

## Request for Proposals: OHB03-5

### Administrative Services For Mental Illness & Substance Abuse and Employee Assistance Program Benefit Plans Issued July 8, 2003

#### Addendum One

July 18, 2003

#### Preface

This Addendum is issued to provide all potential Offerors with definitive guidance, to the extent that is possible, on the issues raised at the Offerors' Conference held on July 18, 2003. This addendum pertains to the specific RFP listed in the heading. Separate, similar addenda will be issued addressing the specific issues raised at the Offeror's Conference for the three companion RFPs discussed at the Offeror's Conference on July 18. As announced at that conference, only these answers in writing can be relied upon in preparing an offer in response to this RFP.

Please note: Supplemental Addendums (numbered sequentially: TWO, THREE, etc) will be issued and posted to the Department's web site ([www.dhrm.state.us.va](http://www.dhrm.state.us.va)) if the need arises to communicate additional information to potential Offerors. It is recommended that each interested firm check the web site regularly until the date that proposals are due and contracts awarded.

**NOTE:** The last page to this Addendum contains a list of all firms represented at the Offerors' conference for this RFP.

#### Corrections

1. Page one "**Note**" section, change Code of Virginia 11-35.1 to Code of Virginia 2.2-4343.1
2. Section 3.7.d – Replace "3.7.a.4" with "3.7.a.3"
3. Section 8.2.4 - replace "labor" with Labor
4. Section 8.9 - replace "2.1-377" with 2.2-3800

**Additions:**

- 1) **ADD:** Section 3.6 – SCHEDULE OF LIQUIDATED DAMAGES

The third standard “Eligibility Files not picked up within 7 days of transfer” should read, “ **Eligibility Files not picked up and loaded to Contractor’s eligibility files with 7 days of transfer**”.

- 2) **ADD:** Attachment 2 – Questionnaire General #8

**Please provide a copy of your business plan for complying with the HIPPA Security Requirements.**

**QUESTIONS:**

1. Please clarify how many total proposals a bidder could provide, e.g. one proposal for MISA-only services to the state; one proposal for EAP-only services for MISA covered State and TLC employees; one proposal for EAP-only services to all state employees, i.e. both insured and uninsured. While you do not appear to ask for an integrated EAP/MISA proposal for those State and TLC employees who are eligible for both programs, there could be pricing advantages to COVA; please advise.

**Assume no one is eligible for both the TLC and State Plans. Regarding the quote form possibilities:**

- a. **For TLC: MISA and EAP must be proposed by each offeror.**
- b. **For the state employee program: an offeror may propose MISA only, EAP only, or both. If EAP is proposed, two options must be presented:**
  - (1) **One covering only those participating in the state employee plans**
  - (2) **One covering all 150,000 state employees, including those not currently in the health plans**

2. Can the State provide any additional info re their interest in the MBHO/EAP assisting in "recruiting and retaining high quality employees?"

**Benefits are an important part of compensation for state and local government employees; therefore the quality of these offerings, including MISA and EAP, is an integral tool in recruiting and retaining high quality employees.**

3. Describe the overall philosophy of the EAP

**Traditionally an EAP provides short-term assistance, and or direction to the employee or family members who have encountered mental illness, substance abuse, financial, family, or workplace related problems. It evaluates, advises and provides a smooth transition to other providers when more extensive counseling or treatment is needed. That said, An EAP that proscribes to the above statement may not necessarily be the successful candidate. The RFP is designed so that the Department can determine the overall philosophy and operating capabilities of the EAP being offered. It is looking for creative solutions.**

4. What specific issues does the State’s workforce commonly face? What types of trainings is the State interested in?

**The issues faced by the State’s workforce are those common to employees nationally, including diminishing job security, increasing health care costs and an aging population. Offeror should provide in their proposal the training and services they would offer.**

5. What percentage of your workforce has access to Internet services (estimate)?

**Approximately 80% (access through home or office computer)**

6. Is the State interested in any Work/Life services (i.e., child/eldercare resources, etc.)?

**Offeror should provide in their proposal a list of services they are offering.**

7. Does the 91,000 active, full-time employees referenced on page 2 of the RFP include those members that are part of TLC?

