



MARYLAND
DEPARTMENT OF
BUDGET & MANAGEMENT

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Q & A #4
to
Request for Proposals (RFP)
BEHAVIORAL HEALTH & EMPLOYEE ASSISTANCE PROGRAM (EAP) BENEFIT
ADMINISTRATION SERVICES
SOLICITATION NUMBER F10B0400011
June 10, 2010

Ladies and Gentlemen:

The following Questions, which were received by e-mail for the above referenced RFP, are being answered and posted for all Offerors. The numerical sequencing begins with question #63 since questions #21 through #62 were answered in Q&A #3 on June 7, 2010:

63. The following is an additional response to Question #7 on Q&A #1:
Question/: Please provide copies of the State's 2008 and 2009 utilization reports, to include the following information.

Answer: The answers are in **bold**.

- a. Total number of face-to-face visits
 - i. **The 2008-2009 fiscal year there were 305 face to face visits. From 7-1-09 until 3-31-2010 210 face to face visits.**
- b. Total number/hours of telephonic counseling
 - i. **There is no telephonic counseling**
- c. The average number of counseling visits utilized per participant
 - i. **1**
- d. Total number of hours of employee seminars and training
 - i. **0**
- e. Total number of hours provided of supervisory/management training
 - i. **0**
- f. Total number of hours provided of employee orientations
 - i. **0**
- g. Total number of hours provided of health fair participation
 - i. **N/A not tracked**
- h. Total number of hours provided of on-site management consultations
 - i. **0**
- i. Total number of DOT/SAP referrals

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- i. N/A
- j. Total number of mandatory referrals
 - i. **N/A (all EAP referrals from the State are considered to be voluntary although referred by supervisor)**
- k. Total number of workplace consultations
 - i. **critical incidents which average one to two a year**
- l. Total number of fitness for duty evaluations
 - i. N/A
- m. Total number of risk assessment screenings
 - i. N/A

64. Question: Section 2 (Offeror Minimum Qualifications) and Attachment J-1 (Minimum Requirements). Number 4 requires that “Qualified Offerors must provide proof of current NCQA or JCAHO or URAC accreditation.” What does NCQA, JCAHO and URAC stand for?

Answer: NCQA, stands for National Committee for Quality Assurance. JCAHO, stands for Joint Commission on Accreditation of Healthcare Organizations. URAC, stands for Utilization Review Accreditation Committee.

65. Question: If the Behavioral Health/EAP vendor uses MBE-certified EAP clinicians to provide EAP counseling as specified in the RFP, can the vendor allocate those direct counseling costs toward the MBE allocation requirement?

Answer: No. Certified MBE EAP clinicians’ counseling fees can not be used to meet the MBE goal. Please see RFP § 1.12 which specifies that “Services for treatment or provision of care will not be considered” for MBE goal participation.

66. Question: Section 3, Scope of Work, Pg 17. The enrollment table shows approximately 97,500 “members.” Are “members” in this context to be understood as employees or as total covered lives (inclusive of dependents)? What is the dependent factor, i.e., the total # of covered lives that is inclusive of all employees and their benefit eligible dependents?

a. **Answer:** Please see RFP § 1.2-Abbreviations and Definitions, x, h and z for the definitions of member, dependent and participant, respectively. Based on the definition of member in RFP § 1.2, the 97,500 represents the number of employees, former employees or retirees (including Satellite and Direct Pay) who are enrolled in the PPO and POS plans offered by the State of Maryland Employee and Retiree Health and Welfare Benefits Program pursuant to COMAR 17.04.13.03A. It does not include the member’s dependents.

67. Question: Each benefit fair consists of, on average, how many hours?

Answer: Please see response to question #9 on Q&A #1 and question # 15 on Q&A #2.

68. Question: What disease management services does the State currently provide to employees and what vendor provides these services?

Answer: The State's disease management programs are currently provided by the medical plan vendors. At this time, the State of Maryland does not have a vendor solely providing disease management services.

