



Request for Proposal (RFP) Addendum

Employee Assistance Program (EAP)

CIS (Citycounty Insurance Services)
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RFP Schedule	
Issuance of RFP:	June 12, 2017
Submission of Questions about the RFP:	June 20, 2017, 5:00 p.m. (PDT)
Proposal Due:	July 3, 2017, 5:00 p.m. (PDT)
Anticipated Contract Award:	September 1, 2017

ADDENDUM

A. BACKGROUND

On June 12, 2017, CIS (Citycounty Insurance Services) issued a Request for Proposals (RFP) for an Employee Assistance Program provider that can service CIS and Member Employers ("Members").

CIS is issuing this Addendum to the RFP to respond to written questions we received by potential proposers. The Addendum modifies the original RFP document only to the extent indicated. All other areas of the original RFP remain in effect and can only be modified in writing by CIS. This Addendum is made an integral part of the original RFP. It is the responsibility of all Proposers to conform to this Addendum. Proposers who have already submitted proposals may either: 1. submit an addendum to their proposal; or 2. withdraw the original proposal and submit a new proposal. Any addendum or revised proposal must be submitted no later than the **Proposal Due Date of 5:00 p.m. (PDT) on July 3, 2017.**

B. PROPOSAL DUE DATE CHANGED

Page 5, Section III, A "RFP and Evaluation Schedule", the deadline for submitting proposals is changed from 5:00 p.m. (PDT) on June 29, 2017 to **5:00 p.m. (PDT) on July 3, 2017.**

C. RESPONSES TO QUESTIONS

NOTE: All available utilization reporting for 2016 and 2017 has been summarized in the chart at the end of this document. If the data is not on the chart, it isn't available.

Vendor # 1

1. Who is the incumbent EAP provider for CIS? [EAP services are provided by Reliant Behavioral Health \(RBH\).](#)
2. How long has the incumbent been providing services to CIS? [CIS was previously with EASE for over ten years; Reliant Behavioral Health \(RBH\) purchased EASE in 2010. CIS went to bid in 2013 and awarded the contract to RBH.](#)
3. What is the incumbent pepm for CIS? [\\$1.65 PEPM.](#)

[What is the annual contract value for the EAP for CIS? The current program is available to those covered by a CIS medical plan. See question 6 below for employee counts.](#)

4. Are there any issues or areas of improvement with the incumbent program? [No. However, while not specific to the current vendor, low utilization is always an area that needs improvement.](#)
5. Why is CIS out to bid at this time? [EAP services have evolved over the last few years. So, CIS is bidding the program to see what new innovative services we may be able to make available to members through EAPs. Also, given that we are a public entity, it is best for us to periodically request proposals for the services we](#)

use to ensure we are using the financial resources entrusted to us as efficiently as possible. We are seeking bids as it has been five years since we last went out to bid.

6. Please confirm that the current program covers all 270 Members totaling approximately 12,000 employees. The current program is offered only to those covered by a CIS medical plan. As of June 1, there are 207 city entities covering 6,471 employees and 40 county entities covering 3,054 employees.

Would this be the same expectation for the new contract? Yes.

7. Does CIS expect any major movement in or out of the membership that could affect the membership totals? While we don't anticipate any changes, CIS periodically responds to RFPs from other city/county employers that don't currently participate with CIS. That process could result in new members joining CIS.
8. Is CIS able to provide a list of the Members that are covered under the CIS medical plan? We are providing a summary of the number of members by group size below.

No. of Employees	No. of Members
<10 employees	106 members
10 to 25	56
26 to 49	30
50 to 100	34
100 to 200	15
200 to 300	4
300+	3

9. What was the EAP utilization over the last two years? Can you provide utilization reports? See utilization summary below, broken out by cities and counties.
10. Is CIS satisfied with the program's utilization? We would like to see it higher, so will be looking for vendors with proven methods for reaching members.
11. Regarding "outreach strategy," please provide examples of what the monthly or quarterly contact includes. For example, would communications and promotional materials be considered outreach mechanisms? CIS is seeking an "active" strategy, meaning that the account manager assigned to CIS would proactively make on-going personal contact with members. Any materials mailed/emailed in addition to this outreach would be fine.
12. Please confirm that the current program includes up to 5 face- to- face sessions. Confirmed, for both employees and their eligible dependents.
13. The questionnaire lists several counseling session models, which session model(s) should we price? Please quote the current plan and it is your choice to include any optional designs.
14. How many employee orientations did CIS use over the last two years? See utilization summary below. CIS is seeking an increase in these employer activities, as well as more detailed reporting under the next contract.

