



STATE OF TENNESSEE
Benefits Administration

**REQUEST FOR PROPOSALS # 31786-00133
AMENDMENT # Two
FOR EAP/BHO Services**

DATE: March 24 2016

RFP # 31786-00133 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		February 22, 2016
2. Disability Accommodation Request Deadline	2:00 p.m.	February 25, 2016
3. Pre-response Conference	1 p.m.	February 26, 2016
4. Notice of Intent to Respond Deadline	2:00 p.m.	February 29, 2016
5. Written "Questions & Comments" Deadline	2:00 p.m.	March 4, 2016
6. State Response to Written "Questions & Comments"		March 24, 2016
7. 2 nd Written "Questions & Comments" Deadline	2:00 p.m.	March 30, 2016
8. State Response to 2 nd round of Written "Questions & Comments"		April 11, 2016
9. Deadline to Submit Network and Claims Information to Aon Hewitt	5:00 p.m.	April 13, 2016
10. Response Deadline	2:00 p.m.	April 18, 2016
11. State Completion of Technical Response Evaluations		May 6, 2016
12. State Opening & Scoring of Cost Proposals	2:00 p.m.	May 9, 2016
13. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	1 Day after Insurance Committee Award of Contract
14. End of Open File Period		7 CALENDAR DAYS LATER
15. State sends contract to Contractor for signature		1 BUSINESS DAY LATER

16. Contractor Signature Deadline	2:00 p.m.	1 – 5 BUSINESS DAYS LATER
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2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

QUESTION / COMMENT		STATE RESPONSE																										
1	Does the State require a matrix that cross references the Pro-forma contract requirements to the technical response?	No, there are pro-forma contract references in the technical response and evaluation guide but there is not a matrix.																										
2	Does the State cover ABA services for autism and does the State look to their behavioral health partner to manage ABA services?	Yes, the State behavioral health plan currently pays for precertified Applied Behavior Analysis, as medically necessary. We rely on our vendors to establish medical necessity criteria and coverage policies in accordance with our plan document.																										
3	Can the Respondent use Quest for the Behavioral Health Provider & Facility Network Accessibility Analysis?	No, the State requires the use of GeoNetworks in order to be able to compare all proposals.																										
4	Can the State provide utilization for EAP services that includes number of cases in addition to the percentages provided and cases who received video and telephonic counseling services?	Please refer to Appendix 7.13 for face to face EAP utilization. The current utilization rate for both telephonic/video EAP services is minimal.																										
5	Can the State provide the average number of EAP sessions for each face to face, video and telephonic counseling	<p>The vast majority of EAP sessions are provided face to face.</p> <p>For face to face EAP counseling:</p> <table border="1"> <thead> <tr> <th></th> <th>2014</th> <th>2013</th> <th>2012</th> </tr> </thead> <tbody> <tr> <td>One Session</td> <td>12%</td> <td>13%</td> <td>12%</td> </tr> <tr> <td>Two Session</td> <td>14%</td> <td>14%</td> <td>12%</td> </tr> <tr> <td>Three Session</td> <td>13%</td> <td>13%</td> <td>12%</td> </tr> <tr> <td>Four Session</td> <td>12%</td> <td>12%</td> <td>10%</td> </tr> <tr> <td>Five Session</td> <td>48%</td> <td>47%</td> <td>38%</td> </tr> </tbody> </table>				2014	2013	2012	One Session	12%	13%	12%	Two Session	14%	14%	12%	Three Session	13%	13%	12%	Four Session	12%	12%	10%	Five Session	48%	47%	38%
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Four Session	12%	12%	10%																									
Five Session	48%	47%	38%																									
6	Can the State provide a total annual Behavioral Health claims volume for 2013 and	2013 - \$16,245,787.35																										

QUESTION / COMMENT	STATE RESPONSE
2014?	2014 - \$16,033,121.53
7 Is the Respondent expected to provide State employees with Substance Abuse (SAP) Evaluations if they are needed, and if so, approximately how many SAP evaluations are required annually by State employees?	The respondent is expected to have Substance Abuse Professionals within their network for referral purposes. The State's current behavioral health vendor provides referrals for an average of 12 SAP evaluations annually.
8 Can you provide information on how your medical benefits are managed?	Medical benefits are currently managed through Regional Third Party Administrator contracts with BlueCross BlueShield of Tennessee and Cigna through December 31, 2020.
9 Is the medical management contract out for bid too? Or will the winner need to partner with BCBSTN & Cigna?	<p>Yes, there is a Statewide Third Party Administrator RFP out for bid that will be in addition to the current Regional TPA contracts.</p> <p>Yes, the winning Contractor of this RFP will need to partner with BCBST and Cigna and the winner of the Statewide TPA contract.</p>
10 Do you insure retirees over the age of 65 through a group Medicare Advantage plan?	<p>Yes, the State offers retirees over the age of 65 a voluntary Medicare Supplement plan. More information is available here - https://www.tn.gov/finance/article/fa-benefits-medicare-supplement</p>
11 Will more than one winner be selected since there are at least 2 medical TPAs?	No, the State is seeking one behavioral health and employee assistance program vendor.
12 Will Anthem's acquisition of Cigna affect the bid or plan administration at all?	Acquisitions have the ability to impact current contracts. However, it is our understanding that Anthem's acquisition of Cigna will not impact our current Medical Regional TPA contracts. The acquisition is not expected to have an impact on the BHO/EAP RFP.
13 The RFP combines behavioral health and employee assistance network requirements. Is the expectation that the EAP network include psychiatrists and addiction psychiatrists?	No, the EAP network does not need to include psychiatrists or addiction psychiatrists.
14 Can the response for this RFP be provided through an EAP provider and a joint partnership with a behavioral health provider?	<p>No, the State is requesting one behavioral health and employee assistance contract with one vendor. With prior approval, subcontracting is permitted. The State reserves the right to refuse approval, at its sole discretion, of any subcontract, transfer, or assignment.</p> <p>Please refer to the RFP section 4.4 on Assignment</p>