69. Question: Please confirm number of EAP members – The RFP said to use all Employees and Retirees (no Plan Type restrictions here). The total in the census is 113,604. The total membership count that has been quoted is 97,000; 70,000 EAP. Please clarify.

Answer: The total in the census, 113,604, includes employees, retirees, direct pay members and satellite employees currently enrolled in either the State's PPO, POS or EPO medical plan.

The 97,652 value includes employees, retirees, direct pay members and satellite employees enrolled in either the State's PPO or POS medical plan (i.e. excluding EPO membership).

Those eligible for the EAP include active, direct pay and satellite employees including those that have not elected medical coverage (PPO, POS or EPO plan) through the State of Maryland plans. Retirees and schools that make up the University of Maryland system are not eligible for EAP coverage. There are approximately 64,706 State employees who are potentially eligible to be referred for EAP benefits. See Amendment # 2, item 1.

70. Question: The geo specifications in the RFP are broken out by Urban, Suburban Rural classifications (u/s/r), however, attachment J does not contain breakouts for u/s/r. That means that the report will be completed using all membership zip codes, but we don't know which mileage standard quoted in the RFP to use for the all member report? Can the State clarify?

Answer: The GeoAccess reports should be run including separate reports for Urban, Suburban and Rural areas as instructed in RFP § 1.2-4.4.5 G and H and on Attachments J-7(a-e) and Attachments J-8(a-d). The applicable response attachments should be in the reporting format of Part B on Attachments J-7(a-e) and Attachments J-8(a-d). The table included in Part C of each attachment is a summary document of the GeoAccess reports completed in Part B. Offerors should aggregate the total number of members in each county, the number of members meeting the mileage requirement and the number of members not meeting the mileage requirement. Part C should be completed in the Excel Attachment.

71. Question: On the spreadsheet, there is a column that says "Average Distance to Pharmacy". Do you actually mean "Average Distance to Provider" and we will fill it out with this information, but we are unable to change the name in the cell as it is locked. Can you clarify?

Answer: On Attachments J-7(a-e) and Attachments J-8(a-d) the column heading should be "Average Distance to Provider." The Offeror does not need to change the column heading. See Amendment # 2, item 4.

72. Question: Section J-7 Access - Behavioral Health and J-8 Access – EAP. The instructions say to prepare and provide a GeoAccess report based on the standards outlined in Section 4.4.5(G). Should we replicate the tables on the work sheet for each access standard (Urban, Suburban and Rural)? If so, please provide instructions on how and where the information should be included in our proposal submission, both electronic and printed (i.e. should the additional worksheets be information be included as “Response Attachment J-7 and J-8”).

Answer: The GeoAccess reports should be run including separate reports for Urban, Suburban and Rural areas as instructed in RFP § 1.2 G and H and on Attachments J-7(a-e) and Attachments J-8(a-d). Part B is to be addressed through the appropriate Response Attachment J-7(a-e) and Response Attachments J-8(a-d) in the required format. The GeoAccess reports should be summarized. The summary data should be included in Part C of Attachments J-7(a-e) and Response Attachments J-8(a-d).

73. Question: Section J-7 Access Behavioral Health and J-8 Access – EAP. Since several of the GeoAccess reports will be very large, can we submit the GeoAccess reports in electronic format (PDF) instead of hard copy (printed) format?

Answer: RFP § 4.4.5 G and H will be amended to state that all GeoAccess reports must be submitted electronically, however the summary pages shall be submitted electronically and in hard copy. See Amendment #2, items 2 and 3.

74. Question: Section J-10 Network Disruption. When entering data in several of the worksheets (for example cell I-17 in Section J-9) the data we have entered appears to exceed the cell limit and is presented “#####”. We request that you confirm that the information we entered will be “readable” for your purposes. If not, please provide instructions on entering the data in a readable format.

Answer: See Amendment # 2, item 5, which has been modified in order to widen the columns in Attachments J-9 and J-10. The information you enter (formatted to display millions) will be readable for our purposes.