**No – The TLC population is shown in the following paragraph.**

8. Please elaborate on the nature of the “financial counseling” and “legal consultation” services that you would like to have. Do you want something different from what you are currently receiving?

**Offeror should provide in their proposal a list of services they are offering. As noted above, the Department is looking for creative solutions.**

9. Please elaborate on what the State would like to see re "coordinating with Medical Plan Admin"?

**The medical/surgical and MISA components of the state and TLC benefit plans share common deductible and out-of-pocket limits which must be coordinated. In addition, there may be overlap of services, necessitating cooperation by both parties to ensure accurate and efficient claim processing and customer service.**

10. In the RFP, pg 5, paragraph 2.1 provides that “The Department will continue to self-fund MISA with or without risk sharing”. Does this mean that the Department will consider a risk incentive in addition to the premium penalty set forth in section 3.5?

**YES**

11. Would you consider including the employee communications materials set forth in paragraph 2.6(b) in the med-surge document or should we assume we will be sending out individual documents to each member? How often do we anticipate sending out new benefit materials?

**The ASO Medical Contractor will mail ID cards. MISA/EAP and medical/surgical benefits are currently combined in one Member Handbook. Each vendor is responsible for the content of its pertinent sections, however, cooperation and coordination is expected to ensure accurate and timely communications materials. Benefits are subject to change on an annual basis, requiring amendment or handbook revision.**

12. Paragraph 2.4.1, page 6 in the RFP - The successful bidder will be required to pay all claims incurred during the contract term. What is the time you would want the selected vendor to continue to receive new claims after the termination of the contract?

**That determination would be negotiated at the time contract termination appeared possible based on volumes, circumstances of termination, etc. Offerors should be prepared to process run outs for a period of one to two years.**

13. There seems to be a conflict in the RFP as to what type of claim document/report is required on a weekly basis. In 2.4 (10), pg 7, you state that a “summary paid claim listing” needs to be included with the weekly claims detail. In 2.4(13) you state that we need a monthly claim detail report. However, paragraph 3.4 requires a “weekly paid claims listing”. Please clarify on a weekly basis whether you require a claim summary or claim detail on a weekly basis?

**The report referenced in paragraph 2.4.10 addresses a billing documentation need of the department, the format of which will be finalized during negotiations. Paragraphs 2.4.13 and 3.4 refer to the same electronic claims detail file. The frequency of submission (weekly, monthly, etc) will be determined during negotiations.**

14. In the RFP, page 6, 2.3.3, you state "The Department prefers institutional and professional provider networks in which providers agree to share the financial risks of care"? What is the interest of the COVA in seeing its MBHO pursue risk-sharing agreements with providers? Can the COVA provide any additional information on what they envision? Would the department consider a reimbursement mechanism that ensures member access to a choice of provider and combines that with a provider risk for length of treatment, i.e. case rate for professional and/or inpatient acute care?

**The intent of the cited statement was an example. The department will consider any and all cost containing reimbursement methods proposed by your organization.**

15. In the RFP, page 6, paragraph 2.3(4) addresses the need for a provider directory. Can the directory be available on-line only? If no, is there a suggested quantity of directories anticipated? Our on-line directory can be updated daily. If the directory is to be hard copy, how often would you expect it to be updated?

**An on-line directory is requested and should be updated at least monthly.**

16. Section 2.6.c--What is the scope of the legal defense requested by this provision? Under the mental health program, the Commonwealth is at risk for the cost of care. Thus, if a covered member challenges a benefit decision, the Commonwealth should make the decision whether or not the benefit is payable and assume the cost of defense if it determines not to pay the benefit.

**The Commonwealth expects the offeror to assume legal defense for areas within the scope of the administration of the contract. State any demurrals with recommended wording for this section in your proposal.**

17. Is the State interested in EAP services for the entire State population? What visit model would the State prefer for the entire population (i.e., 1-4, 1-8 visits, etc.)?