QUESTION / COMMENT	STATE RESPONSE
	and Subcontracting for further details.
15 How long has the current EAP been in place?	The current Employee Assistance and Behavioral Health contract began 8/15/2011 for implementation and member services began 1/1/2012.
16 What goals of the EAP are not being met by the current provider?	<p>The current contractor meets the performance goals per the current contract.</p> <p>Overall, and based on the States chronic disease burden, we would expect our EAP and behavioral health utilization to be higher.</p> <p>Our over-arching goals, with respect to employee assistance and behavioral health, are to increase access, increase appropriate utilization, enhance the quality of care, and ultimately improve member outcomes and overall health status.</p>
17 On a scale from 1-4 (4 being completely satisfied, 1 being completely unsatisfied) - how satisfied are you with your current EAP provider?	Through a competitive bid process, Benefits Administration reprocures the EAP/BHO contract every 5 years, regardless of the satisfaction level with the current vendor.
18 Is the current EAP model include 1-5 visits per year or 1-5 visits per issue per year?	The current and proposed EAP model includes up to 5 sessions per issue , per year.
19 What is the cost of the current contract annually for EAP Services?	<p>The sums below include both EAP administrative costs and claims.</p> <p>2013 - \$3,108,867.16</p> <p>2014 – \$2,941,449.96</p>
20 What is the cost of the current contract annually for BHO Services?	<p>The sums below include both BHO administrative costs and claims.</p> <p>2013 - \$19,396,051.26</p> <p>2014 - \$19,271,090.83</p>
<p>21 Please provide EAP utilization data for the last two years including:</p> <p>a. Annual EAP client utilization percent</p> <p>b. The percent of EAP cases managed within the EAP only</p> <p>c. Total number of hours of EAP orientations and supervisory/management orientations</p> <p>d. Total number of provided hours of health and wellness training/seminars</p>	<p>a. Please refer to Appendix 7.13</p> <p>b. 2014 - 66%; 2015 - 66%</p> <p>c. 2014 – 92 hours; 2015 – 107 hours</p> <p>d. 2014 - 119 hours; 2015 - 113 hours</p> <p>e. 2014 – 97 hours; 2015 – 140 hours</p>

QUESTION / COMMENT	STATE RESPONSE
e. Total number of provided hours of Critical Incidence Stress Debriefings	
22 How is the current EAP provider's utilization calculated? Are web hits, training attendance, critical incidents, etc., included in the rate?	The utilization captured in Appendix 7.13 only includes direct face to face EAP sessions. No, web hits, training attendance, critical incidents, etc. are not included in the utilization rate.
23 Are the current on-site Critical Incident Debriefings included in the overall EAP fees? If not, what are the separate fees?	All current and future critical incident debriefings and connected activities are included in the EAP administrative fees.
24 Are the current supervisor and employee EAP orientations included in the overall EAP fees? If not, what are the separate fees?	All current and future supervisor and employee EAP orientations and other trainings are included in the EAP administrative fees.
25 Will the EAP/BHO provider have real time access to Rx data?	The Contractor will have access to pharmacy claims data every 2 weeks (bi-weekly)
26 Please provide BHO and EAP annual reports for each of the last 3 years.	Benefits Administration annual reports are found at: https://www.tn.gov/finance/article/fa-benefits-publications Behavioral Health/EAP information and analysis is included within those posted reports. These are the most up to date published reports.
27 Please provide a detailed census.	Please refer to Appendix 7.4 and 7.5
28 Is the program you are requesting the same as the program currently in place? If no, please outline the new additions.	The program described in the Pro Forma Contract outlines numerous enhancements and changes aimed at increasing appropriate EA and BH utilization while enhancing the member experience throughout the care continuum.
29 Does Magellan provide their services from a service unit in Tennessee? If so where is it located?	The current vendor has key staff members located in the Nashville area. The program's dedicated call center is located in St. Louis, Missouri.
30 What is the work life utilization by type of service: legal, financial, child/elder?	Legal/Financial Services total clients for 2012 – 769; 2013 - 1,110; 2014 – 1,026. Child/Elder Services total clients for 2012 – 223; 2013 - 231; 2014 – 290.
31 Do you have a substance abuse outreach program in place today? If so, please describe and provide utilization/results for the program.	Yes, the State does have a substance abuse outreach program in place. The program monitors and identifies areas of potential risks with our members' prescription activity. It seeks to give medical providers prescription data for patients who are prescribed opioids and/or benzodiazepines and who may be at risk for adverse reactions due to

QUESTION / COMMENT	STATE RESPONSE
	<p>high doses, combinations of medications, or doctor shopping behavior. The program provides the data to the prescriber directly and issues an outreach call, allowing for frequent, crucial data sharing if clinical interventions are needed. Additionally, it offers the provider access to educational information and clinical services to assist in providing safe and effective treatment. Currently a minimum of 40 prescribers are contacted monthly.</p> <p>The overall goals are to decrease claims for dangerous medication combinations associated with opioids and hospitalization due to adverse reactions of opioids and increase the probability that members who need substance abuse treatment will seek those services.</p> <p>As the program was recently implemented, outcomes and results have yet to be reported.</p>
<p>32 2.1 Schedule of Events Please clarify exactly what is due to Aon Hewitt on March 29 for the Network and Claims Information identified in Section 2. RFP Schedule of Events. Is this data also to be included in our full proposal submission due on April 12?</p>	<p>By April 13, Sheet # 4 and #5 of Appendix 7.1b are to be submitted directly to William Lin with Aon Hewitt. Refer to RFP Amendment One.</p> <p>This aggregated information will be shared by Aon Hewitt with Benefits Administration as detailed in Appendix 7.1a. Please send this data directly to Aon Hewitt and do not include in your full proposal submission. Any questions about this process may be directed to Colleen Huber, Aon Hewitt, 847.771.8398, colleen.huber@aonhewitt.com.</p>
<p>33 Section 2.1 states that March 29 is the deadline to “Submit Claims and Networks to Aon Hewitt”. Please confirm that the following documents are required for submission on this date:</p> <ul style="list-style-type: none"> • Appendix 7.1a • Appendix 7.1b • Attachment 6.2—Section D <p>Also, please confirm that Sheets 1 and 2 can be removed from appendix 7.1b for the March 29 submission.</p>	<p>By March 29, Appendix 7.1b must be submitted to Aon Hewitt. Appendix 7.1a provides the details related to the process. Attachment 6.2, Section D is due with your full proposal submission on April 12. Refer to RFP Section 3.1 for response form information and Section 3.2 for response delivery information.</p> <p>Yes, sheets 1 and 2 of Appendix 7.1b may be removed for the March 29 submission. Refer to Amendment One for contact information.</p>
<p>34 For Appendix 7.1.b Analytic Model, please provide additional clarification around how we should complete sheets 3 & 4? Is there additional information forthcoming to complete this exercise? What data do you want back so Aon Hewitt can complete their model outlined in Appendix 7.1.a.?</p>	<p>Sheet #3 of Appendix 7.1.b outlines the information requested. Appendix 7.1.b Sheets # 4 and # 5 will be sent directly to Aon Hewitt. Refer to RFP Amendment One for contact information.</p> <p>Regarding Appendix 7.1.a., please include all claims incurred (service dates) on an in-network basis from July 1, 2014 through June 30, 2015 and</p>

