

Introduction

Missouri Consolidated Health Care Plan (MCHCP) is, pursuant to Missouri statute, the purchaser of health insurance benefits for the majority of State of Missouri employees, retirees and their dependents. MCHCP also provides these services on an elective basis to participating public entities.

This Request for Proposals (RFP) solicits sealed proposals from qualified organizations to provide an Employee Assistance Program (EAP) on a fully-insured basis to eligible State of Missouri employees and participating public entity employees and members of their households. An active employee is eligible for EAP services if the employee occupies a benefit-eligible position that provides eligibility for benefits through MCHCP. Other state departments not meeting this definition may elect, at their sole option, to provide EAP services under this proposal to their active employees and members of their households.

Approximately forty-one thousand (41,000) eligible active state employees and nine hundred (900) public entity employees are currently covered under the EAP program.

The selected contractor must also make the EAP program available, under separate contracts, to the following state departments at their option:

- Missouri Department of Transportation (MoDOT) – approximately 4,500 employees.
- Missouri State Highway Patrol (MSHP) – approximately 2,100 employees.
- Missouri Department of Conservation (MDC) – approximately 1,500 employees.

All three additional departments are currently utilizing the existing EAP contract for their EAP services. For purposes of this RFP, the term “Combined MCHCP” shall refer collectively to MCHCP and the three (3) additional state departments listed above that are eligible to elect to contract under this proposal.

MCHCP’s current five-year contract with ComPsych will expire on December 31, 2026.

It is MCHCP’s intent to award a one-year contract, with up to four (4) optional one-year renewal periods, with services commencing January 1, 2027. The contract will require the contractor to complete certain implementation and start-up activities prior to the effective date of services.

- Bidders shall submit fixed pricing for calendar year 2027 and not-to-exceed pricing for calendar years 2028 and 2029.
- Pricing for calendar years 2030 and 2031 shall be subject to negotiation.
- All prices shall be subject to negotiation prior to each annual renewal.

Selection Criteria

Only bidders that meet all the following minimum requirements will be considered. Proposals that do not meet these criteria will not be considered for the contract:

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- Licensure – Must be licensed to do business in the State of Missouri to perform the duties described in this RFP and be in good standing with the Missouri Secretary of State.
- Size and Experience - Must have a minimum five (5) years' experience in administering and providing EAP services, with at least three (3) current clients having more than 50,000 employees. The bidder must currently offer at least one (1) free standing program.
- Business Size - Combined account (MCHCP and the additional 3 state departments who are eligible to elect to contract under this proposal), as measured by total employees covered for EAP services, may represent no more than 15 percent of the bidder's total current EAP business. The bidder must currently cover approximately 330,000 employees for EAP services.
- Call Center and Staff – Centralized referral call center based in the United States, staffed 24 hours a day, 7 days a week by licensed mental health professionals. A core team of professionals shall be consistently assigned to the MCHCP account.
- Account Management - Must identify MCHCP's proposed account manager(s), their experience and geographic location. Account manager(s) must be available for an interview and/or site visit during the bid evaluation process and be permanently assigned to the combined MCHCP account.
- Network – Must demonstrate a broad Missouri statewide network of licensed mental health professionals for face-to-face counseling sessions:
 - Ninety percent (90%) of the combined MCHCP population in Missouri and adjacent states in the Kansas City and St. Louis metropolitan areas must have access to one (1) provider practice accepting new patients throughout the term of the contract within twenty-five (25) miles.
 - Ninety percent (90%) of the combined MCHCP population in Boone, Cole, Callaway, St. Louis, St. Louis City, St. Charles, Jackson, and Greene counties must have access to five (5) provider practices accepting new patients within twenty-five (25) miles.

Assumptions and Considerations

Proposals must be submitted through the Optavise online submission application no later than **Tuesday, April 14, 2026, 5 p.m. CT (6:00 p.m. ET)**. Due to the limited timeframe for proposal evaluation and program implementation, **no individual deadline extensions will be granted.**

The MCHCP Board of Trustees retains final authority over all MCHCP contracts. All responses to this RFP and all submitted proposals will remain confidential until a contract award is made by the MCHCP Board of Trustees or its designee, or until such time as all proposals are rejected.

Bidders shall not contact MCHCP staff directly regarding this RFP. Questions related to the technical procedures for participating in this online RFP process must be directed to Optavise. Questions regarding the content or requirements of this RFP must be submitted exclusively through the Optavise messaging tool.

Proposal Instructions

NOTE: READ THESE INSTRUCTIONS COMPLETELY PRIOR TO RESPONDING TO THE RFP

To be considered, bidders must respond to all required sections of this RFP. Bidders are strongly encouraged to review the entire RFP prior to submitting a proposal. All bidders must comply with all stated requirements.

Bidders are expected to provide complete, accurate and concise responses to all questions. Responses must be based on the bidder’s current, demonstrated capabilities. Any discussion of future or planned capabilities may be included only as a supplement to current capabilities.

If any information contained in a proposal is determined to be false, misleading or materially inaccurate the proposal may be disqualified at MCHCP’s sole discretion.

Proposals must remain valid until October 1, 2026. If a contract is awarded, all pricing shall remain firm for the duration of the contract term, unless otherwise specified in the RFP.

A proposal may be modified or withdrawn only by a signed, written notice received by MCHCP prior to the official submission deadline specified in this RFP.

Contract Term

The initial contract term shall be January 1, 2027, through December 31, 2027. The contract may be renewed for up to four (4) additional one-year terms, subject to the sole discretion of the MCHCP Board of Trustees and the state departments electing to participate under this contract.

Clarification of Requirements

It is assumed that bidders have reviewed the entire RFP prior to submitting a proposal. Unless otherwise expressly noted in proposal, submission of a proposal and any applicable amendment(s) constitutes the bidder’s acknowledgment and agreement to meet all requirements set forth in this RFP.

Bidders are advised that the only official position of MCHCP is that which is issued in writing by MCHCP through this RFP and any formal amendments and/or written clarifications. No other form of communication, whether oral or written, shall be considered binding or construed as an official interpretation, response or statement of MCHCP.

Schedule of Events

The following schedule represents MCHCP’s best estimate of the procurement timeline. MCHCP reserves the right to modify this schedule at any time, as deemed necessary, through written notice.

Activity	Timing
Online RFP Released	Tuesday, March 17, 2026 8:00 a.m. CT (9:00 a.m. ET)
Intent to Bid Document Due (uploaded as a response document within online event)	Tuesday, March 24, 2026 5:00 p.m. CT (6:00 p.m. ET)
Bidder Question Submission Deadline (via Optavise’s messaging system)	Tuesday, March 24, 2026 5:00 p.m. CT (6:00 p.m. ET)
MCHCP Responses to Submitted Questions (via Optavise’s messaging system)	Tuesday, March 31, 2026 5:00 p.m. CT (6:00 p.m. ET)
All Proposals Due	Tuesday, April 14, 2026 5:00 p.m. CT (6:00 p.m. ET)
Finalist Presentations and/or Site Visits (if necessary)	June, 2026
Final Contractor Selection/Contract Award	Late June, 2026
Contract Effective Date	January 1, 2027

Questions

During the procurement, MCHCP will use the Optavise online messaging module as the exclusive method for issuing official responses to bidder questions, RFP amendments, information exchanges and award notifications. Bidders are responsible for maintaining accurate and current contact information within the Optavise system. Bidders will be notified through the messaging module when new bid-related information is posted.

