

Section 1 - GENERAL	
1.1	What is your company name?
1.2	Confirm you have listed all rates and fees in the IBAC - EAP Pricing Exhibits workbook. You may provide additional documentation as a supplement, but the EAP Pricing Exhibits will be used to evaluate your financial proposal.
1.3	Confirm you have identified any communication allowances you will provide to help State of New Mexico introduce the new program to its employees in the EAP Pricing Exhibit workbook.
Section 2 - EAP	
2.1	How many face to face/virtual sessions per employee or dependent per issue are you proposing?
2.2	How does your program support the overall health and wellness of the workforce?
2.3	Describe any deviations from the current EAP services offered by the State of New Mexico and those that you are proposing.
2.4	What proven clinical results can you tie to your offering? Please provide examples
2.5	What is your approach to integrating with the State of New Mexico's medical plan, and what is your commitment to do so as part of your offering?
2.6	Will dedicated case workers & counselors be assigned to this account? If so, how many case workers/counselors will you assign?
2.7	How do you handle cancellation/no-shows? Do you have a process for outreach to participants who are responsive after a cancellation or missed appointment?
2.8	Based on your BOB, what is the percent of enrollees who, upon initial EAP evaluation need referral to a source other than your EAP counselors?
2.9	Define your approach to connecting a plan participant with an appropriate counselor.
2.10	Are virtual visits available in place of face-to-face for people that would prefer that option?
2.11	What resources are available through the program in addition to counseling (crisis lines, live web chat, wellness resources, newsletters, etc.) and how are these resources made available?
2.12	What methods do you use for scheduling services (telephone, email, web portal, mobile app.).
2.13	Describe the facilities where counseling services are provided in State of New Mexico's region. Includes types of counseling addressed per location and hours.
2.14	How do you promote services to eligible participants and their dependents?
2.15	What are your hours of operation?

2.16	Will you provide 24-hour access to an EAP counselor qualified to assess and triage cases?
2.17	Will you maintain 24-hour access, seven days a week including telephonic crisis counseling?
2.18	Do you currently have an adequate number of staff to provide counseling services to State of New Mexico?
2.19	Who will make a referral to your services (i.e., supervisor, co-workers, doctor, family member, etc.)
2.20	How do you handle anonymous referrals (i.e., a co-worker, or family members makes a referral regarding an employee but does not want to be "known")?
2.21	How do you handle participants who are approved for visits or a course of treatment through EAP services when State of New Mexico terminates your contract? Note the contract will state: The incumbent Vendor shall be responsible for payments of claims and continuation of coverage for the authorized services for the period authorized by the incumbent EAP/BHO or ninety (90) days, whichever is less should State of New Mexico terminate your policy.
2.22	Outline the process from initial phone call/contact to the first meeting with an EAP counselor.
2.23	How long does the intake process take?
2.24	How do you manage individuals who are initially assessed as having long-term treatment needs (ie. beyond the EAP benefit offered by State of New Mexico)?
2.25	Do your counselors receiving calls speak Spanish?
2.26	How do your counselors receiving calls handle the hearing and vision impaired?
2.27	How do you match the participant's needs with the EAP counselor's skills and expertise?
2.28	List all behavioral health (mental or substance abuse) diagnoses which your EAP program does not handle or have the expertise to service.
2.29	What services can your organization offer to a participant who tests positive during a random drug screening?
2.30	Describe your worksite counseling services available for traumatic event debriefing/Critical incident debriefing?
2.31	How do you handle worksite counseling services for traumatic event/Critical incident debriefing with the management/supervisors and participants?
2.32	Do you provide wellness promotion/education/awareness services for your programs such as seminars, lunch and learns, and etc.? If so, please include a list of content, available hours, and methods of content delivery.
2.33	When a participant exhausts the number of visits available under their program, what will you do to communicate this and how do you handle the continued services needed.