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	paid (paid dates) from July 1, 2014 through December 31, 2015. Please summarize the data as shown in the tabs. Do not provide individual claims records. Include all claims for your entire book-of-business (in-network) with National data (sheet 4) and member home zip codes in Tennessee (sheet 5).
<p>35 3.6 Are additional or alternate goods or services allowed in a vendor's proposal? Section 3.6 states: "If a response offers goods or services in addition to those required by and described in this RFP, the State, at its sole discretion, may add such services to the contract awarded as a result of this RFP. Notwithstanding the foregoing, a Respondent must not propose any additional cost amounts or rates for additional goods or services. Regardless of any additional services offered in a response, the Respondent's Cost Proposal must only record the proposed cost as required in this RFP and must not record any other rates, amounts, or information." However, Section 3.3 (page 14) states "A response must not propose alternative goods or services (i.e., offer services different from those requested and required by this RFP) unless expressly requested in this RFP. The State may consider a response of alternative goods or services to be non-responsive and reject it."</p>	Yes, proposers may describe other goods and services that the organization provides, however proposers may not add those services to the RFP nor include in the cost proposal.
<p>36 In reference to Section 4.8.3: Does the state of Tennessee have a Freedom of Information law to protect certain confidential and proprietary information as identified by the Respondent in the proposal?</p>	Benefits Administration is subject to the Tennessee Public Records Act, T.C.A. § 10-7-501 et seq. The State understands and protects confidential information to the fullest extent provided by state law.
<p>37 Section 5.3.2 states that "The procuring agency head will determine the apparent best-evaluated response". Does "the procuring agency head" refer to the executive leading the State's Procurement Department or the head of the Division of Benefits Administration?</p>	Benefits Administration makes a recommendation to the Insurance Committees. The Insurance Committees will award the Contract based on apparent best-evaluated response.
<p>38 For the items listed in Section A – Mandatory Requirement Items, would a fail rating on any item result in a bidder's exclusion from consideration</p>	Yes, mandatory requirements must be met.
<p>39 A.2.c references Attachment F and states "All</p>	This is information the Contractor provides to the

QUESTION / COMMENT	STATE RESPONSE
<p>other implementation team members that the Contractor referenced in its proposal to the State and reflected in Attachment F, shall be available as needed prior to and through the implementation date and available as needed at least thirty (30) days after the go-live date"; however, Attachment F is blank. Please detail what information is required for Attachment F.</p>	<p>State as specified in Contract Section A.2. It will be inserted in the contract after the contract award and before the contract is executed.</p>
<p>40 B.17 requests references from three "completed projects". May the Respondent include contracts that have been fulfilled and have been renewed?</p>	<p>Yes, you may include both fulfilled and renewed contracts.</p>
<p>41 B.17 Please clarify the references request outlined in B.17. Do you want references from two current clients and three references from terminated clients? Can multiple individuals from a single client provide references?</p>	<p>Yes, please provide references for 2 accounts/clients and 3 completed projects.</p> <p>References from at least three (3) different individuals are required to satisfy the requirements above, e.g., an individual may provide a reference about a completed project and another reference about a currently serviced account.</p>
<p>42 For Question C.3: Can placeholders (such as the job description) be used to note positions for which the Respondent is actively hiring and intends to be filled by the contract signature deadline?</p>	<p>Yes.</p>
<p>43 C. 16 Can the State elaborate on what they expect the EAP rebranding initiative to look like?</p>	<p>Under the State's current EAP/BHO contract, utilization rates have remained below expectations. With the State's noted chronic disease burden, our thinking is that many members are dealing with untreated or undertreated behavioral health issues. The EAP may be the key for destigmatizing access.</p>
<p>44 C. 19 Please specifically define what population characteristics you seek to identify as "care managed." Members in our system receive masters level, professional assistance as well as educational and self-help support of varying intensities along the entire continuum of need, so we have not internally distinguished "care managed" vs. not care managed populations. Would you accept a program that does not distinguish between care managed and not care managed in this way?</p>	<p>C. 19. refers to the Case Management functions of the Behavioral Health division of the proposer. Section A. 7. of the Pro Forma Contract provides details surrounding the State's expectations for case management services.</p>
<p>45 Can you clarify if there is a specific payment model (ASO, Capitated Rate, Alternative</p>	<p>RFP Attachment 6.3 outlines the State's request for payment models. The first line with blank \$ PEPM</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Payment Model, etc.) the State is envisioning for the contract with the winning Behavioral health Organization?</p>	<p>in Table A is requesting the administrative fee for a fully insured EAP model for the approximate 7,000 employees and other individuals who qualify for EAP services and yet are not members of the State's health plan. The second line of blank \$ PEPM in Table A is where proposers will supply the administrative fees associated with an Administrative Services only EAP and BHO model in which the State will be responsible for claims costs and administrative services for members enrolled in the Health Plans (approximately 145,000 employees).</p> <p>The State has updated language in C.3.b. See below in Amendment Section 7. Update includes: If the prevailing vendor is able to achieve the State's goal of increased EAP utilization, the State has the ability to switch from a self-funded model (refer to Table A, SHEET #2) to a fully insured payment model (refer to Table B, SHEET # 2) for future EAP services. The State will decide which payment method to utilize prior to each calendar year. Within Table B, SHEET # 2, the Proposer is asked to provide a fully insured EAP rate based on employees currently eligible for EA benefits (approximately 152,000 contracts).</p> <p>Regardless of which EAP funding model the States chooses, behavioral health administration and claims will be provided on an Administrative Services Only (ASO) basis.</p>
<p>46 Attachment 6.3 Cost Proposal & Scoring Guide, Table A asks the Respondent to provide "Rates for services/benefits for employees that not participated in medical program, but are only covered in the EAP 5-visit model." How many hours should be included in the "bank" of on-site hours for trainings and critical incident debriefings for the group of 7,000 employees?</p>	<p>The same bank of 600 hours is to be utilized by the State's entire EAP membership, both the EAP only employees/dependents, as well as full members of the health plan.</p>
<p>47 Amendment One #2 instructs bidders to delete the following language from Appendix 7.1a – "The resulting discounted claims cost will be added to the vendor's proposed</p>	<p>Yes, the State will include discounted claims costs in the total score of the cost proposal as described in RFP Attachment 6.3. Amendment One #2 deletes the language marked through below;</p>

