

University of Louisville EAP RFP

1 Introduction

1.1 Please refer to the attached document.

2 General Questions

2.1 Confirmations

2.1.1 Please complete the following table:

Requirements	Response	Comments
a. UofL and Willis Towers Watson will not accept any responses (including original response and all follow up questions posed) outside of Proposal Tech. If the Proposal Tech application is not used, we will not consider your response valid and your organization will be removed from further evaluation.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	200 words. Nothing required
b. UofL and Willis Towers Watson will not accept any responses to the financials (pricing), plan designs, or this questionnaire uploaded as Reference Documents, unless you are expressly directed to do so.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	200 words. Nothing required
c. All requested attachments to this RFP must be submitted through the Proposal Tech website as reference documents. All requested reference files are due by the date and time the event closes.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	200 words. Nothing required
d. The successful vendor will have the established qualifications to satisfactorily perform work of the type and size included in this RFP, including compliance with all laws, rules, and regulations applicable to the performance of vendor's obligations hereunder. Please confirm that you can meet these qualifications and requirements.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	200 words. Nothing required
e. Please confirm that you have reviewed the attached reference documents and do not have any concerns. If after your review you have any concerns or problems meeting the needs of UofL, please explain. (This includes SPDs, Service Level Requirements, Contract Language, etc.)	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	200 words. Nothing required
f. Please see the attached Introduction and Instructions document for guidance on how to complete this RFP. Additionally, please include a cover letter with the proposal, signed by an individual authorized to legally bind your organization. Provide an executive summary of your offer and a statement that your proposal describes your ability and intention to deliver the requirements outlined in the Introduction and Instructions document and the RFP.	<i>Single, Pull-down list.</i> 1: Attached, 2: Not Attached	200 words. Nothing required

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g. Your organization agrees to be bound by its proposal until contract execution, during which time UofL or Willis Towers Watson may request clarification or correction of the proposal for the purpose of evaluations. Amendments or clarifications shall not affect the remainder of the proposal, but only that portion so amended or clarified.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	<i>200 words.</i> Nothing required
h. Confirm that your company will accept full responsibility for notification of participants and provision of identity theft protection if participant information housed in your company is lost or stolen.	<i>Single, Pull-down list.</i> 1: Confirm, 2: Cannot confirm	<i>200 words.</i> Nothing required

2.2 Vendor Background Information

2.2.1 Indicate the primary person responsible for completing this questionnaire.

	Answer
Name	<i>20 words.</i>
Title	<i>20 words.</i>
Address	<i>20 words.</i>
Phone Number	<i>20 words.</i>
E-Mail address	<i>20 words.</i>

2.2.2 What is the exact company name used for financial filing?

Flagged: RFI

50 words.

2.2.3 Provide information about your organization (for the most recent completed fiscal year) in the chart below.

Flagged: STANDARD PPT QUESTION

Flagged: RFI

	Response	Comments
a. Fiscal Year dates	<i>10 words.</i>	
b. Revenue	<i>Dollars.</i>	<i>100 words.</i> Nothing required
c. Operating Profit	<i>Dollars.</i>	<i>100 words.</i> Nothing required
d. Debt	<i>Dollars.</i>	<i>100 words.</i> Nothing required
e. Number of Employees	<i>Decimal.</i>	<i>100 words.</i> Nothing required
f. Ownership Structure	<i>Single, Pull-down list.</i> 1: Not for profit, 2: Privately owned (for profit),	<i>100 words.</i> Nothing required

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	3: Publicly traded, 4: Other, describe in comments column	
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2.2.4 What is the state of domicile for your company (state with regulatory control)?

Flagged: RFI

Single, Pull-down list.

- 1: AL,
- 2: AK,
- 3: AZ,
- 4: AR,
- 5: CA,
- 6: CO,
- 7: CT,
- 8: DE,
- 9: FL,
- 10: GA,
- 11: HI,
- 12: ID,
- 13: IL,
- 14: IN,
- 15: IA,
- 16: KS,
- 17: KY,
- 18: LA,
- 19: ME,
- 20: MD,
- 21: MA,
- 22: MI,
- 23: MN,
- 24: MS,
- 25: MO,
- 26: MT,
- 27: NE,
- 28: NV,
- 29: NH,
- 30: NJ,
- 31: NM,
- 32: NY,
- 33: NC,
- 34: ND,
- 35: OH,
- 36: OK,
- 37: OR,
- 38: PA,
- 39: RI,
- 40: SC,
- 41: SD,
- 42: TN,
- 43: TX,
- 44: UT,
- 45: VT,
- 46: VA,
- 47: WA,
- 48: WV,
- 49: WI,
- 50: WY,
- 51: District of Columbia

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2.2.5 Please describe your firm in the context of diversity classification. Check all that apply.

