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| <p style="text-align: center;">VISION FOR THE NEW UNIVERSITY SYSTEM OF GEORGIA HEALTH PLAN</p> |
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The University System of Georgia (USG) is preparing to issue an RFP to secure a comprehensive new employee health plan and vendor(s), effective with the 2015 plan year. The health plan currently covers approximately 40,000 active employees, 15,000 retirees, and another 45,000 spouses and dependents. USG employees reside in all of Georgia's 159 counties and travel extensively across the country and internationally. As such, coverage and a full array of providers must be readily accessible across the entire state of Georgia and the vendor(s) must ensure in-network coverage options throughout the United States and reimbursement arrangements for international care when necessary.

The Total Rewards Steering Committee (TRSC), which represents the system and its various campuses, is advising the employee health plan procurement process. In envisioning an improved health plan, the TRSC has set forth the following values and goals:

Ensuring Patient Outcomes and Provider Quality

- The health plan shall be designed to secure the highest quality health services and the best possible health outcomes for each plan member at the lowest achievable cost.
- The new plan should be proactive and data-driven to identify potential member health risks and intervene early.
- The plan will be patient-centered and include incentives, for members and providers, which promote and reward good health behaviors and discourage health damaging behaviors from being repeated.

Promoting Wellness and Evidence-Based Services

- The new plan should be focused on health promotion, healthy behaviors, wellness, early intervention, disease management, and acute episode avoidance whenever possible.
- Using sophisticated and pro-active educational and technological tools, the new plan will allow members to be responsible for their health behaviors and outcomes.
- Through the most effective means possible, potentially subcontract, the vendor(s) will provide population health management tools, DSM services, and related case identification and care management focused on chronic diseases and high cost patient populations.
- The plan should rely on health services, service protocols, pharmaceutical formularies, patient management techniques, and payment policies which are evidence-based and which rely on the most recent clinical and behavioral research.

Assuring Optimal Plan Pricing, Operation and Performance

- Through performance guarantees, the vendor(s) should be at financial risk for successful plan performance and should benefit from positive aggregate and individual outcomes.
- The vendor(s) will employ innovative reimbursement and contracting arrangements to incentivize patient-centered cost-effective care.
- The vendor(s) should be an active partner in managing costs and improving the health status of plan members.
- The vendor(s) should incorporate, possibly through subcontracts, the provision of integrated pharmacy and mental health services, with a comprehensive electronic health record which captures all covered services and their interaction for each enrolled member.
- The vendor(s) may propose strategies (including one or more carve outs) which could more effectively and efficiently meet the needs of the Medicare-eligible retiree populations.
- The plan may consider options for tiered-cost coverage based on employee compensation to ensure appropriate coverage and preventive and intervention services uptake.

Recognizing that the nation's health system and clinical advances are rapidly changing, the plan and the contract materials must be flexible and allow for annual modification based on emerging research and in response to changes resulting from the marketplace and the Affordable Care Act. Plan data must be available in real time and securely transmittable to the USG's analytics and actuarial partners on a regular basis. The plan vendor(s) should meet at least monthly with USG staff and advisors to review members' usage and plan experiences and consider strategies to enhance the effectiveness of member information, interventions and services.