Missouri Consolidated Health Care Plan
Responses to Vendor Questions
2027 Employee Assistance Program RFP
March 31, 2026

These responses are provided by MCHCP to questions received from potential bidders for the 2027 Employee Assistance Program RFP.

	Question	Response
1	Attachment 1 (File layout for MCHCP, MoDOT-MSHP, and MDC demographic files) makes reference to employee eligibility/enrollee files (Attachments 4, 5 and 6). Please provide these attachments as they do not appear to be included in the Reference Files section.	Access to Attachments 4, 5, and 6 is granted after receipt of the completed and signed Limited Data Use Agreement (Exhibit A-2).
2	Please confirm the expected enrollment to be used for pricing purposes, including whether MCHCP anticipates all eligible public entity groups (MoDOT, MSHP, MDC) will elect participation at contract start.	Approximate subscriber enrollment by agency is as follows: MCHCP (State and Public Entity) - 41,000 subscribers MoDOT/MSHP - 6,600 subscribers MDC - 1,500 subscribers MCHCP expects all entities will continue to contract for EAP services, but this is not guaranteed.
3	Please confirm whether pricing should be based on subscriber counts, total covered lives, or another defined population metric.	Pricing must be based on subscriber count.
4	Please clarify whether bidders are expected to align pricing assumptions with the historical utilization data provided (2023–2025), and whether MCHCP considers these utilization levels representative of expected future experience.	Bidders should base their pricing on utilization anticipated by the bidder.
5	Please confirm whether the PEPM rate is expected to fully cover all required services outlined in Exhibit B, including all baseline service requirements and annual service pools, regardless of actual utilization.	Confirmed.
6	Does MCHCP have openness to alternative pricing models that align costs more directly with actual utilization (e.g., usage-based or hybrid structures), provided they maintain budget predictability and meet all program requirements? If so, how should such models be presented for consideration within the proposal response?	MCHCP is not seeking alternative pricing arrangements at this time.
7	Please confirm whether any utilization management expectations or assumptions should be incorporated into pricing, given the allowance of ten (10) visits per problem with no annual problem maximum.	Bidders should base their pricing on utilization anticipated by the bidder.
8	Please confirm whether MCHCP is open to consideration of alternative benefit structures that maintain or improve access and outcomes, and how should such alternatives be incorporated within the proposal response.	MCHCP is not seeking alterative benefit structures at this time.

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9	Please provide historical utilization ranges or averages for the annual service pools (CID hours, educational sessions, health fairs, and supervisor training), and clarify whether utilization beyond these pools is expected to be routine or exception-based based on prior program experience.	In 2025, the following hours were used: 20 hours of CID, 58 sessions of education and supervisor training, and 0 hours on health fairs.
10	Please confirm whether all communication and mailing requirements are expected to be fully included within the PEPM rate.	Confirmed.
11	Please clarify whether virtual delivery options are acceptable for supervisor training and educational sessions, or if MCHCP expects primarily in-person delivery.	Virtual sessions are acceptable for supervisor training and educational sessions.
12	Please confirm whether eligibility reconciliation processes (e.g., retroactive adds or terminations) impact monthly PEPM calculations or payments.	Retro additions and terminations, which are minimal, do not impact payments.
13	Please provide additional detail regarding how non-financial scoring is evaluated, including whether specific components (e.g., plan administration, provider network, reporting, technology) are weighted more heavily within the non-financial score. The lack of detail currently provided could expose the State to claims of subjectivity and anti-competitiveness.	Non-financial proposals will be evaluated based on the various sections identified in Exhibit B-Scope of Work.
14	For bidders meeting the non-financial threshold, please confirm whether final selection is primarily driven by total cost or a combined evaluation of financial and non-financial factors.	As stated in the Introduction/Instructions document, proposals will be evaluated based on equal weighting of financial and non-financial points.
15	Please clarify what criteria will be used to determine advancement to finalist presentations and whether demonstrations of digital tools or member experience platforms are encouraged. The lack of detail currently provided could expose the State to claims of subjectivity and anti-competitiveness.	Non-financial proposals will be evaluated based on the various sections identified in Exhibit B-Scope of Work.
16	Please confirm whether telehealth providers may be included in meeting network access standards.	Contractors must meet the provider network requirements listed Exhibit B, Section B4.4 utilizing in-person providers. Telehealth providers may supplement the network requirements listed in this section.
17	Beyond minimum access standards, please clarify whether provider network evaluation includes additional factors such as provider availability, available appointment timeliness, or specialty access.	Additional factors such as provider availability, appointment timeliness, and specialty access are addressed in the questionnaire and will be considered in the non-financial analysis.
18	Please clarify the expected level of integration with MCHCP medical plans, including any expectations for data sharing, coordinated care management, or referral tracking.	The contractor is expected to refer cases to the member's medical plan when appropriate. There is no data integration between MCHCP's medical TPA and the current EAP contractor.