2.34	How do you handle coordination of records should there be a need to transfer services to another provider?
2.35	Indicate if you have a mobile application or mobile optimized website.
2.36	What information on the mobile app or mobile website (if any) can be customized by State of New Mexico at no additional charge?
2.37	If you offer one, provide information regarding how to access your mobile application.
2.38	Indicate whether and how you maintain consistency between your mobile application and website.
2.39	How do you help participants in a crisis during after hours, weekends and holidays?
2.40	Please respond to the following:
2.40.a	What modalities of care do you provide?
2.40.b	Are plan participants allowed to select their preferred delivery of care method?
2.40.c	Can plan participants pick different methods at any time (example: Start with phone care, and then move to virtual video care)?
2.41	Describe any other wellness or lifestyle programs your organization offers that could benefit State of New Mexico.
Section 3 - NETWORK AND ADMINISTRATION SERVICES	
3.1	How many providers does your EAP network currently have in State of New Mexico's service area?
3.2	Discuss any significant changes in the size or location of your EAP network in the next year, which could affect State of New Mexico's population.
3.3	Describe the ways you are addressing the behavioral health provider shortage in New Mexico to maintain adequate and timely access to care.
3.4	How do you approach connecting participants in need of continuing counseling to in-network providers?
3.5	Please respond to the following:
3.5.a	What type of cases or specialized treatment conditions cannot be provided by the hospitals in your network (i.e., anorexia, bulimia, severe psychosis, commitment)?
3.5.b	Where can these services be provided?
3.6	Are you able to provide referrals to qualified, behavioral health providers in State of New Mexico's medical plan network upon request of the employee or eligible dependent requiring continuing care following the initial visits?
3.7	Confirm you are able to offer self-administration billing and there will not be a reconciliation done following payment.
3.8	Do you typically invoice a Client on a monthly or quarterly basis?

3.9	Grace Period: Confirm you agree to accept payment of fees and premiums 60 days in arrears. For example, July's premium would be due August 29.
3.10	Confirm you have provided a detailed implementation schedule with account coordinator(s) in your response to this RFP.
3.11	Provide information about access you can provide to State of New Mexico for any electronic tracking and resolution log of all open and closed State of New Mexico issues.
3.12	Do you agree to notify State of New Mexico within 1 business day of receipt of any public information written request regarding any information that relates to State of New Mexico's benefit plans and to review all responses with the State of New Mexico and obtain approval prior to the release or response of any inquiry?
3.13	Do you agree to respond to the State of New Mexico team's questions within 1 business day of request (even if the answer is "I am working on it")?
3.14	How will you assist State of New Mexico's supervisors and managers identifying employees appropriate for referral to your EAP services?
3.15	Is any aspect of your services outsourced? If so, please explain.
3.16	Do you agree to attend in person (or via video conference) monthly, quarterly and annual on-site program reviews, with periodic telephone calls, upon request from State of New Mexico's insurance benefits office?
3.17	Do you agree to be available for onsite meetings with State of New Mexico's staff at a minimum of one meeting per quarter?
3.18	Can you provide training for State of New Mexico's staff and appropriate managers and supervisors regarding the EAP program, proper referrals, early warning signs, problem employees, etc.?
3.19	Do you anticipate any transition issues with respect to moving EAP services from the existing vendor to your EAP program?
3.20	Describe how you will handle transition issues with respect to moving EAP services from the current vendor to your firm.
Section 4 - EXPERIENCE AND ELIGIBILITY	
4.1	How many years has your organization been providing EAP services?
4.2	What is the average tenure of your behavioral health counseling staff?
4.3	List the types of mental health providers you have and areas of expertise.
4.4	What are the qualifications of the staff who interact with an individual from the initial call or walk through/in-take evaluation, triage and actual counseling?
4.5	What are the qualifications of the on-call/crisis support line personnel?
4.6	Describe the on-going professional development your staff receives.