**Please see paragraph 3 on page 2 of the MISA Questionnaire for the covered population options.**

**Also, please see Section 1.3 – the state is considering the option of offering EAP services to all state employees, not just those enrolled in a self-insured health plan. A 1-4 visit model is contemplated, however, we are receptive to other proposals.**

18. Is the State requiring that the toll-free number be staffed with licensed clinicians? How is the existing program’s toll-free line staffed both during and after business hours?

**For the crises line, 24/7 access to clinicians is required. Customer service or other routine functions may be staffed in accordance with your business model. The latter should be clearly described in your proposal.**

19. Page 7, Section 2.6.a, MISA Benefits Administration - The Contractor shall check the eligibility of claimants against the eligibility files that will be supplied electronically by the Department (for State employees) and a central eligibility file (for enrollees of The Local Choice) before authorizing benefits. Will eligibility files be provided in the HIPAA compliant 834 format?

**YES.**

20. Is the “central file (for enrollees of TLC) being provided to the MISA vendor for loading into the MISA vendor’s system? Or is the MISA vendor required to perform an on-line query to “the central file” for TLC members?

**Enrollment files for TLC groups will be provided in a standard format.**

21. Section 2.7.5 - *The plan must submit a paid claims test tape containing at least 500 claims in the format defined in Attachment 4 by September 1, 2003. The Department must be able to read and approve the tape formats no later than October 15, 2003 or no contract will be finalized. PLEASE NOTE: Standard vendor tapes are not acceptable to fulfill this requirement.*

Please provide additional clarification regarding this requirement since the test will be performed on non-production data prior to the implementation of the account. Please identify any data exchanges that are required to comply with this requirement.

**We expect Patient and Subscriber specific information such as name and SSN to be dummy data. We expect fields, which relate to the Commonwealth’s benefits, such as: Carrier Code, Covered Group, Plan Code, Subscriber Agency/TLC Group, and the Optional Benefit Utilization fields to be dummied. The vendor tape must comply with the formatting requirements, utilize the codes defined in the specifications, and comply with the accounting requirements.**

**For testing purposes, data exchanges will be via diskette or CD. Prior to awarding a contract, the vendor must demonstrate the ability to provide the data feeds via secure, electronic transmission.**

22. RFP page 8, Section 2.7.5: Is it acceptable to provide the State with a paid claims test tape using dummy data by September 1, 2003? Is the State open to utilizing HIPAA compliant formats as opposed to the customized formats in Attachment 4? Is there any flexibility with regard to the submission timeframe of September 1, 2003?

**Yes, providing the tape complies with the formatting specifications.**

**Not at this time.**

**NO.**

23. Section 2.6.c, page 8 - Provide a legal defense against all claims arising out of this contract: Does the Commonwealth of Virginia wish us to act as the Named Fiduciary?

**The Commonwealth expects the offeror to assume legal defense for areas within the scope of the administration of the contract. State any demurrals with recommended wording for this section in your proposal.**

24. Section 2.1 states that all specifications under MISA headings also apply to freestanding EAP proposals (unless otherwise noted), please clarify the following: Must offeror's bidding on EAP services only adhere to the MISA Plan claims processing requirements, performance standards and liquidated damages? Do all other, non-claims service performance standards and liquidated damages apply to such an offeror (such as telephone responsiveness, eligibility maintenance, outpatient authorization turnaround)?

**Only those that are applicable to the EAP services you propose. The intent is to establish measurable means of assessing satisfactory service and quality. The department will consider alternative measures and standards that meet this intent.**

25. Section 2.1 - Must that offeror verify participant eligibility? Submit a paid claims test tape? Must EAP only maintain updated eligibility information and pickup updates on a regular basis?