QUESTION / COMMENT	STATE RESPONSE
<p>premium rates and administrative fees to determine projected cost". Section 6.3 "Cost Proposal Total Score" on page 46 indicates that the scoring for the cost proposal will include the Score from Table A, Table B, Table C and Table D (Discounted Claims).</p> <p>Does the State intend to include the discounted claims costs in the total score of the cost proposal? Or is the removal of language in 7.1a an indication that the State will be determining the data to be provided in Table D based on bidder responses to 7.1b?</p>	<p><i>The resulting discounted claims costs will be added to the vendor's proposed premium rates and administrative fees (update language here?) to determine the projected cost.</i></p>
<p>48 Appendix 7 1 b, Sheet 2: Please confirm that Sheet 2 of this Appendix should be submitted as the Cost Proposal for the April 12, 2016 deadline. Should Contractors separate Sheet 2 from other sheet tabs in the Appendix for the final Cost Proposal submission?</p>	<p>Proposers may use Appendix 7.1b, Sheet #2 as a worksheet, but you must complete the Cost Proposal, RFP Attachment 6.3, Tables A, B, and C. The information for Table D will be provided to the State from Aon Hewitt.</p>
<p>49 6.3. COST PROPOSAL Please provide the required COST PROPOSAL XLS FORMAT SPREADSHEET FILE (was not provided by the State with this RFP). One (1) Cost Proposal XLS format spreadsheet file posted here; http://www.tn.gov/generalservices contains multiple, required worksheets (spreadsheets) which must be completed (copies of the worksheets that must be completed are replicated within the following pages of this RFP attachment). The Proposer must complete each required worksheet within an exact duplicate of the Cost Proposal XLS spreadsheet file.</p>	<p>Please see answer provided to question #48.</p>
<p>50 6.3 Which pricing model is in place today with Magellan: Table A model or Table B model?</p>	<p>Table A is the pricing model currently in place. Presently the State has a fully insured EAP model for the approximately 7,000 State and Higher Education employees that waive medical coverage. For members enrolled in the medical program, both EAP and BHO services are provided on an Administrative Services Only (ASO) basis.</p>
<p>51 6.3 How will you determine which fee model to use each year (table A vs Table B)?</p>	<p>The State intends to use Table A. If the prevailing vendor is able to achieve the State's goal of increased EAP utilization, the State has the ability to switch from the current model (Table A) to a fully insured payment model (Table B) for future EAP services. The State will decide which payment method to utilize prior to each calendar year based on utilization.</p>

QUESTION / COMMENT	STATE RESPONSE
52 Is Magellan currently providing all of the communication pieces listed in C.16?	No, the new contract requires a noted increase in communication efforts in an attempt to reach the State's goal of increasing appropriate EAP and BH utilization.
53 In the Appendix 7.6 claim data, what is the difference between patient admits and admits?	<i>Patients admit</i> is a unique count of the members admitted and <i>admits</i> is a record count for all admits.
54 Appendix 7.13: Please provide the actual number of face-to-face and telephonic EAP cases by year for each Employee Group. Also, please provide the annual average number of EAP visits per case for each Employee Group and Year listed in the table. Does the current EAP program provide employees with video EAP counseling? If so, please indicate the number of annual video EAP counseling sessions.	Appendix 7.13 provides the face-to-face utilization data broken down by each employee group. The State's current telephonic/video EAP utilization is low.
55 Appendix 7.6: The Appendix does not list the Inpatient and Alternative Levels of Care utilization for each Employee Group and year. Please provide the annual historical utilization data for both Inpatient and Alternative levels of care to include membership, units, and average length of stay.	Appendix 7.6 has been updated with the requested information. Due to HIPAA concerns, the information provided is not divided by Employee Group. See below in Amendment Section 4.
56 D.1.3 & Appendix 7.7 The instructions state that we must use Geo Networks/Geo Access. We use (changed language because bidder was named) Quest Analytics for geo reports. Can we use Quest Analytics to complete the requested geos?	No, the State requires the use of GeoNetworks.
57 For the pilot programs mentioned in the RFP, are you expecting the winning bidder to participate in those pilots?	Yes, the State requires the prevailing vendor to execute all of the various programs and initiatives outlined in the Pro Forma Contract.
58 D.1.3 & D.1.4 When running the geo should we restrict members to only TN? In the PDF instructions it says that the member numbers must match exactly and that all members must be used in the analysis. It also says that the providers must be limited to the State of TN. There are 2,444 members in states other than TN. There are 4 zip codes that are invalid (A9A 9A9, N3R 6A7, 38418, 37100). The 4 members with invalid zip codes will not be part of the analysis so the numbers will not exactly tie with the members on the file.	Yes, when running the GeoAccess report, please run reports based on employees/members residing in the state of Tennessee. Refer to Amendment Section 3.

QUESTION / COMMENT	STATE RESPONSE
Should we restrict the membership to only include TN?	
59 D.1.4 To calculate Hnp it says that it equals the total number of inpatient psychiatric inpatient hospitals offered by the respondent divided by the highest total number of psychiatric inpatient hospitals among all responses. Please clarify what is meant by the total number of psychiatric inpatient hospitals among all responses. We would pull all inpatient psychiatric hospitals but are unclear on how we would come to all psychiatric inpatient hospitals among all responses.	The RFP Coordinator will calculate the raw scores as explained in the raw score calculation notes in RFP Attachment 6.2 based on the information provided in the RFP responses. The resulting product will be the item's raw, weighted score for purposes of calculating the Section D score as indicated.
60 D.1.5 Please confirm that no response is requested from XX (name redacted) for this. It will be completed by the State.	The State is requesting proposers to complete Appendix 7.3 by completing Column I in the Excel spreadsheet. The RFP Coordinator will use this data to calculate the score.
61 Will the State accept an executive summary included in a vendor's technical proposal?	An executive summary is not required. As stated in RFP Section 3, all information and documentation included in a Technical Response should respond to or address a specific requirement detailed in the RFP Attachment 6.2., Technical Response & Evaluation Guide Any information not meeting these criteria will be deemed extraneous and will not contribute to evaluations.
62 The vast majority, if not all, opiate prescriptions will be written by non-behaviorally contracted medical providers. Is it intended that the behavioral contractor outreach, education, information sharing, etc., involve these non-contracted, non-behavioral providers as well as behavioral providers? Please share details related to the PBM's current substance abuse program (identification, outreach, interventions, metrics).	Yes, please see the response to question #31 for more details. The State utilizes CVS/Caremark's Safety & Monitoring Solution™. This program targets misuse indicators, based on a risk score, for high-risk drug classes. On a quarterly basis, clinical pharmacists evaluate controlled substance abuse claims to identify potential medication misuse and inappropriate claims for intervention. CVS/Caremark then provides this information to prescribing physicians with a request for the physician's justification. During subsequent quarters, pharmacists conduct follow-up activities utilizing physician responses and current claim activity. CVS/Caremark refers situations identified as potentially inappropriate to Benefits Administration for further action. Benefits Administration may lock a plan member into a single pharmacy if we have a reasonable belief that the member is receiving services in an excessive,