4.7	Describe the type of background checks and reference checks your organization conducts on all current and potential new employees?
4.8	Describe the training available for human resource staff, appropriate managers and supervisors regarding the EAP Program.
4.9	What key attributes distinguish your organization from your competitors?
4.10	Do you consider your organization to be an innovator, if so in what ways and how do those impact quality, cost, and benefit to employees?
4.11	Is your EAP program accredited by the Employee Assistance Society of North America (EASNA) and does it follow the guidelines of the Employee Assistance Professionals Association (EAPA)?
4.12	What other certifications, accreditations, awards or recognition, if any, has your organization received for EAP services?
4.13	Based on your most recent 12 months of experience with your current client base for whom you provide EAP Services, provide the following information related to the services you are proposing:
4.13.a	Total number of unique patients counseled.
4.13.b	Total number of EAP visits.
4.13.c	Average number of EAP visits per unique patient.
4.13.d	Number of visits by counseling type (e.g., depression, marital discord, alcohol/substance abuse, etc.).
4.14	How many lives do you currently provide EAP services to in New Mexico?
4.15	Please list the main account manager(s) that would handle the account if awarded the business and detail their experience handling large EAP clients.
4.16	Confirm you agree that the State of New Mexico determines eligibility for coverage.
4.17	Do you have the ability to maintain an eligibility database for pre-certification of services?
Section 5 - CUSTOMER SERVICE AND COMMUNICATIONS	
5.1	How do you train your customer service representatives?
5.2	How many customer service representatives do you employ?
5.3	What is the average response time for all customer service portal or calls?
5.4	For the past two years, what was the average speed to answer?
5.4.a	Year: 2022
5.4.b	Year: YTD 2023
5.5	For the past two years, what was the abandonment rate?
5.5.a	Year: 2022
5.5.b	Year: YTD 2023
5.6	What is the percent of "First Call Resolution" for the past two years?

5.6.a	Year: 2022
5.6.b	Year: YTD 2023
5.7	Would State of New Mexico be provided with a dedicated member services 800 number?
5.8	Where is the customer service staff located that will service State of New Mexico?
5.9	What is the ratio of member services representatives to 1,000 members?
5.10	What is the ratio of contracted counselors to 1,000 members?
5.11	Describe your phone management system's ability to track, monitor and manage incoming calls. How are calls distributed to staff?
5.12	Please detail your escalation process to assist in matters that cannot be resolved at the customer service unit level.
5.13	Describe your capacity to produce communication materials. Do you produce these materials or are these services subcontracted? Please provide examples of your print/email collateral along with any marketing/educational awareness pieces you have done for other clients in your response to this RFP.
5.14	What types of communication support do you provide to your clients (scheduling, posters, kits, etc.)? Please provide examples.
5.15	Are customized communications available at no additional cost to State of New Mexico?
5.16	Describe your approach to educating participants about the program and your plan for ongoing communications.
Section 6 - REPORTING AND PRIVACY	
6.1	Confirm you have provided a sample of any reporting packages you provide to clients on a regular basis.
6.2	Do you agree to provide quarterly and annual utilization statistics, to include the following data on your EAP program:
6.2.a	Total number of unique patients each quarter.
6.2.b	Number of unique patients by type (e.g., walk-in, phone call, etc.)
6.2.c	Number of unique patients by enrollee status (e.g., employee, retiree, spouse, and child).
6.2.d	Source of patient (e.g., self, supervisor, doctor, family member, etc.)
6.2.e	Number of unique patients by Primary presenting problem (e.g., stress, depression, alcohol, suicidal, marital, etc.)
6.2.f	Patient type (first contact with EAP, previous contact).
6.2.g	Patient ages (in age band groupings such as, less than 18, 19-25, 26-35, 36-50, 51-64, 65 and older).
6.3	List any other EAP experience reports you feel the would could benefit from receiving on a regular basis.

6.4	What kind of reports are accessible by State of New Mexico through the Internet or on your website?
6.5	What systems are State of New Mexico able to view for information and utilization of their participants?
6.6	How do you notify a client of patterns, trends or frequency of problem areas recognized by their participants?
6.7	What privacy measures do you take to secure your patient and client information?
6.8	Confirm ALL services are provided and performed in the United States.

SONM = State of New Mexico

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