

REQUEST FOR PROPOSAL:

**Employee Assistance Program (EAP)
Diabetes Management Technology (DMT)
Expert Medical Opinion (EMO)
Neo-Natal Solutions Program**

**HOUSTON INDEPENDENT SCHOOL DISTRICT
THE HEALTH CARE PARTNERSHIP**

PROJECT #: 14-04-02

APRIL 10, 2014

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Pre-proposal Conference Summary

Introductions

A pre-proposal conference was held at the headquarters of the Houston Independent School District on April 16, 2012 at 1:00 p.m. in the Board Auditorium, 4400 W. 18th Street, Houston, Texas 77092. Following is a summary of the questions posed at that meeting with responses either provided then or supplemented since then. In addition, there are a number of updates to data files that were requested during the conference. Also attached are the written questions received by the submission deadline with corresponding answers.

Overview

Request for Proposal Request for Proposal to provide Medical, Pharmacy, Health Improvement, Advanced Strategies, Discount plan, and Onsite Clinic, Pharmacy, and Screening Services, Project Number: 12-04-01 was issued on April 3, 2012. Today's meeting is an opportunity for proposers to ask questions regarding the RFP. This will be the last opportunity to ask questions and be certain that they will be answered.

Important Reminder – Code of Silence

The District is dedicated to insuring that all Offerors receive the utmost fair and impartial surrounding when presenting a proposal for any project. To insure that this environment is achieved, the District adopted a Code of Silence (CAA [Local]) at the October 14, 2010 Board of Education meeting. All potential Offerors and current suppliers MUST be familiar with this process and all other Board of Education policies that relate to the Offeror or Supplier's conduct with the District, and observe all portions of the process. The Code of Silence set forth in CAA (LOCAL) of the District's Board Policy Manual, including as it may be amended from time to time, is incorporated herein by reference as if set forth at length. The District's Board Policy Manual may be accessed online or a copy of CAA (LOCAL) will be provided to any Offeror upon request. By Offeror's authorized representative(s) signing the Executive Acknowledgement, Offeror represents and warrants that Offeror is familiar with the Code of Silence requirements of CAA (LOCAL) and all other Board of Education policies that relate to the Offeror's or Supplier's conduct with the District and has complied with the same.

All proposers should familiarize themselves with the requirement of the Code of Silence. It means that no HISD Board member or staff can discuss the RFP with any proposer from 30 days before the RFP is issued until an award is made by the Board of Education. If proposers have questions or need to contact the District for any reason, ALL CONTACT must go through Guy Mazzola in HISD's procurement department. Do not contact any other HISD employee or any Board member about this RFP. It can result in not only your disqualification from this proposal process, but also for up to an additional 2 years.

Other Updates

Please provide your pricing on a PEPM basis for Maternity Management and Case Management services by entering them on the pricing document for Health Improvement under "Other" in the space currently marked "other". You can add a line there if needed. Please change the label on the line from other to properly label the service for which you are providing pricing.

Houston Independent School District (HISD)

Employee Assistance Program (EAP)

Account Experience

EAP Utilization and Cost Experience			
	2011	2012	2013
Average monthly number of eligible employees	29,218	26,701	27,508
# of unique callers to the EAP line ¹	631	590	628
Utilization rate for the period	2.16%	2.21%	2.28%
# of unique callers referred for face-to-face EAP assessment or counseling visits with a network provider	505	522	548
Total number of paid face-to-face EAP visits paid to network providers	56	107	144
# of unique callers referred to telephonic counseling in lieu of face-to-face counseling ²	14	12	40
Total # of CISD sessions delivered	n/a	n/a	4
Total # of training hours delivered	24	46.25	50
# of unique callers with at least one qualified WorkLife referral ³	30	27	34
Utilization reported by	<input type="checkbox"/> paid date <input checked="" type="checkbox"/> incurred date		
Claims reported by	<input type="checkbox"/> paid date <input checked="" type="checkbox"/> incurred date		

¹ Include callers to EAP phone lines only. Do not include web hits or mailings except for web activity related to an individual registering and self referring to face-to-face EAP services on line

² Do not include calls to provide education, brief assessment and referral that is done whether the caller is referred for face-face or telephonic counseling visits.

³ Include callers who received at least one qualified referral for elder care, dependent care, etc. Qualified means that a WorkLife counselor completed a WorkLife needs assessment and identified one or more service providers who could meet the callers needs based on cost, location, quality of care, and/or other specific needs. Do not include individuals who relieved only educational materials.