QUESTION / COMMENT	STATE RESPONSE
	<p>dangerous, or medically inadvisable amount. To date, 12 plan members have been locked into a single pharmacy. This helps to reduce or eliminate doctor and/or pharmacy shopping and enables a single pharmacy to view all medications that a member attempts to fill.</p> <p>The Safety & Monitoring program targets the following drug classes: narcotic/narcotic combination drugs, anti-anxiety and sedative hypnotics, non-benzodiazepine sedatives and hypnotics, muscle relaxants, central nervous system stimulants and other controlled substances. The Safety & Monitoring program targets the following risk factors: high number of controlled-substance claims, multiple prescribers of controlled substances, prescriptions filled at multiple pharmacies, excessive utilization, geographic distribution of prescribers and pharmacies, high total-claim cost, number of concurrent prescribers and number of concurrent pharmacies.</p> <p>The State's contract with CVS/Caremark ends on 12/31/2019.</p>
<p>63 Attachment 6.2 – Section D Technical Response & Evaluation Guide – Regarding Item Raw Score - How is the “Item Raw Score” determined for D.1.1 and D1.2?</p>	<p>The information was provided in RFP Amendment One. Each of the evaluators will assign a rating to each of the items in section D. 1.1. and D. 1.2. The rating scale will be added and include, 0 = little value; 1 = poor; 2 = fair; 3 = satisfactory; 4 = good; 5 = excellent</p> <p>The Solicitation Coordinator will multiply the Item Raw Score by the associated Evaluation Factor (indicating the relative emphasis of the item in the overall evaluation). The resulting product will be the item's raw weighted score for purposes of calculating the section score as indicated.</p>
<p>64 Attachment 6.3, Cost Proposal, TABLE A: Please confirm the “Rates for services/benefits for employees that do not participate in the medical program” are for fully insured 5-visit EAP services only. In addition, please clarify the number of employees that should be assumed in the pricing for the first proposed PEPM rate category.</p>	<p>That is correct. Currently, there are approximately 7,000 employees that should be assumed in the PEPM rate in Table A, Attachment 6.3</p>
<p>65 Attachment 6.3, Cost Proposal, TABLE A:</p>	<p>That is correct.</p>

QUESTION / COMMENT	STATE RESPONSE
<p>Please confirm the “Rates for BHO/EAP services/benefits for members that participate in the medical program” are for integrated BHO and EAP 5-visit services to be offered on an ASO basis for 145,000 contracts.</p>	
<p>66 Attachment 6.3, Cost Proposal, TABLE B: Please confirm the “Rates for EAP services/benefits for all employees, covered in the EAP 5-visit model.” are for EAP 5-visit services only to be offered on a fully insured basis for 152,000 contracts.</p>	<p>That is correct.</p>
<p>67 Attachment 6.3, Cost Proposal, TABLE B: Please confirm the “Rates for BHO services/benefits for members” are for BHO services only to be offered on an ASO basis for 145,000 contracts.</p>	<p>That is correct.</p>
<p>68 Are bidders required to have a network in place by March 29th or is there latitude to build one specific to the States needs as we go through the RFP process?</p>	<p>Although a current EAP/behavioral health network is not required to submit a proposal, 20 points have been allocated for Network Analysis. Please refer to RFP Section 5.1. The schedule of events has been updated and the deadline for network information has been changed. Please see the updated schedule of events listed above in Amendment Section 2.</p>
<p>69 A.3.f Is the state asking to be able to submit training requests with as little as 10 days’ notice?</p>	<p>Yes, this is correct.</p>
<p>70 A.5.f Are these access standards specific to EAP services?</p>	<p>No, these access standards apply to both EAP and behavioral health services.</p>
<p>71 A.5.f. Are these access standards specific to EAP services?</p>	<p>No, these access standards apply to both EAP and behavioral health services.</p>
<p>72 Pro-forma Contract Section A.8.d: How many hard copies of the Behavioral Health Toolkit should the Contractor expect to mail on average per year?</p>	<p>The prevailing vendor would encourage providers to access the toolkit online and would provide printed copies on the exceptional basis. The State expects the request for hard copies to be minimal.</p>
<p>73 A.8.I. Is there a depression in primary care program in place today, if so please describe and provide utilization/results for the program. Is it limited to Be Well at Work?</p>	<p>The current depression management program was implemented in September of 2015 to address the untreated and undertreated clinical depression within the State’s health plan. To date, approximately 215 members have enrolled in the program.</p> <p>Please go to https://www.bewellatwork.org/tn/ to learn more.</p>