15. How many supervisor/ employee trainings did CIS use over the last two years? [See utilization summary below. CIS is seeking an increase in these employer activities, as well as more detailed reporting under the next contract.](#)
16. Please give some insight as to how the training bank is currently structured. Is there a specific number of training hours for each Member group or one bank for the total employee count?

One hour trainings per year are available upon CIS or member request allocated by the following group size guidelines:

- a. Less than 10 employees and up to 100 = 1 per year
- b. 101 – 299 employees = 2 per year
- c. 300 – 400 employees = 3 per year
- d. 401 – 500+ = 4 per year

Combined total of 268 hours

17. How many onsite CISMs did CIS have over the last two years? Please give the number of events and how many hours were used for each event. [See utilization summary below. CIS is seeking an increase in these employer activities, as well as more detailed reporting under the next contract.](#)
18. Are onsite CISMs included in the current pepm or are they offered as a fee for service with the current contract? What is CIS's preference? [They are included in the current PEPM and that is the preference.](#)
19. How many DOT evaluations were used in each of the last two years? Would CIS accept DOT evaluations offered as a case rate? These are [not currently reported, but tracking and reporting of these events will be required under the next contract.](#)
20. Please confirm that question 10 on page 4 "provide up to two DOT evaluations per member per contract year" means that we would be providing 2 DOT evaluations for each of the 270 member groups, regardless of group member size. Is this a correct assumption? [Confirmed.](#)
21. On page 5, regarding "Additional services currently provided," that are to be priced separately; since they are currently part of the program are they possibly going to be eliminated in the future contract? What is your understanding of why those services are priced separately from the others? [The RFP is requesting that each responder leave these services out of the base proposal if costs are increased by including them. If it doesn't change the rate, they can be left in. Leaving them in may or may not make the proposal competitive with the other responses.](#)

Vendor #2

22. Who is the current EAP provider and how long have they been providing services to CIS? [See question 1.](#)
23. Please provide the current rate and a rate history throughout the contract term for the EAP. [See question 3.](#)
24. What is the average Member organization size? A list of Member organizations with employee counts would be helpful. [See question 8.](#)
25. For pricing, are you looking for matrix pricing based on different visit models and overall membership? [Membership shouldn't vary, but feel free to provide optional visit models.](#)

26. If yes, are member organizations able to choose the visit model option that best fits their needs or do you only offer one model option to all member organizations? [One model will be offered to all Members.](#)
27. Do you anticipate the number of member organizations and covered employees (approximately 12,000 currently) to increase or decrease over the contract term? [While we don't anticipate any changes, CIS does periodically respond to RFPs from other city/county employers that don't currently participate with CIS. That process could result in new members joining CIS.](#)
28. What is the current "bank" of onsite hours of training, orientation, educational seminars, and health fair participation for this contract? How are these hours divvied up i.e. xx hours per xx employees, xx hours per member organization, xx hours for overall membership available on a first-come, first-serve basis, etc. [See question 16 for training hours. Employee orientations and supervisor trainings are available to members on an annual basis. Supervisors consultations are unlimited.](#)
29. How are training hours currently counted when smaller groups come together for one training? [It would count toward an employer's allowance.](#)
30. Are webinars used as a means of training for this group? [Yes, this is one method of training that is possible, but may not be used in place of onsite training in situations where a member wants training onsite.](#)
31. How many total hours of training/educational workshops/orientations/health fair participation were utilized in each of the last three (3) years? [See utilization summary reports for the services tracked.](#)
32. Please provide copies of 2014, 2015 and 2016 EAP utilization reports. [We are providing a summary of utilization for 2015 and 2016.](#)
33. How many face-to-face EAP sessions were utilized in each of the last three (3) years? What has been the average number of EAP sessions per case in each of the last three (3) years? [See utilization below.](#)
34. How many hours of Critical Incident Stress Debriefings (CISDs) are included in the current contract per year? How are these hours divvied up for each member organization? [Hours for CISDs are limited to 20 hours per incident, but the number of incidents is unlimited.](#)
35. How many CISDs were utilized in each of the last three (3) years? [See question 17.](#)
36. Please provide insight into the condition of the workforce. Are there specific issues facing your workforce (i.e. stress, morale, etc.) and HR? Have there been any major events in the last year (i.e. reductions in force, critical incidents, etc.)? [CIS does not know whether members are having morale issues. There were two CISDs during 2016.](#)
37. Is your EAP Helpline currently answered by customer service representatives or by clinical personnel? [Specialized customer service reps triage the calls and refer to appropriate resource.](#)
38. What will be required of the clients we list as references? Will you conduct a telephone interview, require a written reference response, etc.? [It is typically a telephone interview scheduled at a mutually agreeable time.](#)