**YES – To all questions.**

26. Section: p. 27. It asks: "What is done to protect the confidentiality of the employer?" Should this be "employee"?

**YES**

27. Section 3.2, page 9 - Please clarify the section that refers to dividing by the total number of claims processed during the audit period. Is this referring to the total claims included in the audit sample? **YES**

28. Section 3.7, page 11, Is the claim timeliness penalty limited to clean claims?

**No. The requirement is for all claims to be adjudicated. Adjudication can be defined as payment, denial, request for additional information, or pended for some form of review. To be considered adjudicated, the transaction must generate a communication with the claimant or provider (e.g., EOB).**

29. Section 3.7.b number 4, page 12 - Please verify that this is referring only to new claims received.

**It refers to any claim "received" during the applicable measurement period.**

30. Can we provide recommendations for alternative performance standards or is each bidder required to respond to the performance standards exactly as they are stated in the RFP?

**The stated standards are preferred, but the Department will consider alternatives that accomplish the intent of the standard.**

31. Please provide clarification on the reference to additional performance penalties including liquidated damage for underperformance and inaccurate projections on 100% of claims paid.

**The stated performance items are not related. Specific, separate penalties are cited for inaccurate projections and 100% claim payment in 30 days.**

32. Sections 3.6 and 3.7 - Are penalties negotiable?

**The stated standards are preferred, but the Department will consider alternatives that accomplish the intent of the standard.**

33. Paragraphs 3.5 and 3.6 of the RFP, pgs 10-11. - Can you explain in greater detail the operation of the penalty provisions concerning inaccurate premium projections?

**Your proposed Schedule 2-2 declares the value of your negotiated fee arrangements. The claims file or tape you will submit will track your performance in this regard. Should actual performance fall below 95% of your stated values, the penalty detailed in paragraph 3.6 will be assessed.**

34. When will the Commonwealth select a MISA/EAP vendor?

**Notice of Intent to Award is scheduled to be posted in October 2003.**

35. Section 6.1.1, page 19 -You ask the bidders to use track changes and to highlight changes using MS Word tools. It appears that the Introduction Section itself is not a Word document. Therefore, can we assume that any track changes or demurrals are not to be made to the RFP Section, pgs 1-36, but are to be made in the Attachment 2, Questionnaire Section?

**Demurrals must be cited via a redline edited RFP Word document as stated in the RFP. A word version is now posted on the web site.**

36. Section 6.1.1, page 19, indicates that a redline version of the RFP must be submitted as part of the proposal. Given the size limit (3-inch binders) for proposals specified by the Commonwealth, can we submit only those pages of the RFP for which we have redline deviations as opposed to including the entire RFP, or could we provide the redline version of the RFP as a separate attachment?

**An offeror may omit enclosing hard copy of the entire document and submit demurrals only. However, be advised that any omitted pages will be presumed to imply your 100% agreement to that content as stated in the RFP.**

37. Please provide clarification regarding the order of materials to be presented in RFP number OHB03-5 for MISA and EAP services. Page 19 of the RFP indicates that the statement of confidentiality should be placed behind the cover sheet, but before the proposal checklist. However, the second page of proposal checklist (schedule 2-8) lists the statement of confidentiality after the proposal checklist. As we want to assemble our proposal in the exact order required by the Commonwealth, I was hoping you could indicate which format we should follow.

**Place the statement of confidentiality behind the cover sheet, then include the Schedule 2-8 checklist.**

38. Section 6.3.1.6 (pg 20), - please provide more detail/clarification, e.g. do you want to see our clinical practice guidelines for major depression, etc.?

**The intent of the paragraph 6.3 requirements is to assess an offeror's ability to clearly communicate the important features of the plan it is administering, how to access benefits likely to be important to a meaningful number of participants and the quality of its service and administration. The specific content of what an offeror chooses to include in that regard is up to the offeror.**

39. In paragraph 6.2 you ask us to propose benefit changes. Is your preference for us to propose changes that we think would benefit the COVA employees, or express any difficulty we would have in administering the program as presented?

**BOTH**

40. Section 6.3.1.2 (pg 20) - Please clarify if this is relevant for our bid, i.e. "PCP availability, MD turnover, disenrollment...". Also, since there is no HEDIS measure for "effectiveness of mental health care", please clarify what you mean by "effectiveness of care"?