Flagged: RFI

Multi, Checkboxes.

- 1: Small business,
- 2: Minority owned business,
- 3: Women owned business,
- 4: Other, describe: [100 words]

2.2.6 Please include the name of all subcontractors/partners that will be involved in delivering your Other services to UofL, the length of your relationship and duration of your contract.

	Name	Service provided	Length of Relationship	Expiration Date of Partnership/Alliance (MM/DD/YYYY)	Subcontractor's principal place of business	Location(s) where the subcontractor will perform all services	Hours of operation for subcontractor (e.g., call center, customer service)
Subcontractor / Partner Name/ 1	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 2	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 3	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 4	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 5	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 6	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required

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	require d						
Subcontractor / Partner Name/ 7	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 8	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 9	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required
Subcontractor / Partner Name/ 10	20 words. Nothing required	50 words. Nothing required	50 words. Nothing required	To the day. Nothing required	50 words. Nothing required	50 words. Nothing required	50 words. Nothing required

2.2.7 Identify your planned investment in systems and technology for the next 2 years. Briefly describe the details of this planned investment.

Flagged: RFI

	Investment Areas (check all that apply)	Comments
Dollar Investment for year 1:	<i>Dollars.</i>	50 words. Nothing required
Details of Investments in year 1:	<i>Multi, Checkboxes.</i> 1: Claim payment system, 2: Member services, 3: Social network tools and resources, 4: Health management system, 5: System interfaces, 6: Client reporting, 7: Other (Describe in comments column)	500 words. Nothing required
Dollar Investment for year 2:	<i>Dollars.</i>	50 words. Nothing required
Details of Investments in year 2:	<i>Multi, Checkboxes.</i> 1: Claim payment system, 2: Member services, 3: Social network tools and resources, 4: Health management system, 5: System interfaces, 6: Client reporting, 7: Other (Describe in comments column)	500 words. Nothing required

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2.3 Compliance, Contracting and Risk Management

2.3.1 Do you have any restrictions or pending reviews by local/municipal, state, or federal authorities for noncompliance with local/municipal, State or Federal regulations? If yes, please describe.

Flagged: RFI

Single, Radio group.

1: Yes, describe: [200 words] ,

2: No

2.3.2 Identify your general liability and errors and omissions insurance coverage carried to protect your clients. Describe the type and limit of each type of insurance coverage.

Flagged: RFI

	Name of Insurance Carrier	Amount of limit	Willing to add UofL as additional named insured
a. General Liability	20 words.	Decimal.	Yes/No.
b. Errors & Omissions	20 words.	Decimal.	Yes/No.
c. Other	20 words.	Decimal.	Yes/No.

2.3.3 Is there any significant litigation and/or government action pending, or has there been any taken or proposed against your company during the most recent 5 years?

Flagged: RFI

Single, Radio group.

1: Yes. Provide details prompting the suit(s), the outcome or current status: [200 words] ,

2: No

2.3.4 Have you filed for bankruptcy in the past 10 years?

Flagged: STANDARD PPT QUESTION

Flagged: RFI

Single, Radio group.

1: Yes, explain: [200 words] ,

2: No

2.3.5 Vendor will agree to indemnify UofL, together with its subsidiaries, affiliates, officers, employees, etc. for liability, losses and related expenses that arise due to Vendor's negligence, misconduct, fraud, breach of agreement, etc.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [200 words]

2.3.6 Please identify any liability that may reside with UofL under the terms of your contract agreement.

Single, Radio group.

1: No liabilities exist,

2: Liabilities exist, describe: [200 words]

2.3.7 Confirm that you will accept a mutual indemnification clause in a service agreement/contract, except for gross negligence.

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Single, Pull-down list.

- 1: Confirmed,
- 2: Disagree

2.4 References/Experience

2.4.1 Provide names, addresses, and contact information for three current references for which you provide the same services requested by UofL. References should be based on the office that will be providing services to UofL. Two of the listed clients should be of a similar size/composition to UofL.