39. Please confirm that the current CIS EAP program offers a 5-visit counseling model. [Confirmed.](#)
40. We do not currently have a business certificate to conduct business in Oregon. May we obtain this authorization upon notification of contract award and prior to the contract effective date? [No.](#)
41. Are Gatekeeper services currently in place? [No.](#)
- Are they included within the PEPM or provided as an optional, add-on service? What is the cost of this service? [N/A.](#)
42. How many DOT Substance Abuse Professional (SAP) Evaluations have been utilized in each of the last three years across the consortium? They are [not currently tracked, but tracking and reporting of these events will be required under the next contract.](#)
43. Do you require non-DOT substance abuse cases to be referred to DOT Substance Abuse Professionals (SAP) or may they be referred to other addiction counselors and treatment centers for assistance? [They are referred to other addiction counselors and treatment centers.](#)
44. Upon contract award, may we receive a list of preferred counselors so we can work to credential them within our network (if not already credentialed) prior to the contract effective date? [This RFP assumes you have your own network of counselors, and when appropriate, would also be willing to contract with new counselors when requested by CIS.](#)
45. Please provide additional information related to the Home Ownership Program, Caregiver/Eldercare support, and onsite personal finance classes. [The question is does your offering include these services? If yes, what do the services include?](#)
46. Please define the contract term including option years. The initial contract term will be for [three years, with an option of renewing for an additional three-year term.](#)
47. What performance guarantees are currently in place? [Five percent \(5%\) of the annual premium is at risk if utilization falls below 5% during the year.](#)
48. What is the file size limit for emails for your system? [50 MB.](#)
49. May we provide our proposal as a PDF and the RFP Questionnaire as a separate file in Word for our submission? [Yes.](#)
50. Questionnaire, Pg. 2: Clarify contract services vs. referral costs to a “panel” service provider. What exactly are you asking/looking for here? [We are asking if your panel includes all the types of service providers needed, or will you need to contract certain types of providers, based on the need. For instance: crisis/critical incident services.](#)

Vendor #3

51. Who is their current EAP provider? [See question 1.](#)
52. What is their annual spend for 12,000 employees? [See question 3.](#)

53. If so, what is their any dissatisfaction with their current vendor? If so what are the issues? [See question 4.](#)
54. In their current EAP program how many training hours are included? [See question 16.](#)
55. In their current EAP program how many critical incident responses are included? [See question 34.](#)
56. How many training hours did they use in 2016? [See question 15.](#)
57. How many critical incident hours did they use in 2016 [See question 17.](#)
58. How many posters would you require for the worksite areas? What size is preferred? [It could be one or more for every participating member, depending on how many worksite locations they have.](#)
59. What was their annual utilization rate in 2016? [See question 9.](#)
60. They require that up to 2 DOT evaluations be included per member. It would be helpful if we could have a history on their utilization. [These are not currently tracked, but tracking and reporting of these events will be required under the next contract.](#)
61. (Vendor #3) is a National Company. Although, it is not stated within the RFP, is it a requirement to have a physical office presence in Salem, OR? [No.](#)
62. Will answers to questions be provided prior to 6/23/2017? [No.](#)
63. Within the questionnaire grid they ask for training hours by member size (I am assuming client size as they provide services to numerous clients under the CIS umbrella). (Page 3 of the grid). Is it acceptable to quote one bank of training hours that would apply to ALL of their clients (within the 12,000). [Yes, as long as it is a reasonable amount based on the number of participating members.](#)
64. Regarding the will preparation services (under additional services), could you please clarify if this a part of their existing EAP program? [Yes.](#)