All questions regarding specifications, requirements, or the competitive procurement process must be submitted in writing through the Optavise online messaging module no later than **Tuesday, March 24, 2026, 5:00 p.m. CT (6:00 p.m. ET)**. Questions received after this deadline may be addressed at MCHCP’s discretion, as time permits; however, responses are not guaranteed.

Instructions for submitting questions through Optavise are available in the *Downloads* section of the Optavise application under *User Guides*.

Questions determined by MCHCP to be of general applicability will be answered in writing and made available to all bidders who have indicated an intent to submit a proposal. A consolidated summary of questions and responses will be posted via the Optavise messaging module no later than **Tuesday, March 31, 2026**.

Bidders and their representatives shall not contact MCHCP employees, members of the MCHCP Board of Trustees or employees of participating state departments regarding this procurement or the contents of this RFP outside of the Optavise messaging module. Any such contact may result in immediate disqualification from further consideration.

Proposal Deadline

All questionnaires and pricing proposals must be submitted no later than Tuesday, April 14, 2026, at 5:00 p.m. CT (6:00 p.m. ET). Submissions received after this deadline will not be accepted or considered, regardless of cause.

Disclaimers

MCHCP shall not be liable under any circumstances for any costs or expenses incurred by any bidder in connection with the preparation, submission or evaluation of the proposal.

The descriptions of coverage and plan design included in this RFP are provided solely for the purpose of preparing and submitting proposals. They do not constitute a promise or guarantee of benefits to any individual.

Confidentiality and Proprietary Materials

Pursuant to Section 610.021, RSMo, proposals and related documents will not be available for public review until a contract has been awarded or all proposals have been rejected. MCHCP maintains copies of all proposals and related documents.

MCHCP is a governmental body under Missouri Sunshine Law (Chapter 610 RSMo). Section 610.011 requires that all provisions be “liberally construed and their exceptions strictly construed to promote” the public policy that records are open unless otherwise provided by law. Regardless of any claim by a bidder as to material being proprietary and not subject to copying or distribution, or how a bidder characterizes any information provided in its proposal, all material submitted by the bidder in conjunction with the RFP is subject to release after the award of a contract in relation to a request for public records under the Missouri Sunshine Law (see Chapter 610 of the Missouri Revised Statutes). Only information expressly permitted by the provisions of Missouri’s Sunshine Law to be closed – strictly construed – will be redacted by MCHCP from any public request submitted to MCHCP after an award is made. Bidders should presume information provided to MCHCP in a proposal will be public following the award of the bid and made available upon request in accordance with the provisions of state law.

Evaluation Process

Apparent clerical errors may be corrected by the bidder prior to contract award. Upon discovering an apparent clerical error, MCHCP may contact the bidder to request written clarification of the intended proposal. Any correction will be reflected in the notice of award. Examples of apparent clerical errors include, but are not limited to:

- 1) Misplacement of a decimal point; and
- 2) Obvious mistakes in designation of units.

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All pricing information must be submitted on the designated pricing pages included in this RFP. Pricing information provided elsewhere in the bidder’s proposal will not be considered by MCHCP.

An award will be made only to the bidder whose proposal complies with all mandatory specifications and requirements of the RFP. MCHCP reserves the right to evaluate all proposals and based upon that evaluation, to limit the number of contract awards or reject all proposals.

MCHCP may request written clarification of any portion of a bidder’s proposal to verify intent. However, proposals remain subject to acceptance or rejection without further clarification.

MCHCP may consider historical information and facts, whether obtained from the bidder’s proposal, question-and-answer conferences, references, or any other source, during the evaluation process. Bidders are solely responsible for submitting all information relevant to the evaluation criteria, and MCHCP is under no obligation to solicit information that is omitted. Failure to provide requested or relevant information may adversely affect the evaluation of a proposal.

Once a proposal is determined to satisfy the mandatory requirements of the RFP, MCHCP will conduct a comparative assessment of the relative benefits and deficiencies of each proposal in relation to the published evaluation criteria, using subjective judgment.

The award of a contract resulting from this RFP will be based on the lowest and best proposal received in accordance with the evaluation criteria stated below.

Evaluation Criteria

Proposals will be evaluated based on non-financial and financial criteria as outlined below.

Financial	500 points
Non-financial	500 points

MCHCP will limit the number of finalists to bidders who receive at least 85 percent (425 points) of the possible 500 non-financial points. If fewer than two bidders achieve this threshold, MCHCP will select the top two bidders to move forward.

Pricing

All cost and/or pricing information submitted in a bidder’s proposal, including any data related to contract extension options, shall be subject to evaluation if deemed by MCHCP to be in the best interests of members of MCHCP.

In determining pricing points, MCHCP will consider the three-year total cost of the program, including the full not-to-exceed prices for the second and third years of the contract term.

Bidders should understand that annual renewal rates for CY2028 and CY2029 will be negotiated but must remain within the not-to-exceed prices submitted in this proposal. Renewal rates for CY2030 and CY2031 will be negotiated at the time of renewal.

Finalist Presentation

Following the initial proposal evaluation, and if deemed necessary by MCHCP, a finalist presentation may be scheduled. This presentation provides an opportunity for the bidder to highlight its strengths, for MCHCP to clarify or verify information contained in the proposal, and for MCHCP to develop a comprehensive assessment of the bidder’s submission.

MCHCP reserves the right to:

- Interview the bidder’s proposed account management team, and
- Conduct a site visit of the bidder’s EAP service center or other appropriate facility.

Negotiation and Contract Award

Bidders are advised that MCHCP reserves the right to conduct negotiations of proposals received, or to award a contract without negotiations, at its sole discretion. If negotiations are conducted, the following conditions apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will be conducted only with bidders whose proposals are potentially acceptable. MCHCP reserves the right to limit negotiations to bidders receiving the highest rankings during the initial evaluation phase. All bidders involved in the negotiation process will be invited to submit a best and final offer.
- Terms, conditions, pricing, methodology or other features of the bidder’s proposal may be subject to negotiation and revision. Bidders may be required to provide supporting financial, pricing or other data to allow a detailed evaluation of the feasibility, reasonableness and acceptability of the proposal.
- The mandatory requirements of the RFP shall not be negotiable and will remain unchanged, unless MCHCP determines that modifications are in the best interest of MCHCP.
- Bidders understand that all aspects of any negotiation are confidential until a contract award is made or all proposals are rejected.

Any contract award resulting from this RFP will be made only through written authorization from MCHCP.