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	Outcomes and results have yet to be reported.
74 A. 15 Member Info and Communication, letter and Training Catalog What specifically does the State mean by "on demand webinar and live online" for trainings?	On demand webinar are webinar trainings that have been previously recorded and are available for members to utilize at any time. Live online webinars would be offered at a certain time and require the member to join the training during the set time in order to participate. Live webinars are often interactive and allow members to ask questions and provide feedback in real time.
75 For Pro-forma Contract Section A.12k: For the annual member satisfaction survey, is there an expectation on the number of completed annual surveys and should every member receiving services be given a survey to complete? Does the State have a preferred method of delivery for the survey (e.g., telephonic or paper-based through the mail)?	Yes, the member satisfaction survey analysis should be performed on a valid statistical sample. If the sample is too low, the contractor is expected to conduct further outreach in order to obtain a valid statistical sample. No, there is not a preferred means of distribution.
76 A.14.a Will the State forward their current toll-free number to an established XX (name redacted) toll-free number?	The prevailing contractor will be responsible for ensuring that all calls placed to the State's dedicated toll free number, 855.437.3486, will be received by the dedicated call center within the standards outlined in Pro Forma Contract Section A.14.m.
77 A.14.h Please define the State holiday schedule, and confirm that crisis calls can be answered by our after-hours team on these days.	Yes, "after- hours" teams may be utilized as needed based on appropriate credentialing and training as specified in Pro Forma Contract Section A.14.c. Detailed information regarding State of Tennessee Holidays may be found by visiting http://www.tn.gov/main/article/state-holidays .
78 For Pro-forma Contract Section A.14j.: In the State's experience, what languages will covered members likely request interpretation services for when they call into the Respondent's call center?	Spanish is currently the most requested language for interpretation.
79 For Pro-forma Contract Section A.15.d: Is it acceptable for Contractors to include the printed EAP brochures with the "Welcome Packet" requested in section A.15.i. or do the EAP brochures have to be mailed separately to members?	The initial welcome packet that is distributed to members may include the EAP brochures yet, the brochures alone would not fulfill contractual requirements.
80 For Pro-forma Contract Section A.15f.4: Please confirm the letters requested in this section are the "First Fill Letter", and that Respondents are expected to send approximately 28,100 letters annually.	The 28,100 annual letters referenced in the Pro Forma Contract is based on current pharmacy data and is subject to change.

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81 A.15.f (4) Could the state provide annual total of first fill behavioral health medications for the listed groups from a previous year?	No, as this is a new initiative that will not be launched until 1/1/2017 with this contract.
82 For Pro-forma Contract Section A.15.i: Please describe the items that should be included in the "Welcome Packet" besides the refrigerator magnet.	The prevailing vendor will work collaboratively with the Benefit Administration communication team to create materials that engage members and inform them of the benefits of utilizing their EAP and/or behavioral health benefit. Other partner vendors have included small calendars, magnets, and thick stock trifold pieces that highlight many of the features of the benefit that employees are not often aware of such as estate planning and child educational planning.
83 For Pro-forma Contract Section A.15j.: For the first year of the contract, does the mailing of the "Welcome Packet" qualify as the first year annual mailing or is there an expectation that in the first year members will also receive an annual mailing? Please describe the items that should be included in the "Annual Mailing" besides the refrigerator magnet.	Yes. For the first year of the contract, the welcome packet will qualify as the first annual mailing. Refer to Pro Forma Contract A.15.i. for additional welcome packet details. The State provided a general description of requirements for subsequent annual mailing. Refer to Pro Forma Contract A.15.j. Annual packet materials and items will be mutually reviewed and approved.
84 For Pro-forma Contract Section A.15k.: Please confirm the Respondent is responsible for the cost of the creation of the Orientation Online Video for Members.	Yes, the prevailing respondent will be responsible for all cost associated with creating the customized online orientation video for members.
85 For Pro-forma Contract Section A.15 l.: Please confirm the Respondent is responsible for the cost of the creation of the Orientation Online Video for Supervisors.	Yes, the prevailing respondent will be responsible for all cost associated with creating the customized online orientation video for supervisors.
86 For Pro-forma Contract Section A.15o.: Are Respondents expected to provide the "Training Catalog" on their website or does this catalog need to be printed and distributed? If the "Training Catalog" needs to be mailed, how many copies should be provided annually?	The training offerings are to be posted on the vendor's website and do not need to be made available in printed form.
87 For Pro-forma Contract Section A.15v.: Please confirm Respondents are only required to provide EAP brochures every two years and not annually.	Historically, annual updating has not been needed, although the state reserves the right to request an annual update and printing of EAP brochures. The prevailing contractor is responsible for annually update and printing of EAP brochures. It is estimated that approximately 165,000 will need to be provided every two years.

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88 A.16.n (20) Will the State please clarify what they mean by "cost-sharing requirements."	"Cost-sharing requirements" is referencing the financial cost that a member will be responsible for in paying "out of pocket" for behavioral health or substance abuse treatment. There is no cost sharing involved with the Employee Assistance Program.
89 For Pro-forma Contract Section A.17.e.: Approximately how many vendor summits will the Respondent be requested to attend annually, and who from the Respondent's staff will be required to attend the summits?	Benefits Administration plans to host annual vendor summits and the prevailing vendor will be requested to send at least one representative, preferably the dedicated account executive.
90 In Section A.18.e and f, the contract outlines response times of two calendar days and 48 hours. Can this language be revised to state within two business days?	<p>Yes, the State agrees to amend language in Section A.18.e., the State is referencing day to day business activities and two business days is appropriate.</p> <p>Refer to Amendment Section 9.</p> <p>No, the State does not agree to amend language in Section A.18.f. The State is specifically referencing inquiries regarding proposed legislation. These requests are of an urgent nature and require a response within 48 hours.</p>
91 A.2 and A.19 Please define "designated." Do these designated roles need to be dedicated to the State only or can they also work with other clients?	No, a designated (meaning they can work with other clients) role is not necessarily dedicated assuming they are readily accessible, capable of delivering on the State's requirements and capable of meeting all State deadlines. Historically the account has utilized a dedicated full time account representative.
92 A.19.i So we can determine the appropriate staffing, will the State please let us know what the management referral utilization is per year?	The State's current behavioral health vendor provides referrals for an average of 12 SAP evaluations annually. There were 69 referrals for management support services in 2015.
93 A.19.i What is the annual utilization for EAP management referrals? How many Department of Transportation SAP cases are there?	The State's current behavioral health vendor provides referrals for an average of 12 SAP evaluations annually. There were 69 referrals for management support services in 2015.
94 A.19.i Is there any expectation that we coordinate Fitness for Duty evaluations? How does the State currently handle that process?	Yes, the current workplace vendor coordinates the referral to a third party vendor as well as the return to work coordination. The actual fitness for duty evaluation is paid for by the referring agency/organization and not the BH/EAP vendor.
95 A.19.i What is the State's CIRS annual utilization? Any unique expectations around CIRS?	The State requested Critical Incident Response Services 27 times in 2014; 42 times in 2013; and 47 times in 2012. Management consultations

