSS is initiating this formal Request for Information (RFI) to identify qualified service providers that may be interested in providing one or more of the following services to SFHSS and its Members:

- Expert Opinion
- Care Coordination
- Musculoskeletal Condition and Care Management

SFHSS seeks to obtain information on key service options, levels, and pricing to assist with future requests for proposals (RFPs), Requests for Bids, pilot programs and partnerships.

San Francisco Health Service System:

The San Francisco Health Service System (SFHSS) executes all process phases related to benefit operations and administration of non-pension benefits (including health, dental and vision) for approximately 121,000 individuals pursuant to The City and County of San Francisco Charter §§ 12.200-12.203 and A8.420-A8.432, and San Francisco Administrative Code §§ 16.700-16.703. SFHSS has an annual benefits budget of over \$850 million.

Key Dates:*

RFI Issued	10/30/2018
Deadline for Questions	11/7/2018, 5:00 PM
Answers Posted	11/13/2018
Deadline for Responses	11/20/2018, 5:00PM PT
Review by SFHSS	11/26 – 12/17/2018
Presentations**	Jan. – Feb. 2019

*dates subject to change, see <http://sfhss.org/events/StrategicPlanRFI.html> for any updates.
**if requested by SFHSS

Responses:

Responses must be transmitted to SFHSS **by 5:00 PM Pacific Time on November 20, 2018**, via email, to michael.visconti@sfgov.org.

Responses must be transmitted in searchable Adobe Acrobat (PDF) format or MS Word format, no less than 12-point font (excluding graphs, tables and images), and shall not exceed ten (10) pages in total length (including graphs, tables and images) for each service area.

RFI Questions and Communications:

To ensure fair and equal access to information about this procurement, **all communications must be made via email to michael.visconti@sfgov.org**. Unauthorized communications may be cause for disqualification or rejection of a Respondent. Questions must be in writing and received by the Deadline for Questions. Answers to all questions will be posted on the SFHSS website at <http://sfhss.org>.

1. Introduction and Background

1.1 Glossary of Terms

APCD	SFHSS All-Payer Claims Database. More information available at http://www.myhss.org/downloads/board/regular_meetings/2014/RM_111314_APCDApproval.pdf
ASO (Plan)	Self-funded 'Administrative Services Only' plan
BAA	Business Associate Agreement between SFHSS and Contractor regarding the protection of Personal Health Information as required by HIPAA.
CCD	The Community College of San Francisco (or San Francisco Community College District)
Charter	The Charter and Municipal Codes of the City, available at http://www.amlegal.com/codes/client/san-francisco_ca/ See Charter §§ 12.200-12.203 and A8.420-A8.432; also San Francisco Administrative Code §§ 16.700-16.703.
City	The City and County of San Francisco, established by Charter in 1850, a legal subdivision of the State of California with the governmental powers of both a city and a county under California law, with powers exercised through a Board of Supervisors serving as the legislative authority, and a Mayor and other independent elected officials serving as the executive authority.
City Department	Any department or agency of the City (a list of City departments and agencies is available at http://sfgov.org/agencies-and-social-media) including officers, managers, representatives, associated board members, and employees thereof.
HMO	Health Maintenance Organization
Participating Employers	City and County of San Francisco, the San Francisco Unified School District, the Community College of San Francisco, and the San Francisco Superior Court.
Respondent	Any entity submitting a response to this RFI.
Response	Submissions to SFHSS in response to this RFI meeting the terms and conditions set forth herein.
San Francisco Sunshine Ordinance	San Francisco Administrative Code §67.24(e)
SFHSS	The San Francisco Health Service System
SFHSS Members	Active and retired employees of the City and County of San Francisco, the San Francisco Unified School District (USD), the San Francisco Community College District (CCD), the San Francisco Superior Court, and their covered dependents
Strategic Plan	The SFHSS Strategic Plan for Plan Years 2020, 2021 and 2022, as adopted by the Board on October 11, 2018.
Trust	The Health Service System Trust Fund, established under Charter Section 12.203.
USD	The San Francisco Unified School District

1.2 The San Francisco Health Service System

1.2.1 The San Francisco Health Service System.

SFHSS is dedicated to preserving and improving sustainable, quality health benefits and to enhancing the well-being of our Members and their families. We have a dedicate staff of approximately fifty-five full-time employees, and an annual benefits budget of over \$850 million.

1.2.2 Guiding Principles and Strategic Goals.

As detailed in the recently adopted Strategic Plan, SFHSS has defined specific principles to guide our department in the accomplishment of five Strategic Goals and the resolution of both current and anticipated challenges to SFHSS and our Member Population.

