



Department of Administrative Services
Division of Employee Benefits

INTER-OFFICE COMMUNICATION

Date: August 15, 2016
To: Chairman Theodore Lipscomb, Milwaukee County Board of Supervisors
FROM: Matthew Hanchek, Director of Benefits – Department of Human Resources *MH*
SUBJECT: **Report from the Director of Benefits & HR Metrics, Department of Human Resources, requesting authorization to execute a 3-yr contract extension with Froedtert Workforce Health for wellness plan administration from January 1, 2017 – December 31, 2019**

Background

The 2013 Adopted Budget provided directives regarding wellness, including:

- Select and implement a vendor for a comprehensive County wellness plan including:
 - Health assessment with biometric screenings
 - Quarterly health coaching
- Employee engagement strategies enhanced by a staff wellness coordinator
- An incentive program to promote participation

As a result, Milwaukee County selected Froedtert Workforce Health as its wellness partner through 12/31/2016.

Since the 2014 relaunch, Froedtert has met all objectives set by the County by providing a strong patient focus for all screening and has consistently received high satisfaction scores from employees' surveyed on health coaching. They've supported all marketing, communication, education, and promotion campaigns. Froedtert has also been responsive to County requests for improvements the back-office and technical infrastructure supporting their service. This has included improvements to their scheduling tool, participation reporting, and analytics package.

The County's relaunch of the Wellness program has been an overwhelming success, with over 60% employee participation, and the Silver designation by WELCOA in its first full year of participation. Froedtert has played a critical role in that success. As such, we are recommending a 3-yr extension of the original contract.

All non-financial terms of the agreement remain unchanged.

Financial Analysis

The cost of services is contingent upon participation in the assessment/screening process, and engagement with health coaches. For the purpose of comparing current to proposed costs, 3000

screening tests by employees and spouses was assumed for the health assessment and screening process. Ongoing health coaching was estimated at 1200 hours.

	Current	Proposed
Program Support Fee	\$20,000/yr	\$20,000/yr
Incentive Tracking	\$2.50 per participant per year	\$2.50 per participant per year
Annual est. Incentive Tracking Cost	Approx. \$4,000	Approx. \$4,000
Health Coaching	\$60.00/hour	\$65.00/hour
Annual est. Coaching Cost	\$72,000	\$78,000
Labs	\$65 per test	\$75 per test
Annual est. Lab Cost	\$195,000	\$225,000
Total Estimated Annual Cost	\$291,000	\$327,000

Requested Action

Authorization for the Director of Benefits & HR Metrics, Department to extend the contract with Froedtert Workforce Health to continue Wellness plan services from 1/1/17 through 12/31/19.

Cc: County Executive Chris Abele

Supervisor James "Luigi" Schmitt, Chairman, Personnel Committee

Supervisor Willie Johnson, Chairman, Finance and Audit Committee

Raisa Koltun, Chief of Staff, County Executive's Office

Teig Whaley-Smith, Director of Administrative Services

Steven Kreklow, Director – Performance, Strategy, & Budget

Scott Manske, Comptroller

Colleen Foley, Corporation Counsel

Kerry Mitchell, Chief Human Resources Officer

Kelly Bablitch, Chief of Staff, County Board

Steve Cady, Director of Research, Comptroller's Office

Shannin Brown, Committee Coordinator

Janelle Jensen, Committee Coordinator

(ITEM) From the Benefits Administrator, Department of Human Resources, requesting authorization to execute a 3-yr contract with Froedtert Health for wellness plan services. This contract would be effective through 12/31/2016

A RESOLUTION

WHEREAS, Milwaukee County is committed to improving the health of its employees and covered dependents, and

WHEREAS, Milwaukee County desires to provide employees with a wellness plan focused on educating and engaging employees and dependents about their health, featuring health assessments, biometric screenings, and ongoing health coaching; and

WHEREAS, Milwaukee County has seen steady improvements to its wellness program since the 2014 program re-launch, including earning recognition for excellence by the Wellness Coalition of America; and

WHEREAS, Froedtert Workforce Health has been a valued partner in the successful of the relaunch of Milwaukee County's wellness program; and

WHEREAS, the current contract with Froedtert Workforce Health expires on December 31st, 2016; now, therefore

BE IT RESOLVED, that the Director of Benefits, Department of Human Resources, is hereby authorized to execute a 3-yr contract extension with Froedtert Workforce Health for wellness plan services. This contract would be effective through 12/31/2019.