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	<p>related to these requests included; 35 in 2014; 53 in 2013; and 38 in 2012.</p> <p>Refer to Contract Attachment D which outlines the State's requirements related to Critical Incident support.</p>
<p>96 A.19.i Will the EAP have any interface with Union representatives?</p>	<p>There will be very limited union representative interaction. Most union interface would be through benefits fairs and requested trainings.</p>
<p>97 For the two dedicated case managers, are there any EAP expectations in this role, or is it a 100% Care Advocate role? For the onsite case manager, would a hybrid EAP/BH option be desirable?</p>	<p>Historically, both case managers have focused their efforts on the behavioral health plan and those members who meet the criteria outlined in Pro Forma Contract Section A.7.c. There is not a requirement for an "onsite" care manager, although it is required that at least one of the two care managers be located in the Nashville area and be highly knowledgeable about behavioral health and addiction treatment resources throughout Tennessee.</p>
<p>98 A.21.i Who is the DSS vendor the State is currently working with?</p>	<p>Truven Health Analytics is the current vendor for decision support systems.</p>
<p>99 A.23.e Please clarify what type of report the State is looking for when they ask for SSAE 16 SOC1 Type 2.</p>	<p>The Contractor shall provide the State a written copy of its most current SSAE-16 SOC2 Type 2 report, if one exists, at least one (1) month prior to the go-live date as shown in contract section A.13.e.27. If the Contractor does not have a SSAE-16 SOC 2 Type 2 report prior to the go-live date, the Contractor shall provide the State a written copy of its most current SSAE-16 SOC2 Type 1 report at least one (1) month prior to the go-live date as shown in contract section A.13.e.3. The Contractor shall provide the State a copy of its SSAE-16 SOC2 Type 2 report on an annual basis beginning with the second year of the contract term. (See Contract Attachment C.13.) The Contractor shall also provide a copy of the SSAE 16 SOC2 Type 2 report for any subcontractor processing claims that represent more than twenty percent (20%) of Member claims.</p>
<p>100 A.25 Please clarify the intent and deliverable for annual NCQA reports, since NCQA accreditation is renewed every 3 years. Attachment C references a template will be provided for this, but it is not included. This item identifies A.8.k. and Attachment C as contract references.</p>	<p>Proof of continued accreditation is to be submitted annually.</p> <p>The prevailing vendor will provide a template to be prior approved by the State.</p> <p>Information in this section has been updated. Refer to Amendment Sections 5, 6, 8, and 10.</p>
<p>101 A.25 What is the State's anticipated award</p>	<p>Anticipated award date is June 2016.</p>

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date?	
<p>102 A.25 Please clarify the intent and deliverable for annual URAC reports, since URAC accreditation is renewed every 3 years. Attachment C references a template will be provided for this, but it is not included. This item identifies A.8.k. and Attachment C as contract references.</p>	<p>Proof of continued accreditation is to be submitted annually.</p> <p>The prevailing vendor will provide a template to be prior approved by the State.</p>
<p>103 A.28.b Please confirm the following definition of APRN meets the States requirements. Our definition is slightly different from the State's. "Nurses with prescriptive authority will be licensed, certified and/or registered in Psychiatric / Mental Health as required by the state. State laws determine whether supervision by a physician or collaborative practice is required. State law also determines whether certification in behavioral health nursing through the American Nursing Credentialing Center (ANCC) or other national certification (such as the American Academy of Nurse Practitioners [AANP] for Family Nurse Practitioners with MH experience or the Pediatric Nursing Certification Board (PNCB) if certified as a Pediatric Primary Care Mental Health Specialist) is required. In lieu of a MH specialty designation, in those states which offer it, license/certification plus two (2) years MH experience is required."</p>	<p>Yes this meets the State's requirements.</p>
<p>104 Please provide the expected budget for this program in 2017.</p>	<p>The budget is determined by the responses received and evaluated. RFP Attachment 6.3, Cost Proposal & Scoring Guide, provides the opportunity for the market to determine the appropriate cost associated with providing the services outlined throughout the Pro Forma Contract.</p>
<p>105 Please provide the rates Magellan has charged the state for this program for each of the last three years. Please break rates out by BHO/EAP-ASO and EAP fully insured.</p>	<p>For calendar years 2013, 2014, and 2015 the State paid \$3.67 per employee, per month for members of the health plan enrolled in the medical plan and therefore have access to both behavioral health and EAP benefits on an Administrative Services Only (ASO) basis.</p> <p>For calendar years 2013, 2014, and 2015 the State paid \$1.48 per employee, per month for EAP only services on a fully insured basis.</p>
<p>106 Pro-forma Contract Section B states that the</p>	<p>The contract term allows for an implementation</p>

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<p>Contract will be effective July 1, 2016, and extend for a period of 84 months; however, C.3.d states that payment to the Contractor will be limited to services provided from July 1, 2016-December 31, 2021, which is 60 months. Can you please clarify the contract effective date and payment terms?</p>	<p>period of six months at the beginning of the contract and a claims run-out period of fifteen months after the Contractor stops services to the State. All fees and behavioral health claim payments would not begin until January 1, 2017.</p>
<p>107 Attachment B, Utilization Management Decisions states that 97% of all pre-certifications, prior authorizations, and concurrent review decisions must be completed within the timeframes specified in Pro-forma Contract Section A.6.i. A.6.i states that concurrent reviews must be completed within 24 hours, which is consistent with NCQA requirements. However, most concurrent reviews default to prospective turnaround time of 72 hours because the concurrent review request is often received less than 24 hours before the existing authorization expires, as is also the NCQA standard. Please clarify whether the Respondents must adhere to the 24-hour standard for concurrent reviews when they are received less than 24 hours before an existing authorization expires.</p>	<p>Proposers do not have to adhere to the 24-hour standard for concurrent reviews when the concurrent review request is received less than 24 hours before an existing authorization expires. The 24 hour turnaround begins from the point that the full clinical is received.</p>
<p>108 Attachment C Please clearly define the process expected for the Quarterly and Monthly CMS Data Match Report outlined in Contract Attachment C #27. For example, is the vendor expected to supply a list of eligible members turning 62 each month or is the vendor expected to match against CMS data? Please also outline how this process is currently handled by Magellan. Contract Attachment C #27 states "Quarterly and Monthly CMS Data Match Report, submitted quarterly by secure email in Excel using the template prior approved in writing by the State. The Contractor shall also provide a monthly report of all Local Government retirees who will become eligible for Medicare in the subsequent month."</p>	<p>The prevailing proposer is to submit quarterly CMS data match reports of the effective dates for Medicare A and B for members who are enrolled on the state plan (both active and retired). The vendor is responsible for ensuring that claims are processed correctly, specifically if the state plan is primary or secondary to Medicare.</p> <p>The requirement to report on Local Government retiree members monthly is due to the fact that members who are covered on the Local Government retiree health plan become ineligible for retiree group health coverage regardless of age when they become Medicare entitled.</p>
<p>109 E.3 Ownership of Software and Work Products Can you help clarify where Contractor-Owned Software ends and Rights Transfer Application Software begins? Stated</p>	<p>Software specific to the contractor and the information used to create such software stays with the contractor. Any state/member information utilized by the contractor software is the property of</p>

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differently, could "Rights Transfer Application Software" include pre-existing software that is contractor owned?	the State and shall be transferred to the State at the end of the contract.