Using Optavise

The 2027 MCHCP Employee Assistance Program RFP contains 2 broad categories of items that must be completed or reviewed via the Optavise application:

1) Items Requiring a Response:

- a. Pricing Form – MCHCP EAP Pricing. This is an online input form used to collect the bidder’s pricing proposal as requested by MCHCP.
- b. Questionnaires – For example, the EAP Questionnaire. These are online forms used to collect the bidder’s responses regarding the bidder’s organizational capabilities.
- c) Response Documents – For example, Exhibit A-1 Intent to Bid. These are attachment files (e.g., MS Word or Excel) posted to the Optavise website. They should be downloaded, completed by your organization, and then posted/uploaded back to the Optavise application. When uploading your response, the bidder must select “Response Document” from the drop-down menu and associate each uploaded file with the appropriate document name. Step-by-step instructions are available in the *How to Download and Attach Files* User Guide located in the *Downloads* section of the Optavise application homepage.

2) Reference Files from MCHCP:

- a) Documents – For example, Exhibit B – Scope of Work. These are reference materials that the bidder should download and review completely prior to submitting an RFP response.

All components are accessible within the Optavise application under the 2027 MCHCP Employee Assistance Program RFP on the Event Details page.

User Guides are available throughout the Optavise application by clicking the Help icon or from the Downloads area on the Optavise homepage. For assistance with data entry, navigation or technical issues, the bidder may contact Optavise support:

- Phone: 800-979-9351
- E-mail: systemsupport@optavise.com

Responding to Questionnaires

Two questionnaires have been posted for the bidder’s response:

- EAP Questionnaire
- Mandatory Contract Provisions Questionnaire

The bidder must complete and submit the questionnaires via Optavise no later than **Tuesday, April 14, 2026, at 5:00 p.m. CT (6:00 p.m. ET).**

The questionnaires are located under the *Items Requiring a Response* tab in the Optavise application. This tab contains all items the bidder and the bidder's team are required to access and complete.

For step-by-step instructions, refer to the *How to Submit a Questionnaire* User Guide, located in the *Downloads* section of the Optavise application homepage. Bidders may choose to respond online or use one of the available offline (desktop) tools.

Completing Response Documents

The following exhibits must be completed, signed and uploaded by the bidder to the Optavise application:

- Exhibit A-1 - Intent to Bid (due 5:00 p.m. CT, Tuesday, March 24, 2026)
- Exhibit A-2 – Limited Data Use Agreement (due 5:00 p.m. CT, Tuesday, March 24, 2026)
- Exhibit A-3 – Proposed Bidder Modifications (due 5:00 p.m. CT, Tuesday, April 14, 2026)
- Exhibit A-4 – Confirmation Document (due 5:00 p.m. CT, Tuesday, April 14, 2026)
- Exhibit A-5 – Contractor Certification (due 5:00 p.m. CT, Tuesday, April 14, 2026)

The following exhibits must be reviewed by the bidder, with any suggested changes submitted using Microsoft Word Track Changes. Proposed changes may or may not be accepted by MCHCP.

- Exhibit A-6 – Sample MCHCP Contract (due 5:00 p.m. CT, Tuesday, April 14, 2026)
- Exhibit A-7 – MCHCP Business Associate Agreement (BAA) (due 5:00 p.m. CT, Tuesday, April 14, 2026)

Completing Pricing Worksheet

The financial worksheet (MCHCP EAP Pricing) may be accessed under the *Items Requiring a Response* tab in the Optavise application. The worksheet is used to collect fee quotations based on the stated benefit plan designs.

For step-by-step instructions, refer to the *How to Submit a Bid* User Guide located in the *Downloads* section of the Optavise application homepage.

The bidder's final bid must be submitted no later than Tuesday, April 14, 2026, at 5:00 p.m. CT (6:00 p.m. ET). Additional details on submitting bids are provided in the Submitting Bids section of these Instructions.

Notes Regarding Pricing

EAP pricing quotes submitted by the bidder should assume the following:

- Plan Effective Date: January 1, 2027
- Pricing for 2027: Submitted prices must be firm. Prices for 2028 and 2029 should be submitted as "not to exceed" amounts. Proposed prices are subject to negotiation prior to the contract award by MCHCP. See the instructions in this document for detailed guidance on completing the pricing worksheet.

- Annual Renewals: Exercise of annual renewal options is solely at the discretion of MCHCP and the other included state departments.
- Combined Populations: Proposed pricing for combined MCHCP populations should be entered in *Worksheet 2: Pricing*.

Submitting Bids

The bidder may work on a bid submission in draft form within the pricing function of Optavise. The bidder can enter rates and *Save* without submitting proposal. It is recommended to save frequently to avoid losing work.

When all rates have been entered, the bidder should *Save* and then *Calculate*. If any required fields are missing, an error message will appear. If no errors are detected, the bidder can *Submit* the proposal through Optavise.

After submission, the bidder may make adjustments at any time up until the bid deadline. To make changes select the pricing/bid, choose *Edit* and follow the steps to *Save*, *Calculate*, and *Re-Submit*.

The following instructions should be reviewed carefully before entering or submitting a bid:

- Enter rates early: Do not wait until the last minute to complete the pricing model worksheet. Bids must comply with the automated rules and data validation checks implemented by MCHCP.
- Partial data entries: These can be saved; however, validation rules (error checking) will not run until the worksheet is completed and either *Calculate* or *Submit* is executed.
- Verify data accuracy: Press the *Calculate* button at the top of the page to ensure all entries comply with validation rules. Only compliant entries will be calculated and totaled. Incomplete or inaccurate data will prevent proper calculation and validation.
- Review final submission: The bidder may view the final rate submission before submitting to Optavise.
- Submit Bid: If data are accurate and complete, click the *Submit Bid* icon to submit the proposal.
- Error handling: Incorrect or incomplete data will trigger error messages during calculation or submission.
- Numeric requirements: All fields marked as a number or currency must contain a numeric value or zero (0). Blanks and text such as “n/a” are not allowed. Attempting to *Calculate* or *Submit* with incomplete fields will generate an error.
- Save frequently: Periodic saves help prevent data loss due to session timeouts. The system will automatically log out after a period of inactivity for security purposes.

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RFP Checklist

Prior to the April 14 submission deadline, bidders should ensure that each of the documents listed below has been completed, reviewed and submitted, as applicable.

Type	Document Name
Questionnaire	EAP Questionnaire
Questionnaire	Mandatory Contract Provisions Questionnaire
Pricing/Bid	MCHCP EAP Pricing
Response	Exhibit A-1 Intent to Bid DUE: March 24, 2026
Response	Exhibit A-2 Limited Data Use Agreement DUE: March 24, 2026
Response	Exhibit A-3 Proposed Bidder Modifications
Response	Exhibit A-4 Confirmation Document
Response	Exhibit A-5 Contractor Certification
Response	Exhibit A-6 Sample Contract
Response	Exhibit A-7 Business Associate Agreement
Reference	Introduction and Instructions – 2027 MCHCP EAP RFP
Reference	Exhibit B – Scope of Work
Reference	Exhibit C – General Provisions
Reference	Attachment 1 – File Layout for MCHCP, MoDOT-MSHP, and MDC Demographic Files
Reference	Attachment 2 – Example Provider File Layout
Reference	Attachment 3 – EAP Utilization (2023-2025)
Reference	Attachment 4 – MCHCP Demographic File (Access granted after receipt of signed <i>Exhibit A-2</i>)
Reference	Attachment 5 – MoDOT-MSHP Demographic File (Access granted after receipt of signed <i>Exhibit A-2</i>)
Reference	Attachment 6 – MDC Demographic File.xlsx (Access granted after receipt of signed <i>Exhibit A-2</i>)

Contact Information

Questions regarding the content of this RFP or the selection process may arise. All questions related to this document and the procurement process must be submitted through the online messaging module within the Optavise application no later than Tuesday, **March 24, 2026, at 5:00 p.m. CT (6:00 p.m. ET)**.