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19	Please confirm whether real-time eligibility verification is expected or if weekly eligibility file updates are sufficient.	MCHCP sends weekly eligibility files to the current contractor. Real-time eligibility verification is not expected.
20	Please clarify whether MCHCP has preferred reporting formats, delivery methods, or additional reporting expectations beyond standard reporting packages that will be considered during evaluation.	MCHCP does not have preferred reporting formats or delivery methods.
21	Please clarify expectations regarding ad hoc reporting, including anticipated volume, complexity, and whether such reporting is expected to be included within the base PEPM or treated as supplemental.	Assuming the contractor's standard reporting is comprehensive, ad-hoc reporting is expected to be limited, if any. Any additional costs for ad-hoc reporting should be included in Supplemental Pricing and not be included in the base PEPM.
22	Please confirm whether performance guarantee penalties are capped annually, whether penalties are cumulative across measures, and how MCHCP evaluates proposed guarantees (e.g., scope, financial at-risk amounts, alignment to performance standards).	Bidders should document in the proposal response if performance guarantee penalties are capped and/or cumulative. Proposed guarantees will be evaluated based on the willingness of the bidder to guarantee each standard, the measurement process, and the maximum dollar amount at risk.
23	Please clarify whether contractors may retain de-identified or aggregated data for internal benchmarking and quality improvement purposes.	Once awarded the contract, contractors are allowed to include MCHCP's de-identified, aggregate data for benchmarking and quality improvement purposes. The data shared with this RFP can only be used for responding to this RFP.
24	Please confirm whether the incumbent vendor (ComPsych) is currently delivering all services outlined in the RFP scope and whether any material changes in scope or performance expectations are anticipated under this procurement.	This procurement mirrors the services currently provided by the incumbent.
25	Can MCHCP share any general feedback on areas of satisfaction with the current EAP program, as well as key opportunities for enhancement or priorities for improvement under the new contract?	The current contractor is meeting all expectations and contractual obligations.
26	Are there specific program elements, service areas, or member experience components that MCHCP is prioritizing for improvement or innovation in this procurement?	MCHCP is seeking a qualified bidder that can provide all the services outlined in the RFP.
27	What is current time to make a referral?	For short term counseling, per the contract, the EAP must refer eligible individuals to a local mental health clinician within three (3) days following a request for services.
28	What is current time to connect to an appointment?	For short term counseling, per the contract, the EAP must refer eligible individuals to a local mental health clinician within three (3) days following a request for services.
29	Please clarify what variables are included within the eligibility file.	The weekly eligibility file includes demographic information such as name, date of birth, gender, and address.
30	Regarding Section B2.2 of Exhibit B, how does MCHCP operationally define and audit a “problem” for the 10 visits per/unlimited problems? Are there controls or audit expectations to prevent reclassification of the same issue as multiple problems? If so, please define.	MCHCP relies on the contractor to define a "problem". There has not been a need to perform an audit of the incumbent on this or any feature of the program.