	Organization name	Address	Email Address	Effective date of contract (MM/DD/YYYY)	Contact Name	Title	Phone number	Number of enrolled employees (#.##)	Description of services provided
Reference #1	20 words.	20 words.	20 words.	To the day.	50 words.	50 words.	20 words.	Decimal.	100 words.
Reference #2	20 words.	20 words.	20 words.	To the day.	50 words.	50 words.	20 words.	Decimal.	100 words.

2.4.2 Provide information for three references that have terminated within the past 12 months and have the same services as requested in this RFP. Two of the listed clients should be of a similar size to UofL.

	Organization name	Addresses	Email Addresses	Effective date of contract (MM/DD/YYYY)	Contact Name	Title	Phone number	Number of enrolled employees at date of termination	Reason for termination	Vendor to which the business was lost	Description of services provided
Reference #1	20 words.	20 words.	20 words.	To the day.	50 words.	50 words.	20 words.	Decimal.	100 words.	20 words.	100 words.
Reference #2	20 words.	20 words.	20 words.	To the day.	50 words.	50 words.	20 words.	Decimal.	100 words.	20 words.	100 words.

2.5 Business Requirements: General

2.5.1 Review each one of the requirements below and indicate your ability to comply. If you agree with deviations, briefly explain in the box provided,

Requirements	Response	Deviation(s)
a. All contracts will be issued with a KY situs.	Single, Pull-down list. 1: Agree, 2: Disagree,	500 words. Nothing required

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	3: Agree w/ Deviation(s)	
b. Vendor will ensure that the proposal terms submitted are valid for at least 180 days after receipt of the proposal.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
c. Vendor will agree to a multi-year contract Initial contract will be January 1, 2023 – December 31, 2025; subsequent contracts will be January 1, 2026 - December 31, 2026 and January 1, 2027 through December 31, 2027.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
d. A minimum advance notice of at least 180 days must be provided for any rate or fee change other than one necessitated by an agreed upon plan change or statutory provision change.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
e. No commissions are payable under your proposal.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
f. Vendor will lead the implementation process taking direction from UofL including but not limited to informed support at employee meetings.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
g. Vendor will provide UofL with a detailed implementation project plan (for each service you are bidding on) to include key milestones, due dates for deliverables, and specific sign-off points.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
h. Vendor will be available for regular face-to-face meetings, as needed.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required
i. Vendor will put fees at risk for agreed upon performance standards and be willing to guarantee the performance of any subcontractors who perform functions associated with these performance standards. (Note that minimum performance guarantee requirements have been included with this RFP).	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)	500 words. Nothing required

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<p>j. Vendor will provide a complete annual performance management report for each year by the end of the first quarter of the following year with specific metrics to be mutually agreed upon by Vendor and UofL. Standard monthly and quarterly reporting will occur no later than thirty (30) days from the end of the month or quarter (i.e. Q1 reports will be available no later than April 30th).</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)</p>	<p>500 words. Nothing required</p>
<p>k. Performance guarantee metrics will be measured and reported quarterly, with annual reconciliation of outcomes. Related payout for failure to meet performance metrics will be yearly.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)</p>	<p>500 words. Nothing required</p>
<p>l. Reporting will reflect at a minimum the following measurement areas: activity & operational processes, service utilization, clinical outcomes, financial outcomes, member satisfaction and others as mutually agreed to.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)</p>	<p>500 words. Nothing required</p>
<p>m. Vendor, in compliance with all GINA, ADA, HIPAA and other confidentiality regulations, will grant access to authorized personnel only for care management claim detail at the member level (minus any PHI) which reside in vendor's medical and disease management system. Vendor will only provide access to case notes to authorized medical personnel and will prevent access by unauthorized members.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)</p>	<p>500 words. Nothing required</p>
<p>n. Subcontracting may be permissible with the advance written consent of UofL. Subcontractors will be held to the same confidentiality and insurance commitments as the primary vendor. Vendor must disclose the name of the subcontractor including all functions they will be responsible for in the relationship.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, 3: Agree w/ Deviation(s)</p>	<p>500 words. Nothing required</p>

2.6 Validation

2.6.1 Your organization warrants the accuracy of information submitted and acknowledges that UofL will rely on this information in making its selection and contracting with the successful organization. Your organization confirms that it has followed the instructions provided and has identified any deviations from specifications within its response. Your organization confirms that any instructions or specifications that it felt were unclear have been questioned in advance of this response. During the evaluation process, identified inconsistencies may be discussed, and if necessary an independent audit of information provided may be conducted to validate your responses. If inaccurate representations are found to exist within your response, UofL reserves the right to reject your proposal at any time.