For technical questions related to the use of the Optavise system, bidders should contact the Optavise Customer Support Team at systemsupport@optavise.com or by phone at 800-979-9351.

EXHIBIT B
SCOPE OF WORK

B1. GENERAL REQUIREMENTS

- B1.1** The contractor shall provide a fully insured Employee Assistance Program (EAP) for eligible active employees of the State of Missouri and participating public entities, as well as members of their households, in accordance with the provisions and requirements of this Request for Proposal. An active employee is eligible for EAP services if the employee holds a benefit-eligible position within an agency covered by MCHCP. The contractor acknowledges that, in carrying out its mandate under the law, MCHCP is bound by various statutory, regulatory and fiduciary duties and responsibilities. The contractor expressly agrees that it shall accept and abide by such duties and responsibilities when acting on behalf of MCHCP pursuant to this engagement. The contractor shall be fully responsible for the performance and compliance of any subcontracts engaged to meet the requirements of this resulting contract. MCHCP will hold the contractor responsible for assuring that all subcontractors comply with the terms and conditions of the resulting contract and any amendments. The contractor must provide complete and accurate information regarding each subcontractor used in the performance of any resulting contract.
- B1.2** The contractor must maintain sufficient liability insurance, including but not limited to general liability, professional liability, and errors and omissions coverage, in amounts adequate to protect MCHCP against reasonably foreseeable recoverable losses, damages, or expenses arising from the contractor's performance under this engagement. Such insurance shall be maintained throughout the term of the agreement and in accordance with the requirements set forth in this RFP.
- B1.3** The contractor shall comply with all performance standards as outlined in Section 13 of the EAP Questionnaire.

B2. REQUIRED SERVICES

The contractor shall, at a minimum, provide the services outlined below.

- B2.1** The contractor shall ensure that all clinical information is maintained as confidential and protected in accordance with all applicable federal and state privacy laws and regulations, including but not limited to HIPAA and applicable confidentiality requirements governing behavioral health issues.
- B2.2** The contractor shall provide assessment, short-term counseling and referral services for emotional, mental health and personal concerns consistent with standard Employee Assistance Program practices.
- B2.2.1** The contractor shall provide 24-hour, 7-days-per-week, toll-free telephone access to qualified, licensed mental health professionals throughout the year.
- B2.2.2** The contractor shall provide ten (10) no-cost counseling visits per person, per problem, per calendar year.

- B2.2.2.1 For purposes of this agreement, A “problem” is defined as a request for services related to a specific event or concern that requires short-term counseling and/or referral for ongoing treatment.
- B2.2.2.2 There shall be no annual limit on the number of problems for which an individual may access EAP services.
- B2.2.3 The contractor shall provide ten (10) no-cost, employer-mandated counseling visits per active employee, per referral, when required by the employer as part of a management or supervisory referral, including disciplinary or performance-related processes. There shall be no annual limit on the number of employer-mandated referrals an employee may receive.
- B2.2.4 A visit or session is defined as a face-to-face interaction, either in person or via secure telehealth, between the eligible individual and a qualified, licensed mental health professional. Telephone calls alone do not constitute a counseling session. When more than one family member participates in a session, each participating individual shall be counted as having utilized one session.
- B2.2.5 The contractor shall arrange a referral for an eligible individual to a local licensed mental health professional and ensure the individual is able to schedule an initial appointment within three (3) days following a request.
- B2.3 The contractor shall provide an initial face-to-face or telephonic legal consultation of up to sixty (60) minutes with a network attorney, per separate legal matter, per year.
- B2.4 The contractor shall provide unlimited telephonic consultation with qualified financial services professionals.
- B2.5 The contractor shall provide access to trained fraud-resolution specialists to assist eligibles who have experienced identity theft. Services shall include a no-cost, sixty (60) minute consultation focused on addressing the immediate fraud-related issues faced by the eligible.
- B2.6 The contractor shall provide Critical Incident Debriefing (CID) services. Services must be available on-site within five (5) days of the request.
 - B2.6.1 Participating state agencies and public entities may request CID services directly from the contractor on a first-come, first-serve basis.
 - B2.6.2 The contractor shall provide a minimum annual pool of 200 CID hours at no additional cost.
 - B2.6.3 Upon exhaustion of the annual CID service hour pool, additional CID services may be provided at the request of a participating agency, with prior notice to and approval by MCHCP. Any additional CID service hours shall be provided at the expense of the requesting agency. The contractor shall notify the requesting agency in advance of the anticipated cost of the additional services prior to delivery.

B2.7 The contractor shall develop and provide educational sessions covering a variety of topics, including but not limited to stress management, relaxation techniques, biofeedback and workplace violence prevention.

B2.7.1 Participating state agencies and public entities may request educational sessions directly from the contractor on a first-come, first-served basis.

B2.7.2 The contractor shall provide a minimum annual pool of sixty (60) educational sessions, each lasting ninety (90) minutes, at locations and times determined by MCHCP, state departments, divisions, agencies, or public entity groups, in consultation with the contractor.

B.2.7.3 Upon exhaustion of the annual pool of educational sessions, additional sessions shall be provided at the request of a participating agency, with prior notice to and approval by MCHCP. Any additional educational sessions shall be provided at the expense of the requesting agency. The contractor shall notify the requesting agency in advance of the anticipated cost prior to the delivery of the additional session(s).

B2.8 The contractor shall provide annual supervisor training sessions regarding the appropriate use of Employee Assistance Program (EAP) services.

B2.8.1 The contractor shall provide an annual pool of sixteen (16), one (1) hour “train-the-trainer” supervisor sessions, as requested by MCHCP. These sessions are generally conducted in April or May. All costs associated with these sessions must be the responsibility of the contractor.

B2.9 The contractor shall participate in on-site health fairs.

B2.9.1 Participating state agencies and public entities may request contractor participation in on-site health fairs directly from the contractor on a first-come, first-served basis.

B2.9.2 The contractor shall provide a minimum annual pool of forty-nine (49) health fair service hours at no additional cost.

B2.9.3 Upon exhaustion of the annual pool of health fair service hours, additional health fair participation may be provided at the request of a participating agency, with prior notice to and approval by MCHCP. Any additional health fair service hours shall be provided at the expense of the requesting agency. The contractor shall notify the requesting agency in advance of the anticipated cost prior to delivery of the additional services.

B3. CUSTOMER SERVICE

B3.1 The contractor shall provide a high-quality customer service unit fully trained in all services covered by the resulting contract. Live customer service representatives shall be available twenty-four (24) hours per day, seven (7) days per week.