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31	Please provide historical usage of CID hours vs. the 200-hour pool.	2023: 76 hours used; 2024: 76 hours used; 2025: 20 hours used
32	Regarding Section B2.6 of Exhibit B, what constitutes a "critical incident"? Please describe the expectations for response time vs. "on-site within 5 days" in urgent situations?	MCHCP expects the contractor to respond to a request for CID services within 30 minutes of the request, and if requested by the agency, be on-site within 5 days.
33	Regarding Section B2.9 of Exhibit B, how are the 60 sessions and 49 health fair hours typically distributed (geography, agencies, virtual/in-person)? How do ambassadors work with the EAP for these sessions?	The education sessions and health fairs are distributed throughout the state to multiple different state agencies. The education sessions are typically virtual and the health fairs are in-person. Ambassadors help facilitate the sessions and health fairs.
34	Regarding Section B2.2.3 of Exhibit B, what is the expected annual volume of employer-mandated referrals? Are the employer-mandated referrals concentrated in certain agencies (e.g., corrections, law enforcement)? Are there reporting or outcome expectations tied to disciplinary processes? If so, please define.	The State does not currently track or report on the annual volume of employer-mandated referrals, and therefore historical utilization data is not available. Employer-mandated referrals may occur across various agencies based on individual circumstances and are not limited to any specific group or department.
35	Regarding Sections B2.2.3, B2.5, and B2.6, please provide reports defining historical utilization rates (per 1,000 employees) for the following. Please provide reports defining historical utilization rates (per 1,000 employees) for the following: - Counseling visits (standard vs. employer-mandated) - Legal, financial, and ID theft services - Critical Incident Debriefings (CID)	Historic utilization can be found in Attachment 3. The population served across the three years of data has been consistent and will not change materially with the new contract.
36	What percentage of the population typically uses Telehealth vs. in-person services?	2025 engagement • 9.5% Live Service Engagement • 27.3% Online Access
37	Regarding Section B3.6 of Exhibit B, please provide MCHCP's definition of "Integrated continuity of care".	MCHCP expects the contractor to have a comprehensive understanding of all MCHCP medical plans, including mental health benefits, and 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. Additionally, the contractor is expected to be knowledgeable of, and establish appropriate liaisons with, community service resources available to eligibles.
38	Please provide geo-access reports from the incumbent vendor?	This information is not available.
39	What percentage of members reside outside Missouri?	Bidders may utilize the enrollment files provided in Attachments 4, 5 and 6 to identify membership outside of Missouri.
40	What are the minimum staffing expectations for: - Substance use specialists? - Trauma-informed care? - Culturally competent providers?	MCHCP expects the contractor to have a sufficient number of providers available to service the MCHCP account.

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41	Regarding Section B4.3 of Exhibit B, please confirm that if the contractor maintains the access standards and requirements for the provider network, then these don't constitute a material change.	Confirmed, though MCHCP expects to be notified if a specific provider with significant utilization leaves the network.
42	Regarding Sections B9.3.5 and B9.3.6 of Exhibit B, please clarify expectations regarding the transfer of clinical records and case notes from the incumbent contractor to the selected contractor. What transition activities and requirements must the incumbent contractor deliver to support the seamless transition?	The same requirements related to implementation and transition activities are included in the incumbent's contract.
43	Please provide current target utilization rates and/or KPIs for EAP engagement?	MCHCP does not have a target utilization rate.
44	Please provide a description and frequency of how outreach campaigns are currently being delivered?	Contractually, the incumbent does an annual mailer (one per household). MCHCP uses materials (print and electronic) provided by the incumbent including handouts, magnets, and business cards to use at in-person events and for departments to use as needed. Materials are also used for electronic communications.
45	What are the frequency expectations for proactive outreach campaigns?	Minimum - annual mailing to each household.
46	Please describe any seasonal spikes or other known utilization drivers.	Utilization of EAP services is generally steady throughout the year; however, there may be periodic increases associated with situational or environmental factors. These can include organizational changes, workplace or personal stressors, and broader external events that may impact employees. At this time, no consistent or predictable seasonal spikes have been identified. Utilization trends may vary year to year based on member needs and engagement efforts. Bidders are encouraged to describe how they monitor utilization patterns and adjust resources to ensure timely access to services during periods of increased demand.
47	Regarding Section B3 of Exhibit B, please provide MCHCP's definition of “high-quality customer service”.	MCHCP expects the contractor to have a customer service unit that is fully trained in all services provided by the contractor on behalf of MCHCP and be available 24 hours a day, 7 days per week.
48	Please provide your assessment of current satisfaction with current vendor performance.	The current contractor is meeting all expectations and contractual obligations.
49	What innovations would MCHCP value most (e.g., digital tools, behavioral health outcomes, workforce productivity metrics)?	MCHCP is seeking a qualified bidder that can provide all the services outlined in the RFP.
50	Please provide more details/breakdown of the scoring rubric used for non-financial/technical evaluation.	Non-financial proposals will be evaluated based on the various sections identified in Exhibit B-Scope of Work.
51	Please provide a description of how the 500 financial points allocate against actual pricing versus other financial factors.	As stated in the Introduction/Instructions document, 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.

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52	How will finalist presentations influence final scoring vs. written proposals?”	There are no specific points allocated for finalist presentations. The evaluation team may adjust the scoring for the technical proposal based on finalist presentations, if any.