Our Strategic Goals include (i.) providing affordable and sustainable health care for our Members, (ii.) reducing complexity and fragmentation, (iii.) engaging and supporting our Members, (iv.) providing Members with benefit choice and flexibility, and (v.) supporting the whole-person health and well-being of our Members.

The core tenets of our guiding principles include:

- (i.) Maintaining fiscal discipline and stewardship in our approach to affordability and sustainability;
- (ii.) Collaboration with Members, City Departments, including the Department of Human Resources (DHR), and Participating Employers, as well as our health plans, service providers, and purchasers;
- (iii.) Leveraging our data, including our All-Payer Claims Database (APCD) to realize data-drive insights and measure the effectiveness of programs and services;
- (iv.) Engaging our Members through enhanced literacy and self-efficacy so as to promote informed choices, health benefit decision-making and actions;
- (v.) Fostering a shared understanding of the varied needs of our population, including accounting for demographic changes, life-stages and social determinants; and
- (vi.) Ensuring transparency throughout our decision-making processes and with out health plans including quality and cost indicators for providers and hospitals.

The SFHSS Strategic Plan 2020-2022 is available online at:

http://www.sfhss.org/health_service_board/).

1.2.3 SFHSS Member Population.

SFHSS currently administers non-pension benefits for approximately 121,000 individuals, including both active and retired employees of the City, USD, CCD, the San Francisco Superior Court (Participating Employers), and their covered dependents (collectively “SFHSS Members”). Of our approximately 121,000 SFHSS Members, approximately 77,000 are subscribers and 44,000 are their dependents. Non-pension benefits are comprised of health, dental and vision benefits, as well as certain additional benefits made available to SFHSS Members (Sec. 1.2.5, SFHSS Plans and Partners).

At the close of each Plan Year (January – December) SFHSS produces a detailed report of SFHSS Member demographic and enrollment data, including, the average

age of enrollees in each plan, year-to-year changes in total enrollment, geographic and demographic data, and number of dependents per enrollee.

The SFHSS Demographics Report for Plan Year 2018 is available at:

<http://www.myhss.org/downloads/finance/demographics2018.pdf>

1.2.4 San Francisco Health Service System Board.

The San Francisco Health Service System Board (Board) is dedicated to making high quality and affordable medical, dental and vision care available to SFHSS Members, applying benefits without special favor or privilege, and administering the Trust in accordance with the Charter and solely for the benefit of SFHSS Members.

1.2.5 SFHSS Plans and Partners.

Benefits are currently provided to SFHSS Members through the following choices from our health plans and benefit partners:

- Blue Shield of California (flex funded HMO plan with fully insured, capitated, and self-insured components)
- United Healthcare (UHC) City Health Plan PPO and Medicare Advantage
- Kaiser Foundation Health Plan (Kaiser) fully-insured HMO and Medicare Advantage
- Vision Service Plan (VSP) (basic and premiere)
- Delta Dental (PPO)
- Delta Care (PMI) (DMO)
- United Healthcare Dental (DMO)
- Expert Medical Case Review (Best Doctors)
- Flexible Spending Accounts (P&A Group)
- Long Term Disability (Aetna Life and Casualty)
- Short Term Disability (Kansas City Life)
- Term Life and Accident Insurance (Aetna Life and Casualty)
- Financial Accident and Critical Illness Insurance (Voya)
- Identity Protection (LifeLock)
- Legal (LegalShield)
- Pet Insurance (PetsBest)

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2. Scope

2.1 Expert Opinion Services

2.1.1 Expert Opinion and Second Opinion Services

SFHSS has offered expert opinion services to Members since January 2017 through our vendor partner Best Doctors. These services are shown to remedy misdiagnoses, avoid inappropriate or unnecessary treatment, reduce waste in the health care system, and provide peace of mind to our Members. These results are consistent with the aforementioned strategic goals and principles, including, but not limited to, providing affordable and sustainable health care, engaging and supporting our Members, and providing choice and flexibility.