- B3.2 The contractor shall have the ability to track and report customer service performance metrics, including but not limited to telephone response time, call abandonment rate and the volume of inquiries by type. MCHCP may request copies of these performance reports at any time.
- B3.3 The contractor shall accept and utilize MCHCP's current toll-free number (800-808-2261). Upon the award of the contract, the contractor shall facilitate the transfer of the number from the incumbent contractor's telephone carrier to the contractor's telephone carrier.
- B3.4 The contractor's customer service call center shall have translation services available immediately and shall not require an additional telephone call or callback by the client.
- B3.5 The contractor shall conduct an annual satisfaction survey using a statistically valid random sample representative of the covered population.
- B3.6 The contractor shall provide an integrated continuity-of-care approach for eligibles. This shall include a comprehensive understanding of all MCHCP medical plans, including mental health benefits. The contractor shall be capable of coordinating services with the mental health benefits offered through MCHCP health plans and with community service providers across all geographic regions of Missouri. The contractor shall also be knowledgeable of, and establish appropriate liaisons with, community service resources available to eligibles.
- B3.7 The contractor shall develop and provide educational and promotional materials for use by employees or employers, including but not limited to brochures, posters, newsletters, and other general information designed to encourage utilization of the EAP benefit.
- B3.7.1 MCHCP requires a refrigerator magnet, benefit summary, and question-and-answer (Q&A) document to be mailed to each eligible employee's home address no later than January 31, 2027. For newly eligible employees, these materials shall be available and mailed to the employee's home address within thirty-one (31) days of notification of eligibility.
- B3.7.2 In addition, a minimum of three thousand (3,000) posters and supervisor handbooks shall be made available to MCHCP each contract year. This requirement may be reduced at MCHCP's discretion if the contractor implements a web-based supervisor education program.
- B3.7.3 MCHCP requires at least one (1) mailing to each eligible employee's home address during each contract renewal year, to be completed prior to the start of the renewal contract period. Mailings may include updated program materials, information on new or enhanced services, and/or general information intended to encourage utilization of the EAP benefit.

B4. PROVIDER NETWORK

- B4.1 The contractor shall maintain a provider network of sufficient size and composition to ensure that all covered services are accessible to eligibles without unreasonable delay.
- B4.2 The contractor shall credential all network providers in accordance with industry standards

to ensure the quality, safety and appropriateness of services delivered through the network.

B4.3 The contractor shall provide and maintain a comprehensive Missouri and national provider network for MCHCP eligibles. The network shall be available to eligibles throughout the United States. The contractor shall notify MCHCP in writing within ten (10) days of any material change in network geographic access from what was proposed in the RFP response.

B4.4 The contractor shall provide and maintain a geographically adequate provider network for the covered population and shall comply with the following access standards:

B4.4.1 At least ninety percent (90%) of eligibles shall reside within twenty-five (25) miles of at least one (1) provider practice that is accepting new patients throughout the term of the contract.

B4.4.2 At least ninety percent (90%) of eligibles residing in the following counties shall reside within twenty-five (25) miles of at least five (5) network provider practices that are accepting new patients throughout the term of the contract: St. Louis City, St. Louis County, St. Charles, Jackson, Greene, Cole, Boone, and Callaway.

B4.5 The contractor shall implement and maintain an ongoing process to monitor and ensure the adequacy and sufficiency of the provider network. This process shall address the needs of the covered population overall and specifically ensure access for eligibles with special needs, including but not limited to individuals who are visually or hearing impaired, have limited English proficiency, or have low health literacy.

B5. ELIGIBILITY

B5.1 All determinations of eligibility shall be made solely by MCHCP.

B5.2 An active employee shall be eligible for EAP services if the employee is in a benefit-eligible position that provides eligibility for benefits through MCHCP.

B5.3 A public entity must elect to participate in EAP services for its employees to be eligible. Upon election, active MCHCP-eligible public entity employees and members of their household shall be eligible for EAP services.

B5.4 Surviving household members of a deceased employee shall continue to be eligible for EAP services for a period of six (6) months following the employee's death.

B5.5 Employees who experience a layoff, and members of their household, shall continue to be eligible for EAP services through the last day of the month following the layoff date.

B6. REPORTING/PERFORMANCE STANDARDS

B6.1 The contractor will provide quarterly and annual reports to MCHCP. Quarterly reports shall be submitted within twenty (20) days following the close of each calendar quarter. Annual reports shall be submitted within forty-five (45) days following the close of the ninety (90)-day claim run-out period. Reports may be submitted in the contractor's standard format, subject to prior review and approval by MCHCP.

- B6.2 The contractor shall provide additional information and/or reports, within reason, as requested by MCHCP. Any costs associated with the development of additional reports shall be subject to negotiation and mutual agreement between the contractor and MCHCP.
- B6.3 Performance standards are outlined in Section 13 of the EAP Questionnaire. The contractor agrees that any liquidated damages assessed by MCHCP shall be in addition to, and not in lieu of, any other equitable remedies available under the contract or awarded by a court of law including injunctive relief. The assessment of liquidated damages assessed by MCHCP shall not be construed as a waiver of any contract requirement or provision, nor as a waiver by MCHCP of any other remedies available in law or in equities.
- B6.4 The contractor is required to self-report compliance and non-compliance with performance guarantees. MCHCP reserves the right to audit performance standards and require supporting documentation to verify compliance.

B7. PAYMENT

- B7.1 The contractor agrees that all monthly fees due shall be self-billed by MCHCP and paid on the tenth day of the month following the month of coverage.
 - B7.1.1 The monthly amount due to the contractor shall be calculated by multiplying the number of eligible employees by the contracted per-employee-per-month (PEPM) rate.
- B7.2 The contractor shall have the right to audit appropriate MCHCP records, during normal business hours and upon reasonable notice, for the purpose of verifying the accuracy of monthly payments.
 - B7.2.1 Any discrepancies identified by the contractor must be submitted in writing to MCHCP within ninety (90) days following receipt of the applicable payment. Failure to identify and submit such discrepancies within this timeframe shall be considered as acceptance of MCHCP's calculations and records.
- B7.3 Upon exhaustion of the minimum annual pools of Critical Incident Debriefing (CID) hours, educational session hours, and/or health fair service hours, the contractor shall bill the requesting agency directly. Payment for such additional services shall be handled directly between the contractor and the requesting agency.

B8. GENERAL SERVICE REQUIREMENTS

- B8.1 The contractor agrees that, during the term of any resulting contract and any extensions thereof, MCHCP and auditors designated by MCHCP shall have access to, and the right to examine and audit, any pertinent books, documents, papers and records of the contractor related to the performance of the contract. The contractor shall furnish all information necessary for MCHCP to comply with all state and/or federal laws and regulations. MCHCP would be responsible for the cost of any such audit or review.

B8.2 The contractor agrees that all written communications and marketing materials developed or used to communicate specifically with eligibles during the contract term shall be reviewed and approved by MCHCP before distribution. All costs associated with the printing and mailing of such materials shall be the responsibility of the contractor. Notwithstanding the foregoing, nothing herein shall prohibit the contractor from communicating directly with eligibles in the ordinary course of providing services under the contract, including responding to inquiries or facilitating access to services.

B9. ACCOUNT MANAGEMENT AND IMPLEMENTATION

B9.1 The contractor shall establish and maintain, throughout the term of the contract, a dedicated account management team to work directly with MCHCP staff. All members of the account management team shall be subject to MCHCP approval. The account management team shall devote sufficient time and resources to the account and shall be available for telephonic and on-site consultation with MCHCP, as required.