75. Question: (Financial) The EAP file shows the “number of approved visits”, we would like to know the actual number of visits/sessions provided.

Answer: Please see response to question #63 above.

76. Question: Performance Guarantees- The answers are in **bold**.

- Is there any opportunity to discuss/negotiate on Performance Guarantees?

If you disagree with a Performance Indicator, please select disagree under the column heading “Willingness to Comply with the Standard/Goal”. As indicated in the drop down list, please describe all deviation in Attachment J-16: Deviations Page. Include for each Deviation the section number, question number and an explanation for the deviation. The deviation will be reviewed and considered by

the State. Please note, however, that deviations from the RFP may result in a proposal being rejected or evaluated lower if the State does not amend the RFP requirements.

- PG-4a, Please provide more definition regarding expectation. Live response? IVR response? By indication in (b), it seems IVR response is appropriate. Please confirm.

Please see response to question #40 on Q&A #3.

- PG-7, What is meant by automated claims system?

Please see response to question #41 on Q&A #3.

- PG-9, What is the process regarding paper enrollment?

Please see response to question #42 on Q&A #3.

- PG-12a, Psychiatrists are not typically participants in the EAP network. Please confirm this specialty is not expected to participate in the EAP network.

Please propose the EAP network that will best meet the needs of the State. The performance standards will apply to all providers in the selected vendor's network (EAP and BH).

- PG-12, The network access standards are higher than most standards. Please advise if the current vendor (APS) is currently adhering to these standards. Is there room for discussion/negotiation on these access standards based on current industry standards?

The network access performance standard as included in this RFP is not part of the existing contract. If you disagree with the performance guarantee as it is written, select "Disagree" under the column heading "Willingness to Comply with the Standard/Goal". And describe your deviation in Attachment J-16: Deviations Page. Include for each Deviation the section number, question number and an explanation for the deviation. The deviation will be reviewed and considered by the State. Please note, however, that deviations from the RFP may result in a proposal being rejected or evaluated lower if the State does not amend the RFP requirements.

77. Question: SAP Evaluations: For those employees who fall under DOT requirements for substance abuse problems and are referred for treatment, DOT requires a SAP evaluation. Is the cost for the SAP evaluation paid for separately by the State?

Answer: Please see response to question #6 on Q&A #1.

78. Question: General Questions- The answers are in **bold**.

- Will the BH vendor be required to print separate cards with the Behavioral Health vendors phone number# for the members or will this contact number # be attached/added to the members health plan card?

Yes the BH/EAP vendor will be required to print and distribute member identification cards. Please see AR-32 of Attachment J-4: Administrative Requirements for the applicable requirements regarding Identification Cards.

- Do you know how many trainings/meetings with the DBM staff on the EAP will be required?

Please see response to question #6 on Q&A #1.

- What role will your benefit consultants, Gabriel,Roeber, Smith & Company play in the RFP evaluation process?

Please see §1.1 of the RFP document. As the State’s benefit consultant, Gabriel, Roeder, Smith and Company is assisting the State with this procurement.

- You identified one MBE vendor that APS is currently subcontracting for their EAP services. Can you identify any other MBE vendors that APS is currently subcontracting with for this contract?

Please see response to question #46 on Q&A #3.

79. Question: Referring to Attachment_J_Technical, Tab J-7, its sub tabs, and Tab J-8, and its sub tabs, please clarify if *Question C* (Also provide subtotals of the GeoAccess report by county.), for each tab and sub tab, has a different access standard. Or should we use the urban numbers to populate the table?

Answer: Please see responses to question #70 and question #72 on Q&A # 3.

80. Question: Referring to Attachment_J_Technical, Tab J-7, its sub tabs, please confirm that Question C, Column C should read “Average Distance to Providers” rather than “Average Distance to Pharmacy.”

Answer: Please see response to question #71 on Q&A #3.

81. Question: Attachment_J5a_Technical. Please provide more clarification on the following question. Q-107: a. Please describe how the HI-TECH Act provisions concerning the receipt of payment in exchange for PHI or data and marketing communications will impact communications and initiatives by your organization with participants and providers.