As such, SFHSS seeks responses from qualified vendors in support of one or more of the following services:

- Supplemental evaluation of a Member's diagnosis and/or treatment plan.
- Collection, review and/or summarization of Member medical records.
- Emergency evaluation of critical conditions and review of a Member's diagnosis and/or treatment plan.
- Engaging and empowering Members to seek confirmation of diagnoses and/or prescribed treatment.
- Expert consultation for Members including referrals to high-quality in-network providers.
- Decision support, including with respect to services identified by SFHSS or the health industry as high cost drivers

2.1.2 Response to Expert Opinion and Second Opinion Services

Respondents for Expert Opinion and Second Opinion Services are recommended to provide the following:

- A brief description of your organization, applicable products and services, and any relevant company history and current client information.
- How your organization and services align with SFHSS and the Strategic Plan, including similarly situated past or current client partners and projects.
- A description of any current, planned or past partnerships, or coordination with, any SFHSS Benefit Partner or health plan (Sec. 1.2.5 SFHSS Plans and Partners) or City Department.
- Your approach to member engagement, advancing the quality of health care, bringing peace of mind to Members, controlling costs, and mitigating health care misuse and waste.
- Estimated costs for the SFHSS Member population (fixed or per-use, per member per month (PMPM) or per subscriber per month (PSPM), variable or incentive-based, etc.).
- Methods for integration with plans and provider networks
- Approach to providing quality reporting to health plans and providers
- Continuous improvement strategies and monitoring process toward desired outcomes

2.2 Care Coordination

In accordance with the SFHSS Strategic Plan, the Strategic Goals and our guiding principles, our organization seeks to engage patients as partners in health care through navigation services, enhanced coordination of care, assistance in navigating complex systems, fostering collaboration, , and enhancing literacy and self-efficacy (See Sec. 1.2.2, Guiding Principles and Strategic Goals).

Confident and well-informed Members are more likely to successfully navigate SFHSS health and well-being options while less informed or less assertive Members may give up (and fail to receive necessary care and treatments) or be led astray (toward unnecessary care or treatment). SFHSS seeks to increase understanding by Members of their benefits and available health care services so as to promote informed choices, ensure proper and complete care and courses of treatment, and reduce the misuse of unnecessary services.

As such, SFHSS seeks responses from qualified vendors in support of one or more of the following services and/or outcomes:

2.2.1 Consumer Engagement.

- Health data-driven interventions and connection to health care resources
- Engagement with live resources and digital capabilities
- Use of Member data and algorithms to personalize interactions

2.2.2 Benefits Program Navigation, Care Coordination, Navigation and Advocacy.

Services to enhance SFHSS benefits administration through improved technology for benefit selection and feedback loops.

Clinical care coordination and navigation. Supporting Members with health care delivery, high-value care and navigating complex care transitions.

These services may include, but are not limited to:

- Education and problem resolution
- Reference to available SFHSS resources and programs
- Answering clinical questions, preparing Members for provider visits
- Locating in-network providers
- Use of cost transparency resources
- Integration with internal SFHSS and external (City, Health Plan, Vendor) programs, health care partners and resources
- 360-degree feedback loop, incorporating Member responses and evaluations

2.2.3 Provider Selection and Passive Direction/Steerage.

- Guidance to best providers based on cost and quality outcomes
- Real-time redirection of provider choices
- Appointment support

2.2.4 Health Improvement.

- Resources to improve health and reduce risk factors

- Emotional well-being support
- Proactive connection to programs

2.2.5 Clinical Guidance. Services providing clinical guidance and supporting desired outcome so as to enhance member experience and usage of programs and services, improve quality and outcomes, and promote overall cost and trend management

- Health care education and decision support or guidance
- Care navigation and logistical support
- Chronic condition management
- Support engagement with Plan providers
- Expert opinion (Sec. 2.1) including referrals to high-value or best in class, in-network providers
- Treatment decision support

2.2.6 Telephonic and/or Mobile Support.

Phone or application-based support for Members with claims, clinical, or health care questions to solve questions or concerns and/or connect Members to the appropriate programs and resources, if necessary. Service may proactively engage Members when there is an opportunity to improve decisions, health or outcomes, and help Member more effectively navigate the health care system.

2.2.7 Digital Platforms and Dashboards.

A digital platform for Members to view benefits and resources (internal, external) as well as receive personalized messaging and reminders. Based on Member health care data and utilization, members may be directed to relevant resources, receive text assistance with clinical visits and/or treatment reminders, and obtain alerts when health care needs are identified.