MILWAUKEE COUNTY FISCAL NOTE FORM

DATE: August 15, 2016

Original Fiscal Note ☒

Substitute Fiscal Note ☐

SUBJECT: Request for authorization to contract with Froedtert Health for wellness plan administration for January 2014 - December 2016

FISCAL EFFECT:

- | | |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> No Direct County Fiscal Impact | <input type="checkbox"/> Increase Capital Expenditures |
| <input checked="" type="checkbox"/> Existing Staff Time Required | <input type="checkbox"/> Decrease Capital Expenditures |
| <input checked="" type="checkbox"/> Increase Operating Expenditures
(If checked, check one of two boxes below) | <input type="checkbox"/> Increase Capital Revenues |
| <input checked="" type="checkbox"/> Absorbed Within Agency's Budget | <input type="checkbox"/> Decrease Capital Revenues |
| <input type="checkbox"/> Not Absorbed Within Agency's Budget | |
| <input type="checkbox"/> Decrease Operating Expenditures | <input type="checkbox"/> Use of contingent funds |
| <input type="checkbox"/> Increase Operating Revenues | |
| <input type="checkbox"/> Decrease Operating Revenues | |

Indicate below the dollar change from budget for any submission that is projected to result in increased/decreased expenditures or revenues in the current year.

	Expenditure or Revenue Category	Current Year	Subsequent Year
Operating Budget	Expenditure	0	
	Revenue		
	Net Cost		0
Capital Improvement Budget	Expenditure		
	Revenue		
	Net Cost		

DESCRIPTION OF FISCAL EFFECT

In the space below, you must provide the following information. Attach additional pages if necessary.

- A. Briefly describe the nature of the action that is being requested or proposed, and the new or changed conditions that would occur if the request or proposal were adopted.
- B. State the direct costs, savings or anticipated revenues associated with the requested or proposed action in the current budget year and how those were calculated. ¹ If annualized or subsequent year fiscal impacts are substantially different from current year impacts, then those shall be stated as well. In addition, cite any one-time costs associated with the action, the source of any new or additional revenues (e.g. State, Federal, user fee or private donation), the use of contingent funds, and/or the use of budgeted appropriations due to surpluses or change in purpose required to fund the requested action.
- C. Discuss the budgetary impacts associated with the proposed action in the current year. A statement that sufficient funds are budgeted should be justified with information regarding the amount of budgeted appropriations in the relevant account and whether that amount is sufficient to offset the cost of the requested action. If relevant, discussion of budgetary impacts in subsequent years also shall be discussed. Subsequent year fiscal impacts shall be noted for the entire period in which the requested or proposed action would be implemented when it is reasonable to do so (i.e. a five-year lease agreement shall specify the costs/savings for each of the five years in question). Otherwise, impacts associated with the existing and subsequent budget years should be cited.
- D. Describe any assumptions or interpretations that were utilized to provide the information on this form.

A.) Approval of this request would enable the Benefits Director to extend the current contract with Froedtert Health for administration of the County's wellness plan from January 2017 - December 2019 at an annual cost estimated at \$342,000 per year.

B.) There is no impact to the current year, other than the time of existing staff. The change in terms is estimated to increase costs by approximately \$38,000 per year. This amount can be absorbed within the \$345,000 budgeted annually for these services.

C.) There is no impact to the current year. All costs realized in future years would be reflected in the overall org.1950 budget.

D.) The \$345,000 estimate is based on 3000 screenings and 1200 hours of coaching. The base rates for services would be \$75 per participant for the labs, HRA, and review with a health coach. Ongoing coaching would be provided at a rate of \$65 per hour. Participation reporting is \$3600 per year at the County's current enrollment, and there is a fixed program fee of \$20,000 per year. Increases/Decreases to participation in the screening and/or coaching will positively or negatively impact projections.

Department/Prepared By Matthew Hanchek, Director of Benefits

Authorized Signature



Did DAS-Fiscal Staff Review? ☐ Yes ☒ No

Did CBDP Review?² ☐ Yes ☒ No ☒ Not Required

¹ If it is assumed that there is no fiscal impact associated with the requested action, then an explanatory statement that justifies that conclusion shall be provided. If precise impacts cannot be calculated, then an estimate or range should be provided.

² Community Business Development Partners' review is required on all professional service and public work construction contracts.