Answer: The HI-TECH Act is Title XIII of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5); the text of ARRA, including the HI-TECH Act is available on-line: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:h1enr.pdf. Among other things, the HI-TECH Act restricts when a covered entity or business associate may use or

disclose PHI for marketing purposes. In particular, §13406 of the ARRA provides that communications are not considered a health care operation (for purposes of determining whether an individual authorization is needed for the use or disclosure of PHI) if there has been payment in exchange for making such communications, except in limited circumstances. Offerors are strongly encouraged to review this law with legal counsel if they are not familiar with these provisions already as part of their ongoing HIPAA training and responsibilities. The RFP, at Attachment J-5, Q-107, asks that Offerors address how application of these HI-TEACH provisions will impact any provider or participant communications the Offeror proposes to perform under this RFP and resulting Contract.

The State is seeking a third party administrator for the BH plan and provider/administrator of EAP services that is aware of and understands the HIPAA and HI-TECH Act limitations on the use/disclosure of PHI. As noted in the HIPAA-related RFP provisions (e.g. RFP Att. J-4, AR-129 *et seq.*), the State is seeking a Contractor that will act as if it were the covered entity in many respects in connection with the HIPAA and HI-TECH Act obligations of the State's group health plan. The State does not anticipate or desire to provide detailed instructions or oversight to the Contractor (other than those already outlined in the RFP) on how to address, undertake, or comply with the law in this area. The State wants a contractor that is fully committed to complying with the law and making sure that the group health plan, of which the MH aspect is a component, is fully compliant. Further, the State is seeking a Contractor with a measure of expertise in applying and complying with HIPAA provisions (including the HI-TECH Act).

82. Question: Attachment_J5a_Technical. Please provide more clarification on the following question. Q-107: c. Explain how your organization pays for such communications and education initiatives and how that might be impacted by the HI-TECH Act provisions.

Answer: See the response to question #81 above.

83. Question: Section 4.4.5 Technical Proposal, Introduction and Item E, Attachment J-5B, Additional Questionnaire Answers. We understand that each question continuation on Attachment J-5B is to be limited to one entry on J-5A and one row on J-5B. However, did the State intend to limit the character size on J-5B entries to 1,024 characters per cell as well?

Answer: Please refer to RFP Section 4.4.5 (page 25). As described, Microsoft Excel will only print the first 1,024 characters in per cell. Please limit your response in each cell to that length. Although the State requests that answers are complete and brief, the Offeror may use more than one row in Attachment J-5b if additional space is necessary.

84. Question: Section J-4: Administrative Requirements, Item 11. The Contractor will share in the cost of an annual State-conducted Participant satisfaction survey on its employee benefit plans. Please identify how many employee benefits plans the State has and confirm that the vendor will share in the cost of the survey at a rate of \$4,700 per plan, per year.

Answer: Currently, there are two (2) PPO plans administered by CareFirst and UHC; three (3) POS plans administered by CareFirst, UHC and Aetna; three (3) EPO plans administered by CareFirst, UHC and Aetna; one (1) behavioral health plan administered by APS; one (1) pharmacy plan administered by Catalyst Rx; two (2) dental plans administered by UCCI; and one (1) flexible spending account plan administered by SHPS. Since the BH/EAP vendor currently administers one (1) of the thirteen (13) plans, the BH/EAP vendor's share of the survey is one thirteenth ($\frac{1}{13}$) of the total cost while UHC's share of the cost is three thirteenths ($\frac{3}{13}$) of the total cost.

Each plan's share of the annual State-conducted Participant satisfaction survey varies from year to year depending on the number of surveys mailed and the number of responses received. While the cost of the survey is *approximately* \$4,700 per plan per year, the State cannot guarantee that this will be the exact rate in future years.

Should you require clarification of the information provided, please contact me at (410) 260-7374 as soon as possible.

Date Issued: **June 10, 2010**

By: Andrea R. Lockett
<signed>
Procurement Officer