

September 29, 2005

**Behavioral Health and EAP Benefit Administration Services
RFP # F10R6200070**

Questions Set #1.

Ladies/Gentlemen:

This list of questions and answers is being issued to document written questions received from vendors and also to clarify certain information contained in the above named RFP.

Question #1: In your current plan, a State employee may not contact the EAP directly for assistance. Rather, he/she must have service access approved by a supervisor and numerous other parties. This process places significant liability upon the State in that employees in need of assistance can potentially be denied if paperwork is overlooked, or is deemed insufficient. This also creates a substantial, sometimes week-long, wait time between an employee's service request and actual services received.

By virtue of this process, many employees elect not to seek assistance due to the long waiting period, the protocol's lack of confidentiality, and for fear of repercussions. Consequently, many problems escalate in severity and result in employee absenteeism, low productivity, errors, and other costly workplace issues. This is of especial concern when considering emergent and high-risk cases such as substance abuse, domestic violence, workplace violence and potentially suicidal individuals.

However, with a traditional EAP model offering timely, confidential, and personal service access, employees are more inclined to contact the EAP, deal with their issue, and return to a productive status more quickly. In fact, employees can often successfully address issues within the scope of the EAP and never need to access health insurance. At the same time, employees involved in the EAP who do need long-term care are directed to the most appropriate resource the first time. This naturally helps avoid unnecessary claims, saving time and money.

Will the State consider amending the RFP to accept a traditional EAP model instead of the plan it is now seeking?

Answer: The State is not considering amending the RFP.

Question #2: Attachment H-1 provides a Census File Layout. However, there is no census included. Is it possible to obtain a census?

Answer: To obtain a copy of the census, potential offerors should fax to the Procurement Officer, a filled-out, signed copy of ATTACHMENT E – Confidentiality and Non-Disclosure Agreement (with a witness signature on the agreement) and a

copy of their photo ID. Also, the requestor's Fed-Ex billing number should be noted on the fax. The State will then FedEx the census disc to the requestor.

Question #3: Is it possible to determine the existing fees being charged to the State by APS Healthcare for these services?

Answer: At this point, this information is not disclosable.

Question #4: How many active and retired employees currently participate in these programs?

Answer: As noted in Section 3.1.1 of the 88,417 enrollees in the PPO and POS plans, 55,386 are employees and 29,884 are retirees.

Question #5: Please clarify that there are 88,417 employees (not covered lives) who are to be covered by the BH services.

Answer: The 88,417 reflects employees, retirees, satellite employee and Direct Pay enrollees who are enrolled in a PPO or POS. This figure does not include dependents. In addition, this is the enrolment as of July 2005 and is not to be seen as a guaranteed number for enrollment. Individuals have the opportunity to change plans with each open enrollment.

Question #6: If there are 88,417 employees for BH services, what is the dependent factor?

Answer: That information is not available. However, the coverage levels indicated in the table in Section 3.1.1 can provide some guidance as to dependents.

Question #7: Is it the case that there are 55,386 employees who are enrolled in the PPO/POS plans?

Answer: That is correct as indicated in Section 3.1.1. This does not include dependents.

Question #8: Of the 70,000 employees who are covered by the EAP, are approximately 55,386 employees enrolled in the PPO/POS plans, and approximately 14,600 employees covered by the HMOs?

Answer: There were 13,847 employees enrolled in HMOs as of July 2005. Some employees do not have health insurance coverage.

Question #9: For the Bidder's meeting on October 6, is there a limit to the number of representatives that a vendor can bring?

Answer: There is no limit to the number of representatives a vendor can bring to the Pre-Proposal conference. However, all vendors coming to the Pre-Proposal conference should notify the Procurement Officer in advance and indicate their company name and number of individuals attending.

Question #10: If a vendor wanted to obtain the census disc prior to the bidder's meeting, how would they do that?

Answer: See answer to Question #2 above.