**The intent of the paragraph 6.3 requirements is to assess an offeror's ability to clearly communicate the important features of the plan it is administering, how to access benefits important to a meaningful number of participants and the quality of its service and administration. The specific content of what an offeror chooses to include in that regard is up to the offeror.**

41. Section 6.3, page 19 –20 Model Brochure: Are the vendors required to include all elements listed under Section 4.1 Reports and Deliverables (RFP pages 13-14) in the model brochure (i.e., rate buildup schedule, weekly claims reports, admin fee reports, annual accounting, satisfaction survey, etc.) as this seems very detailed and reporting specific?

**The intent of the paragraph 6.3 requirements is to assess an offeror's ability to clearly communicate the important features of the plan it is administering, how to access benefits important to a meaningful number of participants and the quality of its service and administration. The specific content of what an offeror chooses to include in that regard is up to the offeror.**

42. Section 8.5--What is the impact to the ASO contractor of the premiums proposed by the ASO contractor and determined by the Department? Since the Department is at risk for the cost of care, the premium seems to be a matter solely between the Department and its covered members.

**In this regard, the term "premium" is a generic reference to a formal claims and expense projection and is required of all vendors regardless of funding method.**

43. Section 2.6.c, page 8 - Regarding the request that vendors must “provide a legal defense against all claims arising out of this contract,” is the State referring to claims made by Third Parties or the vendor’s inability to perform its contractual obligations?

**The Commonwealth expects the offeror to assume legal defense for areas within the scope of the administration of the contract. State any demurrals with recommended wording for this section in your proposal.**

44. Section 8.15, page 33 - Are the vendors required to include all information requested under Section 6.3 (Section 4.1) on the Employee Website?

**The intent of the paragraph 6.3 requirements is to assess an offeror’s ability to clearly communicate the important features of the plan it is administering, how to access benefits important to a meaningful number of participants and the quality of its service and administration. The specific content of what an offeror chooses to include in that regard is up to the offeror.**

45. Section 8.22, Page 35 Enrollment - The Department is contemplating and may likely implement a personal identification number for members, which is not a Social Security number. Will this personal identification number be implemented before or after the anticipated go-live date of the MISA/EAP contract?

**Offerors should be prepared to provide, on an individual basis, an alternate personal identification number, however, it is contemplated that this will occur for the entire employee population subsequent to the effective date of the contract.**

46. May the large reports such as Small Businesses and Businesses Owned by Women and Minorities be submitted only on CD, rather than in hard copy? **YES**

47. What is the department's specific definition of "planned involvement of small business, minority owned, and women owned businesses"? What are your percentage goals for MBE and WBE? What is the State’s current participation percentage requirement for small businesses, women-owned businesses, and minority-owned businesses? What is the desired participation percentage for each going forward?

**There are no goals or percentage requirements. The RFP submission and annual report should reflect your anticipated use of each category of business in administration of the contract, then the actual results.**

48. Verify that the MISA claims information in the RFP is on a paid basis. Will you provide MISA data for the State and TLC on an incurred basis? **Yes – See Data contained in CD.**

49. In reference to the CD that was sent for the Commonwealth of Virginia bid, App 2 - RFPDataFiles.xls references, in the "Index" tab, MHSA Claims, but the subsequent tabs in this file do not seem to include any MHSA claims. Is this an omission or is this data included elsewhere in the proposal?

**The MHSA data are contained on the worksheet tab labeled "Self-Funded MISA Claims." See the Index tab for additional information.**

50. Attachment . 2 is not labeled as such. Please confirm that it starts with the page that is titled “COMMONWEALTH OF VIRGINIA EMPLOYEE HEALTH BENEFITS PROGRAM PROCUREMENT Statewide Self-Funded Medical Surgical Questionnaire” for the medical/surgical RFP and correspondingly in the other RFPs.

**YES, THAT IS CORRECT.**

51. Attachments - Eligibility File Data Specifications: Please validate this is the format of the eligibility file that the State will provide to the MISA vendor.