B9.2 At MCHCP's request, the contractor shall meet with MCHCP staff and/or the MCHCP Board of Trustees to review the status of the account, including utilization trends, performance metrics, and costs, and to present recommendations or innovative solutions that may benefit MCHCP. Meetings shall be held at MCHCP's office unless otherwise agreed. The contractor's meeting participants shall include appropriate account managers and organizational decision-makers with authority to impact account performance. The contractor shall be solely responsible for all of contractor's travel and out-of-pocket expenses incurred in relationship to these meetings.

B9.3 The contractor and MCHCP shall mutually agree upon a final implementation schedule within thirty (30) days of contract award. At a minimum, the implementation schedule shall include the required dates for the following activities:

B9.3.1 Testing of eligibility file

B9.3.2 Acceptable date for final eligibility file.

B9.3.3 Development of communications for the covered population

B9.3.4 Distribution of communications to the covered population

B9.3.5 Transition of open referral authorizations from the incumbent contractor

B9.3.6 Analysis of potential network disruption resulting from transition from the incumbent contractor's network to contractor's network, including required communications to affected eligibles

B10. INFORMATION TECHNOLOGY AND ELIGIBILITY FILE

B10.1 The contractor shall accept MCHCP eligibility information on a weekly basis. MCHCP will provide eligibility data in an electronic format, and the contractor shall process each file within twenty-four (24) hours of receipt. The contractor must designate a technical

contact to provide support to the MCHCP Information Technology Department for electronic data interchange (EDI) issues.

B10.1.1 It is MCHCP's intent to transmit a full eligibility file with each submission.

B10.1.2 Following processing of each eligibility file, the contractor shall provide a reconciliation report identifying any errors or exceptions encountered during processing. The report shall include, at a minimum, total record counts, error counts, a listing of records with errors and a corresponding error message describing the reason for each failure. The contractor shall also provide a list of data validation and audit conditions used to evaluate the eligibility file.

B10.1.3 The contractor shall provide MCHCP with access to view eligibility data within the contractor's system to verify that eligibility files transmitted by MCHCP are accurately and timely updating the system.

B10.1.4 The contractor shall supply a data dictionary identifying all fields updated by MCHCP and the allowable values for each field.

B10.1.5 The contractor shall work collaboratively with MCHCP to develop and adhere to a testing schedule for the electronic eligibility file. Eligibility file testing shall be completed no later than sixty (60) days prior to the contract effective date. The contractor shall accept a final eligibility file no later than thirty (30) days prior to the contract effective date.

B10.2 The contractor, and all subcontractors, shall maintain encryption standards of at least 2048-bit RSA key pairs and 256-bit session key strength for the encryption of confidential information and for transmission over public communication infrastructure. Batch file transfers shall be performed using Secure File Transfer Protocol (SFTP) or File Transfer Protocol Secure (FTPS), or equivalent secure methods, and may be refined as necessary to accommodate provider configurations, including port assignments and access controls.

B10.3 The contractor shall maintain an active, current web portal that is customizable for client-specific branding, including use of the MCHCP logo. The web portal should be updated regularly and designed to support a simplified, user-friendly member experience. The portal shall be fully accessible to all eligibles, including individuals who are hearing or visually impaired. Accessibility requirements shall include at a minimum, real-time closed captioning or immediately available transcripts for any videos, webinars or webcast events hosted on the website. The web portal shall include functionality that allows eligibles to:

- Access current network provider directories.
- Map provider locations
- Complete satisfaction surveys
- Access additional program and benefit information

If MCHCP identifies inaccuracies in provider information displayed on the contractor's website, MCHCP shall notify the contractor. The contractor shall correct any identified

inaccuracies within ten (10) days of notification or upon discovery by the contractor, whichever occurs first.

B10.4 The contractor shall be capable of supporting single sign-on (SSO) from MCHCP's Member Portal to the contractor's Member Portal utilizing Security Assertion Markup Language (SAML), if deemed necessary by MCHCP.

B11. MCHCP RESPONSIBILITIES AND SERVICES

B11.1 MCHCP shall provide the following administrative services to assist the contractor:

B11.1.1 Certification of employee eligibility in electronic format

B11.1.2 Maintenance of employee eligibility data

B11.1.3 Payment of amounts owed by MCHCP to the contractor in accordance with the contract

EXHIBIT C
GENERAL PROVISIONS

C1. TERMINOLOGY AND DEFINITIONS

Whenever the following words and expressions appear in this Request for Proposal (RFP) document or any amendment thereto, the definition or meaning described below shall apply.

- C1.1 **Amendment** means a written, official modification to an RFP or to a contract.
- C1.2 **Bidder** means a person or organization who submitted an offer in response to this RFP.
- C1.3 **Breach** shall mean the acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule that compromises the security or privacy of the PHI as defined, and subject to the exceptions set forth, in 45 C.F.R. 164.402.
- C1.4 **Contract** means a legal and binding agreement between two or more competent parties, in consideration for the procurement of services as described in this RFP.
- C1.5 **Contractor** means a person or organization who is a successful bidder as a result of an RFP and/or who enters into a contract or any subcontract of a successful bidder.
- C1.6 **Employee** means a benefit-eligible person employed by the state and present and future retirees from state employment who meet the plan eligibility requirements.
- C1.7 **May** means that a certain feature, component, or action is permissible, but not required.
- C1.8 **Member** means any person covered as either a subscriber or a dependent in accordance with the terms and conditions of the plan.
- C1.9 **Must** means that a certain feature, component, or action is a mandatory condition. Failure to provide or comply may result in a proposal being considered non-responsive.
- C1.10 **Off-shore** means outside of the United States.
- C1.11 **Participant** has the same meaning as the word member.
- C1.12 **PHI** shall mean Protected Health Information, as defined in 45 C.F.R. 160.103, as amended.
- C1.13 **Pricing Pages** apply to the form(s) on which the bidder must state the price(s) applicable for the services required in the RFP. The pricing pages must be completed and uploaded by the bidder prior to the specified proposal filing date and time.
- C1.14 **Privacy Regulations** shall mean the federal privacy regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996, as amended from time to time, codified at 45 C.F.R. Parts 160 and 164 (Subparts A & E).