3. Delete RFP Appendix 7.2 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

Appendix 7.2 Zip Code Counts Revised

4. Delete RFP Appendix 7.6 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

Appendix 7.6 MHSA Claims Data Revised

5. Delete language in Pro Forma Contract section A.25 and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

Delete the highlighted:

NCQA Reports	A.8.k. and Attachment C	Annually on the date agreed to by the State
NCQA QA Documents	A.8.k. and Attachment C	Annually on the date agreed to by the State
URAC Reports	A.8.k. and Attachment C	Annually on the date agreed to by the State

Add the highlighted:

NCQA Reports	A.8.j. and Attachment C	Annually on the date agreed to by the State
QA Documents	A.8.k. and Attachment C	Annually on the date agreed to by the State
URAC Reports	A.8.j. and Attachment C	Annually on the date agreed to by the State

6. Add language in Pro Forma Contract section A.8.j. and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

The Contractor's managed behavioral health product for this Contract shall be fully accredited by NCQA, and the Contractor's utilization management program for this Contract shall be fully accredited by URAC. If the Contractor meets this requirement as of the start date of this Contract, the Contractor shall maintain such accreditation throughout the period of this Contract. If the Contractor does not currently meet this requirement, the Contractor shall obtain such accreditation by December 31, 2017 (or a later date as specified by the State) and shall maintain it thereafter throughout the period of this Contract. If the Contractor's managed behavioral health product is not NCQA accredited or its utilization management program is not URAC accredited as of the start date of this Contract, the Contractor shall develop and implement a work plan including the accreditation

schedule, approved by the State, to obtain the applicable accreditation(s) by the date specified in Contract Section A.25. See Contract Attachment C, Report numbers 14 and 16

7. Add language in Pro Forma Contract section C.3.b. and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

Table A:

Fee Per Employee Per Month (PEPM) – NO Medical	Rates for services/benefits for employees that do not participate in the medical program				
	1/1/2017 – 12/31/2017	1/1/2018 – 12/31/2018	1/1/2019 – 12/31/2019	1/1/2020 – 12/31/2020	1/1/2021 – 12/31/2021
Administrative Fee	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM
Fee Per Employee Per Month (PEPM) – WITH Medical	Rates for BHO/EAP services/benefits for members that participate in the medical program				
	1/1/2017 – 12/31/2017	1/1/2018 – 12/31/2018	1/1/2019 – 12/31/2019	1/1/2020 – 12/31/2020	1/1/2021 – 12/31/2021
Administrative Fee	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM

If the

prevailing vendor is able to achieve the State’s goal of increased EAP utilization, the State has the ability to switch from a self-funded model (Table A) to a fully insured payment model (Table B) for future EA services. The State will decide which payment method to utilize prior to each calendar year. Within Table B, the Proposer is asked to provide a fully insured EAP rate based on employees currently eligible for EA benefits (approximately 152,000 contracts).

Table B:

Fully Insured Active Employees, Retirees, COBRAs, and dependents (currently approximately 152,000 contracts)	Rates for EAP services/benefits for all employees, covered in the EAP 5-visit model.*				
	1/1/2017 – 12/31/2017	1/1/2018 – 12/31/2018	1/1/2019 – 12/31/2019	1/1/2020 – 12/31/2020	1/1/2021 – 12/31/2021
Administrative Fee	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM
Self-funded Active Employees, Retirees, COBRAs, and dependents (currently approximately 145,000 contracts)	Rates for BHO only services/benefits for members that participate in the medical program**				
	1/1/2017 – 12/31/2017	1/1/2018 – 12/31/2018	1/1/2019 – 12/31/2019	1/1/2020 – 12/31/2020	1/1/2021 – 12/31/2021
Administrative Fee	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM	\$ /PEPM

*This rate includes both members enrolled in the medical plan (approximately 145,000) and employees eligible, yet not enrolled in the medical plan who are covered by the EAP (approximately 7,000) for a total of approximately 152,000. If the prevailing vendor is able to achieve the State's goal of increased EAP utilization, the State has the ability to switch from a self-funded model (Table A) to a fully insured payment model (Table B) for future EA services. The State will decide which payment method to utilize prior to each calendar year. Within Table B, the Proposer is asked to provide a fully insured EAP rate based on employees currently eligible for EA benefits (approximately 152,000 contracts).

**Services include: BHO claims processing/member services, claims fiduciary, administration/banking, account management/reporting (standard and ad hoc), member communication materials, and quality assurance management. These services are to be provided on an Administrative Services Only (ASO) basis.

8. Delete highlighted language in Pro Forma Contract section A.8.k. and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

The Contractor shall submit to the State, at least one (1) month prior to the go-live date, a summary report of its quality assurance program. The State reserves the right to review the program documents and require changes, where appropriate. The Contractor shall notify the State, in writing, within thirty (30) days of any significant changes to its quality assurance program. The State reserves the right to review the change and require changes, where appropriate (see Contract Attachment C, Report numbers 14, 15, and 16).

9. Delete highlighted language in Pro Forma Contract A.18.e and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

Delete: The Contractor shall respond to all inquiries in writing from the State within two (2) calendar days after receipt of said inquiry.

Add: The Contractor shall respond to all inquiries in writing from the State within two (2) business days after receipt of said inquiry.

10. Delete highlighted language in Pro Forma Contract Attachment C and replace with the following (any sentence or paragraph containing revised or new text is highlighted):

15. **NCQA** Documents, including QA program description, annual QA work plan, and annual QA program evaluation, submitted by email within the timeframe and using the template prior approved in writing by the State.

11. RFP Amendment Effective Date. The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.