If so, what is the utilization rate? [See utilization summary.](#)

65. *'CIS has employment Pre-Loss Legal and HR services available to members that have liability coverage with us. Would you be willing to partner with CIS' Pre-Loss staff when Members have performance issues with employees and Pre-Loss recommends the use of the EAP?'* I don't know that I am 100% clear what they are asking here. I would view this to be similar to the formal referral process where, with a signed ROI, we could report back compliance with EAP treatment recommendations. [CIS offers members with CIS' Liability coverage free legal and human resource advice to help them deal with problems or situations that might result in employment-related lawsuits. As part of their advice, Pre-loss staff may recommend involving the EAP to help diffuse employment issues, guide supervisor actions, and assist with counseling referrals as appropriate.](#)

Vendor #4

66. Who currently provides EAP services to CIS and Member Employers? For how many years? [See question 1.](#)

67. Are there specific areas of enhancement you are seeking at this time? [With regard to programs, not specifically, but as mentioned in question 4, we are always interested in innovation and staying competitive. We are seeking enhanced reporting capabilities.](#)
68. What is CIS currently paying for their EAP services? Based on how many employees? [See question 3.](#)
69. What was the total dollar spent for the EAP in 2016? [See question 3.](#)
70. What was the total dollar spent for the EAP in 2015? [The PEPM was \\$1.65 PEPM in 2015.](#)
71. Why are you requesting this RFP at this time? [See question 5.](#)
72. Can you provide recent utilization reports or provide utilization statistics? [All available utilization is summarized below. See the summary for questions below.](#)
- a. Specifically, can you provide total number of initial inquiry/assessment calls to the EAP in 2016?
 - b. Can you provide the total number of in-person EAP sessions provided in 2016?
 - c. Can you provide the total number of in-person EAP sessions provided in 2015?
 - d. Can you provide the total number of EAP cases in 2016?
 - e. Can you provide the average number of sessions provided per case in 2016?
73. Will electronic communication materials, i.e. brochures, posters, meet your needs? If not, how many brochures would you like us to print? [The type and count will be determined during implementation, after surveying members.](#)
74. Can you provide the number of training hours provided in 2016? How many of those hours were provided in-person? [See question 15.](#)
- a. How many in-person hours are included annually in the current contract rate per member size? Please provide a breakdown of members by the sizes you indicate in the questionnaire. [See question 8.](#)
 - b. It appears you are just asking for a bank of hours to be available that any member could use as they like. Is there any protocol for how these should be distributed? [Yes, there is a protocol as indicated in question 16.](#)

Could in theory one member request and use all the hours before another member accessed.
[No.](#)
75. Can you provide the number of orientation hours provided in 2016? How many of those were provided in-person? [See question 14.](#)
- a. How many in-person hours are included annually in the current contract? [In-person hours are limited by the number of sessions per incident.](#)
76. How many Critical Incident events were responded to in 2016? [See question 17.](#)
77. How many Critical Incident events were responded to in 2015? [See question 17.](#)
78. How many hours of Critical Incident support were provided in 2016? [See question 17.](#)
79. How many hours of Critical Incident support were provided in 2015? [See question 17.](#)