2.1.8 Response to Care Coordination

Respondents for one or more Care Coordination services (or a subset thereof) are recommended to provide the following:

- A brief description of your organization, applicable products and services, and any relevant company history and current client information.
- How your organization and services align with SFHSS and the Strategic Plan, including similarly situated past or current client partners and projects.
- A description of any current, planned or past partnerships, or coordination with, any SFHSS Benefit Partner or health plan (Sec. 1.2.5, SFHSS Plans and Partners) or City Department.
- Your approach to member engagement, advancing the quality of health care, bringing peace of mind to Members, controlling costs, and mitigating health care misuse and waste.
- Estimated costs for the SFHSS Member population (fixed or per-use, per member per month (PMPM) or per subscriber per month (PSPM), variable or incentive-based, etc.).
- Methods for integration with plans and provider networks
- Approach to providing quality reporting to health plans and providers

- Continuous improvement strategies and monitoring process toward desired outcomes

2.3 Musculoskeletal

2.3.1 Musculoskeletal Condition and Care Management. Musculoskeletal diagnoses and treatment plans are one of SFHSS' identifiable cost drivers. As such, SFHSS seeks responses from qualified vendors in support of one or more of the following services and outcomes:

- Exercise therapy
- Remote
- Evidence-based practice
- Digital platforms (online, application-based, video/webex)
- Devices (standalone, integrated with other services)

2.3.2 Response to Musculoskeletal.

Respondents for services addressing musculoskeletal conditions and care coordination services are recommended to provide the following:

- A brief description of your organization, applicable products and services, and any relevant company history and current client information.
- How your organization and services align with SFHSS and the Strategic Plan, including similarly situated past or current client partners and projects.
- Your approach to member engagement, advancing the quality of health care, bringing peace of mind to Members, controlling costs, and mitigating health care misuse and waste.
- A description of any current, planned or past partnerships, or coordination with, any SFHSS Benefit Partner or health plan (Sec. 1.2.5, SFHSS Plans and Partners) or City Department.
- Estimated costs for the SFHSS Member population (fixed or per-use, per member per month (PMPM) or per subscriber per month (PSPM), variable or incentive-based, etc.).
- Methods for integration with plans and provider networks
- Approach to providing quality reporting to health plans and providers
- Continuous improvement strategies and monitoring process toward desired outcomes

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3. Response Requirements

3.1 Submission of Response and Questions

3.1.1. Responses.

Responses must be received by **5:00 PM PT on Tuesday, November 20, 2018 (Deadline for Responses)**. Responses must be delivered via email to the following address:

Michael Visconti
Contracts Administration Manager
Michael.Visconti@sfgov.org

Late Responses will not be considered.

3.2.2. Questions.

Respondents shall submit any questions regarding this RFI in writing by **5:00 PM PT on Thursday, November 7, 2018 (Deadline for Questions)**. Questions must be delivered by e-mail to the following address:

Michael Visconti
Contracts Administration Manager
Michael.Visconti@sfgov.org

At its discretion, SFHSS may contact Respondents to seek clarification regarding any inquiry received.

SFHSS will publish answers to all submitted questions on Tuesday, November 13, 2018 on the SFHSS website <http://sfhss.org/events/StrategicPlanRFI.html>.

3.3 Format

Responses must be transmitted as an attachment in searchable Adobe Acrobat (PDF) format or MS Word, no less than 12-point font (excluding graphs, tables and images), and the total Response shall not exceed ten (10) pages in total length (including graphs, tables and images) for each service area.

A service area is defined as a response to one (1) of the following (in whole or in part):

- Sec. 2.1.1 Expert Opinion and Second Opinion Services and Navigation
- Sec. 2.2.1 Consumer Engagement
- Sec. 2.2.2 Benefits Program Navigation, Care Coordination, Navigation and Advocacy
- Sec. 2.2.3 Provider Selection and Passive Direction/Steerage
- Sec. 2.2.4 Health Improvement
- Sec. 2.2.5 Clinical Guidance

- Sec. 2.2.6 Telephonic and/or Mobile Support
- Sec. 2.2.7 Digital Platforms and Dashboards
- Sec. 2.3.1 Musculoskeletal Condition and Care Management

For example, if your organization provides both Expert Opinion (2.1.1) services and Clinical Guidance (2.2.5), the total Response must be no more than twenty (20) pages, with no more than ten (10) pages dedicated to each line of service. However, if your organization provides a single line of service that includes both aspects of Consumer Engagement (2.2.1) and a Digital Platform or Dashboard (2.2.7), the total response must not exceed ten (10) pages.

Respondents must clearly identify the service area(s) to which they are responding and must submit each service area as a separate searchable Adobe Acrobat PDF or MS Word document.