- C1.15 **Proposal Filing Date and Time** and similar expressions mean the exact deadline required by the RFP for the receipt of proposals by Optavise system.
- C1.16 **Provider** means a physician, hospital, medical agency, specialist or other duly licensed health care facility or practitioner certified or otherwise authorized to furnish health care services pursuant to the law of the jurisdiction in which care or treatment is received. A doctor/physician as defined in 22 CSR 10-2010(22). Other providers include but are not limited to:
- C1.16.1 Audiologist (AUD or PhD);
 - C1.16.2 Certified Addiction Counselor for Substance Abuse (CAC);
 - C1.16.3 Certified Nurse Midwife (CNM) – when acting within the scope of his/her license in the state in which s/he practices and performing a service which would be payable under this plan when performed by a physician;
 - C1.16.4 Certified Social Worker or Masters in Social Work (MSW);
 - C1.16.5 Chiropractor;
 - C1.16.6 Licensed Clinical Social Worker;
 - C1.16.7 Licensed Professional Counselor (LPC);
 - C1.16.8 Licensed Psychologist (LP);
 - C1.16.9 Nurse Practitioner (NP);
 - C1.16.10 Physician Assistant (PA);
 - C1.16.11 Occupational Therapist;
 - C1.16.12 Physical Therapist;
 - C1.16.13 Speech Therapist;
 - C1.16.14 Registered Nurse Anesthetist (CRNA);
 - C1.16.15 Registered Nurse Practitioner (ARNP); or
 - C1.16.16 Therapist with a PhD or Master’s Degree in Psychology or Counseling.
- C1.17 **Request for Proposal (RFP)** means the solicitation document issued by MCHCP to potential bidders for the purchase of services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Amendments thereto.
- C1.18 **Respondent** means any party responding in any way to this RFP.
- C1.19 **Retiree** means a former employee who, at the time of termination of employment, met the eligibility requirements as outlined in subsection 22 CSR 10-2.020(2)(B) and is currently receiving a monthly retirement benefit from a retirement system listed in such rule.
- C1.20 **RSMo (Revised Statutes of Missouri)** refers to the body of laws enacted by the Legislature, which govern the operations of all agencies of the State of Missouri. Chapter 103 of the statutes is the primary chapter governing the operations of MCHCP.
- C1.21 **Shall** has the same meaning as the word must.
- C1.22 **Should** means that certain feature, component and/or action is desirable but not mandatory.
- C1.23 **Subscriber** means the person who elects coverage under the plan.

C2. GENERAL BIDDING PROVISIONS

- C2.1 It shall be the bidder's responsibility to ask questions, request changes or clarification, or otherwise advise MCHCP if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. All communication from bidders regarding specifications, requirements, competitive procurement process, etc., must be directed to MCHCP via the messaging tool on the Optavise web site, as indicated on the last page of the *Introduction and Instructions* document of the RFP. Such communication must be received no later than Tuesday, March 24, 2026, 5 p.m. CT (6 p.m. ET).

Every attempt shall be made to ensure that the bidder receives an adequate and prompt response. However, to maintain a fair and equitable procurement process, all bidders will be advised, via the issuance of an amendment or other official notification to the RFP, of any relevant or pertinent information related to the procurement. Therefore, bidders are advised that unless specified elsewhere in the RFP, any questions received by MCHCP after the date noted above might not be answered.

It is the responsibility of the bidder to identify and explain any part of their response that does not conform to the requested services described in this document. Without documentation provided by the bidder, it is assumed by MCHCP that the bidder can provide all services as described in this document.

- C2.2 Bidders are cautioned that the only official position of MCHCP is that position which is stated in writing and issued by MCHCP in the RFP or an amendment thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- C2.3 MCHCP monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among bidders, price-fixing by bidders, or any other anticompetitive conduct by bidders, which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.
- C2.4 No contract shall be considered to have been entered into by MCHCP until the contract has been awarded by the MCHCP Board of Trustees and all material terms have been finalized. The contract is expected to be finalized and signed by a duly authorized representative of contractor in less than fifteen (15) days from MCHCP's initial contact to negotiate a contract. An award will not be made until all contract terms have been accepted.

C3. PREPARATION OF PROPOSALS

- C3.1 Bidders must examine the entire RFP carefully. Failure to do so shall be at the bidder's risk.
- C3.2 Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.

C3.3 Unless otherwise specifically stated in the RFP, any manufacturer's names, trade names, brand names, and/or information listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. Proposals that do not comply with the requirements and specifications are subject to rejection without clarification.

C4. DISCLOSURE OF MATERIAL EVENTS

C4.1 The bidder agrees that from the date of the bidder's response to this RFP through the date for which a contract is awarded, the bidder shall immediately disclose to MCHCP:

C4.1.1 Any material adverse change to the financial status or condition of the bidder;

C4.1.2 Any merger, sale or other material change of ownership of the bidder;

C4.1.3 Any conflict of interest or potential conflict of interest between the bidder's engagement with MCHCP and the work, services or products that the bidder is providing or proposes to provide to any current or prospective customer; and

C4.1.4 (1) Any material investigation of the bidder by a federal or state agency or self-regulatory organization; (2) Any material complaint against the bidder filed with a federal or state agency or self-regulatory organization; (3) Any material proceeding naming the bidder before any federal or state agency or self-regulatory organization; (4) Any material criminal or civil action in state or federal court naming the bidder as a defendant; (5) Any material fine, penalty, censure or other disciplinary action taken against the bidder by any federal or state agency or self-regulatory organization; (6) Any material judgment or award of damages imposed on or against the bidder as a result of any material criminal or civil action in which the bidder was a party; or (7) Any other matter material to the services rendered by the bidder pursuant to this RFP.

C4.1.4.1 For the purposes of this paragraph, "material" means of a nature, or of sufficient monetary value, or concerning a subject which a reasonable party in the position of and comparable to MCHCP would consider relevant and important in assessing the relationship and services contemplated by this RFP. It is further understood that in fulfilling its ongoing responsibilities under this paragraph, the bidder is obligated to make its best faith efforts to disclose only those relevant matters which come to the attention of or should have been known by the bidder's personnel involved in the engagement covered by this RFP and/or which come to the attention of or should have been known by any individual or office of the bidder designated by the bidder to monitor and report such matters.

C4.2 Upon learning of any such actions, MCHCP reserves the right, at its sole discretion, to either reject the proposal or continue evaluating the proposal.

C5. COMPLIANCE WITH APPLICABLE FEDERAL LAWS

- C5.1 In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Health Insurance Portability and Accountability Act (HIPAA) and The Patient Protection and Affordable Care Act (PPACA), as amended.
- C5.2 Any bidder offering to provide services must sign a Business Associate Agreement (BAA) (see Exhibit A-7) due to the provisions of HIPAA. Any requested changes shall be noted and returned with the RFP. **The changes are accepted only upon MCHCP signing a revised BAA after contract award.**
- C5.3 Upon awarding of the contract by the Board, the BAA shall be signed by both parties within five (5) working days of the request to sign, or the award of the contract may be rescinded.

Attachment 1

FILE LAYOUT FOR MCHCP ELIGIBILITY FILE (Attachment 4)

Field Name	Description
Unique ID	Random number assigned by MCHCP
Zip	5-Digit Zip Code
YOB	Year of Birth
Gender	M – Male F – Female
Relation	Identifies if member is subscriber, spouse, or child 1 – Subscriber 2 – Spouse 3 – Child
Employer	Identifies employer type S – State Member P – Public Entity Member

Total subscriber count = 35,389

Total record count = 68,348

When preparing access reporting, only utilize Subscriber records (records with Relation = 1).