Katy Independent School District (KISD)

Employee Assistance Program (EAP)

Account Experience

EAP Utilization and Cost Experience			
	2011	2012	2013
Average monthly number of eligible employees	7900	7663	8146
# of unique callers to the EAP line ¹	1012	214	207
Utilization rate for the period	13%	2.78%	2.54%
# of unique callers referred for face-to-face EAP assessment or counseling visits with a network provider	348	142	184
Total number of paid face-to-face EAP visits paid to network providers	131	27	49
# of unique callers referred to telephonic counseling in lieu of face-to-face counseling ²	239	173	184
Total # of CISD sessions delivered	0	0	5
Total # of training hours delivered	0	2	2.5
# of unique callers with at least one qualified WorkLife referral ³	38	0	6
Utilization reported by	<input type="checkbox"/> paid date <input checked="" type="checkbox"/> incurred date		

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² Do not include calls to provide education, brief assessment and referral that is done whether the caller is referred for face-face or telephonic counseling visits.

³ Include callers who received at least one qualified referral for elder care, dependant care, etc. Qualified means that a WorkLife counselor completed a WorkLife needs assessment and identified one or more service providers who could meet the callers needs based on cost, location, quality of care, and/or other specific needs. Do not include individuals who relieved only educational materials.

Pricing

In preparing your Pricing Proposal, please include all assumptions. All fees related to subcontracted services should also be included in the pricing. It is expected that THCP International, Inc. will not incur any additional fees throughout the duration of this contract if not addressed in the financial response. Please consider the following in developing your pricing:

Fees are presented in USD (\$)

All pricing must be based on a per employee per month pricing model (except where indicated otherwise).

Fees must be guaranteed for three years with no contingencies regarding enrollment or program participation.

Implementation or Setup fees.

Summary of Current Program Offerings:

6 In-person sessions per problem per year

Employee education, supervisor training, wellness seminars

Crisis intervention/critical incident debriefing

Supervisor/Manager consultation

24/7 Telephonic service access

WorkLife services, including Legal and Financial Assistance

Cost proposal		Years 1 – 3	
1.	Quote the following required, optional, and per use services. Quote for EAP should be broken down to 3 and 6 session models. <i>Pricing for additional sessions may be included in Tab 7 of your proposal.</i>		
Required services		PEPM	
EAP		(\$ x .xx)	
WorkLife (with counselor assisted qualified referrals)		(\$ x .xx)	
Bundled EAP/WorkLife Quote		(\$ x .xx)	
Unbundled EAP/WorkLife Quote		(\$ x .xx)	
Optional services		PEPM	
On-site EAP services		(\$ x .xx)	
Training/Orientation/CISD hours (number included in EAP quote)			
TBD		(\$ x .xx)	
Other EAP optional services on a PEPM basis include wellness programs, convenience services, concierge services, etc. In addition, legal or financial consultation and training hours can be unbundled from the core Work/Life and listed here as optional services.			
Bundled Quote with Optional Services		(\$ x .xx)	
Unbundled Quote with Optional Services		(\$ x .xx)	
Training (over # hours)		(\$ x .xx)	
CISD (over # hours)		(\$ x .xx)	
Optional per use services can include care kits, DOT required SAP assessments, etc.		(\$ x .xx)	
2.	Confirm your proposal is for a three year fixed price quote.	(Select)	
3.	If you answered disagree to the prior question, are you willing to guarantee a maximum percentage increase?	<input type="checkbox"/> Yes, a increase	% maximum

		<input type="checkbox"/> No
		<input type="checkbox"/> N/A
4.	Confirm your EAP quote is based on estimated membership of all three (3) district eligible employees (40,600).	(Select)
5.	Confirm your EAP quote is based on estimated membership of each district eligible employee.	
	<ul style="list-style-type: none"> Houston 24,000 Aldine 8,100 Katy 8,100 	
6.	Confirm your EAP quote is based on utilization you projected in the Questionnaire.	(Select)
7.	Please confirm that you are willing to put a minimum of 20 percent of your quoted fees at risk.	(Select)
	<ul style="list-style-type: none"> If no, please indicate what level of performance guarantee you will accept; performance metrics, standards, and weighting may be renegotiated by mutual agreement of the parties 30 days prior to the end of each contract year for the following contract year. 	
8.	Identify areas in any of the proposed performance metrics that you cannot guarantee; state why and propose alternative standards.	
9.	Confirm that performance guarantees will be based on THCP International, Inc.-specific information.	(Select)
10.	If you will subcontract any portion of the required activities to another vendor, what assumptions have you made regarding how any performance penalties will be allocated between you and your subcontractor?	
11.	Describe any conditions under which your fees and performance guarantees would need to be modified (e.g., headcount changes, plan design, etc.).	
12.	Confirm your organization can accommodate a 45-day grace period to pay fees.	(Select)



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