3.4 Review and Presentations

Upon review by SFHSS, Respondents may be selected for a presentation to be provided at the SFHSS offices (located at 1145 Market Street, San Francisco, California, 94103) or via the web. Selected Respondents may be selected for a presentation during a regular meeting of the Board (San Francisco City Hall, 1 Dr Carlton B Goodlett Pl, San Francisco, California 94102) and/or before SFHSS and SFHSS HMO and PPO health plan partners.

3.5 City Provisions

3.5.1. Disposition of Responses, Public Disclosure and Confidentiality.

Public Disclosure. Upon opening, all Responses shall become the exclusive property of SFHSS, and may be subject to public disclosure pursuant to the San Francisco Sunshine Ordinance (San Francisco Administrative Code §67.24(e)).

Confidentiality. If a Respondent believes that any portion of its Response is exempt from public disclosure under the San Francisco Sunshine Ordinance, such portion may be marked “CONFIDENTIAL”.

3.5.2. Cancelation. Should Respondent wish to cancel, revise, or rescind its submitted Response, a written letter or email so stating must be received by SFHSS before the Deadline for Responses.

3.5.3. Expenses. There is no expressed or implied obligation for SFHSS to reimburse any Respondent for expenses incurred in preparing their Response. SFHSS reserves the right to retain the Response and use any information or ideas contained therein.

3.5.4. Communications. Respondents will direct all communications, in writing, to:

Michael Visconti
Contracts Administration Manager
San Francisco Health Service System
michael.visconti@sfgov.org

Respondents are precluded from contacting other SFHSS staff, the Board, members of the Evaluation panel, employees or consultants of SFHSS's Actuarial and Consulting firm Aon Consulting, Inc., and/or other City and County of San Francisco employees, representatives, or officials, regarding the RFI. Failure to adhere to Section 3.4.4. may result in disqualification.

- 3.5.5.** No Offer to Contract. Issuance of this RFI in no way constitutes a commitment by SFHSS, the Board, or the City, to award a contract. This RFI is issued solely for information and planning purposes and does not constitute a solicitation or procurement under the San Francisco Administrative Code or the Charter.
- 3.5.6.** Objections to the RFI Terms. Should a Respondent, including a prospective Respondent, object on any ground to any provision or legal requirement set forth in this RFI, Respondent must, not more than ten (10) calendar days before the Deadline for Responses, provide written notice to SFHSS setting forth with specificity the grounds for the objection(s). The failure of a Respondent to object within the time allowed, and in the manner set forth in this paragraph, shall constitute a complete and irrevocable waiver of any such objection(s).
- 3.5.7.** Campaign Reform Ordinance. As this RFI may lead to an RFP, Respondents must comply with Section 1.126 of the San Francisco Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a Respondent is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period Respondent is prohibited from making contributions to:

- The officer's re-election campaign;
- A candidate for that officer's office; and/or
- A committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any City officer or employee about a particular contract, or a City officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a City officer or employee to promote himself or herself as a candidate for a contract; and (2) a City officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a

particular contract, requests for documents relating to this RFI, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

- *Criminal.* Any person who knowingly or willfully violates Section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
- *Civil.* Any person who intentionally or negligently violates Section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
- *Administrative.* Any person who intentionally or negligently violates Section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, Respondents should contact the San Francisco Ethics Commission at (415) 581-2300.

- 3.5.8** Supplier Status, BAA and Agreement. Respondents are advised that to become a supplier of services to the City and SFHSS, a Respondent must be approved City Supplier within thirty (30) days of any contract award. This will include executing of a professional services agreement with the City (including a BAA, if applicable), payment of City Business Taxes (see <https://sftreasurer.org/business>), and certification through the 12B Equal Benefits Program and the City's Contract Monitoring Division (<https://sfgov.org/cmd/12b-equal-benefits-program>).

However, Respondents may submit a response to this RFI without being an approved City Supplier or possessing a City Supplier ID (see <https://sfcitypartner.sfgov.org/>), paying City Business Taxes, or being certified through the Contract Monitoring Division.

- 3.5.9** Protest of Non-Responsiveness Determination. Within five (5) working days of SFHSS' issuance of a notice of non-responsiveness, any Respondent that believes that SFHSS has incorrectly determined that its submission is non-responsive may submit a written notice of protest. Such notice of protest must be received by SFHSS on or before the fifth working day following SFHSS' issuance of the notice of non-responsiveness. The notice of protest must include a written statement specifying in detail each and every ground asserted for the protest. The protest must be signed by an individual authorized to represent Respondent, and must cite the law, rule, local ordinance, procedure or RFI provision on which the protest is based. In addition, the protestor must specify all facts and evidence that would support and/or justify the protest.

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