Attachment 1 (continued)

**LAYOUT FOR MISSOURI DEPARTMENT OF TRANSPORTATION / MISSOURI STATE HIGHWAY
PATROL ENROLLEE FILE (Attachment 5)**

Field Name	Description
EmplID	Number assigned by MoDOT
Ben Prog	Status of Employee ACT - Active
Relation	Identifies if member is subscriber, spouse, or child 1 – Employee 2 – Spouse 3 – Child
Cov Level	Identifies subscriber's level of medical coverage EMP – Employee Only ESP – Employee and Spouse ECH – Employee and Child FAM – Employee, Spouse, and Child(ren)
YOB	Year of Birth
Gender	M – Male F – Female
Zip	5-Digit Zip Code
Agency	MODOT – Missouri Department of Transportation MSHP1 – Missouri State Highway Patrol

Total subscriber count = 6,666

Total record count = 16,803

When preparing access reporting, only utilize Subscriber records (records with Relation = 1).

Attachment 1 (continued)

**LAYOUT FOR MISSOURI DEPARTMENT OF CONSERVATION (MDC) ENROLLEE FILE
(Attachment 6)**

Field Name	Description
Unique ID	Number assigned by MDC
Status	Active – Active Employee Child – Child of Active Employee Spouse – Spouse of Active Employee Disabled Child – Disabled Child of Active Employee
ZipCode	5-Digit Zip Code (included only for Employees)
YOB	Year of Birth (yyyy)
Gender	M – Male F – Female
Relation	Identifies if member is subscriber, spouse, or child 1 – subscriber 2 – spouse 3 – child

Total subscriber count = 1,478

Total record count = 3,376

When preparing access reporting, only utilize Subscriber records (records with Relation = 1).

**Attachment 2
Sample Provider File Layout**

Each provider should have the same number of records as number of office locations. The example below is for a provider with 2 office locations.												
NPI	Lname	First	MI	Title	Accepting New Patients	Street 1	Street 2	City	State	Zip	Phone	County
1234567899	Doe	John	J	MSW	Y	123 West High	Suite 300	Columbia	MO	65202	5735555555	Boone
1234567899	Doe	John	J	MSW	Y	456 Forum		Columbia	MO	65202	5734444444	Boone

Attachment 3 - EAP Utilization Data
Missouri Consolidated Health Care Plan

	2023	2024	2025
Access to Services			
Live Engagement			
Counseling	3,911	3,815	3,523
FamilySource	145	112	146
FinancialConnect	71	70	98
GlobalConnect	1		
LegalConnect	466	401	426
Digital Engagement			
Behavioral Health	2,553	2,255	3,731
FamilySource	2,831	2,433	2,163
FinancialConnect	1,846	1,548	1,845
GlobalConnect	20	14	
Health & Well-Being	980	945	1,023
Health Care Navigation	216	198	143
LegalConnect	3,633	3,906	3,414
WellthSource	399	295	115
Combined Access			
Counseling/Behavioral Health	6,464	6,070	7,254
FamilySource	2,976	2,545	2,309
FinancialConnect	1,917	1,618	1,943
GlobalConnect	21	14	
Health & Well-Being	980	945	1,023
Health Care Navigation	216	198	143
LegalConnect	4,099	4,307	3,840
WellthSource	399	295	115
Additional EAP Services			
Critical Incident Stress Management Sessions	14	7	4
Critical Incident Stress Management Participants	22	42	19
Learning and Organizational Excellence Sessions	30	38	30
Learning and Organizational Excellence Session Participants	874	2,012	1,637
Health Fair Events	6	2	
Counseling Resolution			
Resolved within EAP	1,818	1,769	1,678
Referred to benefits resource (Inpatient)	2		1
Referred to benefits resource (Outpatient)	44	38	23

Attachment 3 - EAP Utilization Data
Missouri Department of Transportation

	2023	2024	2025
Access to Services			
Live Engagement			
Counseling	229	253	210
FamilySource	5	9	7
FinancialConnect	8	9	8
GlobalConnect			
LegalConnect	56	51	42
Digital Engagement			
Behavioral Health	63	127	145
FamilySource	71	87	76
FinancialConnect	45	64	44
GlobalConnect	1	2	
Health & Well-Being	33	88	45
Health Care Navigation	1	12	3
LegalConnect	96	159	127
WellthSource	15		3
Combined Access			
Counseling/Behavioral Health	292	380	355
FamilySource	76	96	83
FinancialConnect	53	73	52
GlobalConnect	1	2	
Health & Well-Being	33	88	45
Health Care Navigation	1	12	3
LegalConnect	152	210	169
WellthSource	15		3
Additional EAP Services			
Critical Incident Stress Management Sessions	5	3	4
Critical Incident Stress Management Participants	87	69	40
Learning and Organizational Excellence Sessions	11	27	38
Learning and Organizational Excellence Session Participants	331	624	1,014
Health Fair Events	4	2	
Counseling Resolution			
Resolved within EAP	112	117	88
Referred to benefits resource (Inpatient)			
Referred to benefits resource (Outpatient)	7	1	3

**Attachment 3 - EAP Utilization Data
Missouri State Highway Patrol**

	2023	2024	2025
Access to Services			
Live Engagement			
Counseling	143	130	92
FamilySource	1	5	1
FinancialConnect	2	4	2
GlobalConnect			
LegalConnect	9	7	19
Digital Engagement			
Behavioral Health	50	30	74
FamilySource	47	33	25
FinancialConnect	32	22	78
GlobalConnect			
Health & Well-Being	15	7	35
Health Care Navigation	2	4	1
LegalConnect	78	32	78
WellthSource		2	
Combined Access			
Counseling/Behavioral Health	193	160	166
FamilySource	48	38	26
FinancialConnect	34	26	80
GlobalConnect			
Health & Well-Being	15	7	35
Health Care Navigation	2	4	1
LegalConnect	87	39	97
WellthSource		2	
Additional EAP Services			
Critical Incident Stress Management Sessions			
Critical Incident Stress Management Participants			
Learning and Organizational Excellence Sessions			10
Learning and Organizational Excellence Session Participants			49
Health Fair Events			
Counseling Resolution			
Resolved within EAP	59	58	40
Referred to benefits resource (Inpatient)			
Referred to benefits resource (Outpatient)	3	2	2

Attachment 3 - EAP Utilization Data
Missouri Department of Conservation

	2023	2024	2025
Access to Services			
Live Engagement			
Counseling	110	130	95
FamilySource		1	1
FinancialConnect	1	2	4
GlobalConnect			
LegalConnect	4	7	5
Digital Engagement			
Behavioral Health	114	64	57
FamilySource	65	34	53
FinancialConnect	26	18	66
GlobalConnect			
Health & Well-Being	45	25	24
Health Care Navigation	4	11	3
LegalConnect	151	73	79
WellthSource			
Combined Access			
Counseling/Behavioral Health	224	194	152
FamilySource	65	35	54
FinancialConnect	27	20	70
GlobalConnect			
Health & Well-Being	45	25	24
Health Care Navigation	4	11	3
LegalConnect	155	80	84
WellthSource			
Additional EAP Services			
Critical Incident Stress Management Sessions			
Critical Incident Stress Management Participants			
Learning and Organizational Excellence Sessions	6	4	
Learning and Organizational Excellence Session Participants	263	115	
Health Fair Events			
Counseling Resolution			
Resolved within EAP	87	110	43
Referred to benefits resource (Inpatient)			1
Referred to benefits resource (Outpatient)	2	4	3