80. How many hours of on-site Critical Incident support are currently provided in the contracted rate? [See question 34.](#)
81. Can you provide information on the number of DOT cases for: [See question 19.](#)
- a. 2016
 - b. 2015
 - c. 2014
 - d. Would you consider allowing these to be conducted on a fee for service bases, rather than including them in the program design? [No.](#)
82. Does the current EAP provider conduct the Drug Testing? If not, can you share information on who the actual provider of drug testing services is that the EAP may be contracting with for delivery of this aspect of the program. [No, drug testing is not provided by the EAP program; it is referred out.](#)

Vendor #5

83. What is the reason for CIS/The Partners Group issuing the RFP at this time? [See question 5.](#)
84. Can CIS/The Partners Group provide utilization data of the EAP for the last two years that includes the following elements: [See summary of utilization for all metrics at the end of this document.](#)
- a. Number of Cases opened during each of the last two years?
 - b. Number of face to face sessions provided in each of the last two years?
 - c. Number of online consultations provided in each of the last two years?
85. Who is the current provider of EAP services and for how long? [See question 1.](#)
86. How many hours of on-site critical incident support services were provided during each of the last two years? [See question 17.](#)
87. How many DOT Substance Abuse Evaluations (SAP) were provided during each of the last two years? [See question 19.](#)
88. How many hours of other on-site services including orientations, benefit fairs, manager trainings, and topical seminars were provided during each of the last two years? [Number of hours is not currently included in the reporting.](#)

Vendor #6

89. What medical plan(s) is currently providing EAP services? Do they use a subcontractor? [EAP services are provided by RBH.](#)
90. How many face-to-face sessions does the current EAP provide? [5](#)
91. Please confirm that you want vendors to quote a 5-visit model. [Confirmed.](#)
92. Please provide the most recent annual utilization report. [See utilization summary below.](#)

93. Please provide historical face-to-face EAP utilization for each of the past 3 years. [See utilization summary below.](#)
94. Please provide the average number of visits per EAP episode. [See utilization summary below.](#)
95. Please provide the number of DOT cases for each of the past 3 years. [See question 19.](#)
96. Please provide the number of SAP cases for each of the past 3 years. [Not currently reported but tracking and reporting of these events will be required under the next contract.](#)
97. Please provide the historical utilization of training seminars for each of the past 3 years. Provide the number of seminars and the hours used. Please break this down by employee orientation hours and supervisor training hours. [See question 15.](#)
98. Please provide the historical utilization of CISDs for each of the past 3 years. Provide the number of critical incidents and the hours used. [See question 17.](#)
99. If historical utilization is not available, what is the customer expecting utilization to run at in the future? [This is not possible to predict.](#)
100. How many critical incident and training hours would you like vendors to propose? [Critical incident should be unlimited and training hours should be at least as outlined in question 16.](#)
101. Please provide member demographic information. What percentage of the membership is male? What percentage of the membership is female? What is the average member age? [See chart below.](#)
- | Gender | # EEs | % EEs | Avg. Age |
|----------------|--------------|-------------|-----------|
| F | 4,033 | 42% | 48 |
| M | 5,494 | 58% | 46 |
| Overall | 9,527 | 100% | 47 |
102. Please provide the current and historical EAP rates for each of the last three years. \$1.65 PEPM, 2015 through 2017.
103. Is CIS interested in work life services beyond what is provided as part of a standard digital solution? i.e. Do you want a telephonic work life solution as well? [We will consider any solution a vendor wants to propose.](#)
104. What promotional materials does the current EAP vendor provide? [Both electronic and paper copies.](#)
105. Does CIS provide member and employee email addresses to the current EAP vendor for mass email communications? [No.](#)

CIS Summary of EAP Utilization

	2016		2015	
	Cities	Counties	Cities	Counties
Total Employees	6457	3080	6545	2505
Total Services	1470	508	1811	527
Total F2F	1140	394	1236	388
New Case Utilization	527	172	521	178
Ongoing Case	71	23	105	30
Case Activity	19	11	53	30
Online Utilization	9	1	0	0
Will Preparation	2	2	34	6
Employer Services				
Benefit Fair	3	0	11	1
Employee Orientation	0	0	1	0
Onsite Training	3	0	7	1
Post-Incident Onsite Response	1	4	1	0
SS Consultation	8	0	11	4
Employer Totals	15	4	31	6