**If the question pertains to Attachment 4, these are the specifications for your submission of the eligibility portion of the claims paid files referenced in RFP paragraph 2.4.13 and 2.7.5.**

52. Can a bidder partnership provide different scenarios regarding responsibility for operations, e.g. one partner being responsible for claims in one scenario, and the other partner being responsible for claims in another scenario?

**An offeror may do so. However, any such approach must be clearly explained in the proposal. Each scenario must be delineated as to responsibility through all steps of the proposed process including Schedule 2 differences with administration and costs.**

53. Please confirm or correct our interpretation below of the total employee populations to be covered. Can you also please give total covered members for each category.

*Pricing is being requested for approximately 170,000 employees, i.e. 150,000 total insured and uninsured State employees, as well as 20,000 Local Choice (TLC) employees, broken out as follows:*

- 1-4 session EAP for approximately 150,000 total insured and uninsured State employees
- MISA for approximately 91,000 insured State employees as a component of the 150,000 total State employees above
- Integrated EAP & MISA services for approximately 20,000 TLC employees

*Pricing is to be fixed for 2 years, with 3 one year options.*

**The interpretation is conceptually correct. However, note the RFP cites approximately 28,000 TLC employees (vs.20, 000).**

54. Section V. B., “Benefit Cost Management,” p. 31, question 7, does not appear to be EAP-related; please advise.

**It is possible that it could apply (e.g., determination that a mental health condition may be an underlying cause of the EAP contact). The Department is interested in an offerors procedures should this occur.**

55. “Explain your standard procedures for coordinating *utilization review* with the Commonwealth’s MISA and Medical-Surgical plans, including a description of the responsibilities and authority of those plans and your organization.”

**The Department is interested in each offerors recommended procedures to effect this coordination. Note that the Department does not play a coordinating role. It is up to the contractors to establish procedures and manage the process.**

56. Attachment 2, Questionnaire, in Section III B. “Network Service and Quality EAP”, Item 3, you are requesting that the EAP geoaccess report be based on CEAPs and Certified Addiction Counselors. While it is very important that the EAP provider network consist of clinicians with a special skill set, requiring only CEAPs or Certified Addiction Counselors will present serious access challenges because only a relatively small percentage of highly qualified EAP network clinicians are CEAPs. Will it be permissible to submit an EAP geoaccess report based upon at least 2 EAP providers within 15 miles for our EAP network?

**It is permissible to submit your requested standard as an additional report. The required reports must also be submitted**

57. In the EAP section of the Questionnaire, there appears to be a few questions that are not applicable to EAP services. Specifically, Section III. B., question 5.b., p. 26,  
“As above, briefly describe the critical activities, steps and concepts you use for building and maintaining the *hospital component* of your proposed network.”

**If a question is not applicable to the services being proposed, “N/A” should be entered as the response.**

58. Is an onsite EAP presence required for the State’s Richmond, Virginia site? Are there other locations where onsite EAP presence is desired? If so, please list. Does the State’s current program have onsite EAP presence under its existing program?

**On-site EAP presence is not currently provided and is not required.**

59. Please provide the number/percentage of supervisory consultations per year under the current program.  
Please provide the number/percentage of mandatory EAP referrals per year under the current program.  
How many CISDs were conducted over the last year?  
What is the overall EAP utilization rate?

**None of the above statistics are available.**

60. Regarding Attachment 2, III. A & B Network Service & Quality, Questions 3: Please clarify which excel files/worksheets vendors should use for the MISA and EAP Geoaccess Analyses (which files represent State employees (both 91,000 and the 150,000) and TLC employees). The RFP states that the State has **91,000 State employees** and **28,000 TLC employees**, with a total of **150,000 State employees**. However, the census file provided is unclear and contains the following:

- a. **“Self-Funded Enrollees”** Tab (with Key Advantage and Cost Alliance Plans) with **46,002 enrollees** – This appears to be the TLC employees but has more than the stated 28,000 employees. Is the 46,002 the correct number?
- b. **“July Self-Funded Enrollees”** Tab (with COVA Care) with **45,705 enrollees** – This appears to be some of the State employees but does not add up to the 91,000 or 150,000. Where are the missing enrollees?
- c. **“HMO Enrollees”** Tab with **4,147 enrollees**
- d. **“July HMO Enrollees”** Tab with **1,371 enrollees**
- e. **“Self-Funded Medical”** Tab with **60,083 enrollees**
- f. **“Self-Funded Drug”** Tab with **7,416 enrollees**
- g. **“Self-Funded Dental”** Tab with **5,667 enrollees**
- h. **“Medicare Retiree Eligible”** Tab with **12, 144 enrollees**
- i. **“July 2003 Medicare Retiree Eligible”** Tab with **11,631 enrollees**
- j. **“July 2003 Waived Employees”** Tab with **3,753 enrollees**

If the vendor is to use subsets of any of these tabs/worksheets, please clarify what the selection criteria would be for the Geoaccess matches. For example, do we need to pull employees based on specific coverage and if so what would be the selection criteria.

**Tabs labeled "Self-Funded Medical," "Self-Funded Drug," and "Self-Funded Dental" are claims experience and contain no enrollment information.**

**Exposure information for the state group only is contained in the other tabs. HOWEVER, THE CITED FIGURES DO NOT CORRESPOND TO THE DATA PROVIDED. Contact the department for a replacement if your CD is corrupt.**

61. Attachment 2, III. A. Network Service & Quality-MISA, Question 3: Is the state requiring separate Geo reports by clinician (i.e., 2 MDs within 30 miles, 2 PhDs within 30 miles, etc.) or for all clinicians combined?

**One report incorporating all professional, licensed clinicians will be acceptable. If submitted in this fashion, please include in your response to this question a list of the types of clinicians included.**

62. Attachment 2, Page 10, III. A Network Services & Quality – MISA, Question 4: Please clarify whether the State would like provider directories for only Virginia, Tennessee, Maryland, DC, North Carolina, and West Virginia as the State has employees scattered throughout the United States. Furthermore, as provider directories are continually updated, can vendors provide temporary passwords to their online provider directories in lieu of actual hard copies of provider directories? If not, will updated provider listings suffice?

**Directories for the border states will suffice. Online access to provider directories via a temporary password would be preferred to paper copies.**

63. Attachment 2, Page 12, III. A Network Services & Quality – MISA, Questions 5 & 6, III. B Network Services & Quality-EAP, Questions 6& 7: Please clarify the State's expectations surrounding these Questions.

**The intent of the question on quality assurance is for offerors to describe the major features of their program in summary fashion. The question regarding technical instruments allows offerors to describe the systems, benchmarks and other indicators used to measure the effectiveness of their processes and procedures.**

64. Please confirm whether vendors can provide requested information (Attachment 2 Questionnaire and Pricing Schedules) on a CD rather than a floppy disk. **CONFIRMED.**

65. We are in the process of evaluating the EAP RFP for the State of Virginia. To accurately respond to this proposal, we will need a listing of the employee roster. For simplistic sake, if you can provide the number of employees, by location (county, city, and/or zip code) we can provide you with the most accurate information regarding our network. We referenced the on-line proposal and CD that was distributed at the bidders conference, but was unable to find this information.

**The information should be on your CD. If not, it may be defective and you should contact the Department to obtain a replacement.**

66. Please define the term: "administrative costs."

**Any fee billed to the Commonwealth not directly related to reimbursement of a participant or provider for a service covered by the plan of benefits (i.e., any non-claim reimbursement charge). Section 10 of Schedule 2-1 provides the typical administrative cost components and permits offerors to list any others that may apply to their administration.**

## **Firms Represented at the Mandatory Offerors Conference**

**1:00 PM July 18, 2003**

ACS Pharmacy Benefits Management  
Anthem  
APS Healthcare  
Caremark  
Cigna Behavioral Health  
Cigna Healthcare  
Diamond Healthcare Corporation  
Express Scripts  
Harrington  
Inova Employee Assistance  
Kaiser Foundation Health Plan of The Mid-Atlantic States, Inc.  
Magellan Behavioral Health  
Medco Health Solutions, Inc.  
Prescription Solutions  
Sentara  
Southern Health  
Value Options