Single, Radio group.

1: Agree,

2: Disagree, explain: [200 words]

3 EAP Questionnaire

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3.1 Program Specifications

Review each one of the specifications in the tables below and indicate your ability to deliver programs following these specifications. If you disagree or agree with deviation(s), briefly explain in the space provided.

3.1.1 General Specifications

Flagged: RFI

Specifications	Response	Deviation(s)
a. The vendor agrees to keep the information provided in this RFI as confidential.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
b. As part of any bid process, and for the duration of any contract, the client and/or consultants may conduct site visits, staff interviews, and chart reviews.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
c. Clients have the right to audit, through authorized agents, to determine the vendor's compliance with the contract or terms of agreement. This includes a chart review or other mechanism to determine the quality of services provided. Any audits will be completed with no additional cost to the client and can occur with a 60-day notice of the client to the vendor.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
d. The client may terminate the program for cause with 30-days written notification, or 90-day notice without cause.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
e. The vendor will offer assistance with implementation and at regularly scheduled sessions throughout the year, as requested by the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
f. The vendor will participate in health fairs for client's members in a frequency mutually agreed to by both parties.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/	50 words.

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	Deviation(s), explain	
g. The vendor will assist client in developing employee communications and will provide standard annual enrollment materials at no additional charge to the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
h. Program materials will be customized and will be ready prior to client's open enrollment at no additional cost to the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
i. The vendor agrees to notify the client of contract termination no later than 180 days prior to the renewal date.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
j. The vendor will be bound by its proposal for a specific client until the effective date and up to one year thereafter.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
k. The vendor will provide notification of any change to subcontractors associated with the programs within 90 days of anticipated change.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
l. The client has the right to accept or reject any subcontractor that you may include in a proposal.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
m. The vendor will provide a designated Account Manager to work with the client's HR and benefits staff and any internal EAP staff if requested in a bid process.	<i>Single, Pull-down list.</i> 1: Agree,	50 words.

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	2: Disagree, explain, 3: Agree w/ Deviation(s), explain	
n. The vendor will provide an organizational chart for the Clinical Team servicing member calls, and the Sales and Account Management leadership team, including areas of responsibility and length of tenure upon request of the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
o. Confirm that any restrictions or deviations from these specifications are clearly stated; otherwise, we will assume that all items offered are in strict compliance with the technical and financial requirements and contract terms and conditions described in the Request for Proposal.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
p. You are willing to meet with UofL a minimum of four times each year to discuss reporting and program features. You will attend additional meetings if requested.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.

3.2 Member Services

3.2.1 Member Services Specifications

Flagged: RFI

Specifications	Response	Deviation(s)
a. The toll-free member services line will be available 24/7 and 365 days a year.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
b. This member services phone line must be staffed at a level guaranteeing the following: <ol style="list-style-type: none"> 1. No busy signals 2. Average speed to answer of 30 seconds or less 3. Call abandonment rates less than 3% 	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
c. Eligibility for EAP services will be presumed for all individuals who contact the vendor, unless a client requests to provide an eligibility file.	<i>Single, Pull-down list.</i> 1: Agree,	50 words.

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	2: Disagree, explain, 3: Agree w/ Deviation(s), explain	
d. Only clinicians will make referrals, basing their decision on the caller’s identified needs and an assessment.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
e. All staff will be trained on the client’s medical benefits and other related programs.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.

3.2.2 Please provide information about the number of service centers you operate, where each service center is located, and the languages supported at the call centers?

Flagged: RFI
100 words.

3.2.3 Please describe how member calls are routed. Do they go to a single, designated call center or virtual call center during regular business hours?

Flagged: RFI
200 words.

3.2.4 Please describe your process for handling calls after-hours and on weekends. Do calls route to the same call center as regular business hours or a different call center? If different, please describe your process for training after hours staff about a specific client.

Flagged: RFI
100 words.

3.2.5 Please describe your procedures to handle emergency calls during and after hours, and specific procedures to handle threats of violence.

Flagged: RFI
50 words.

3.3 EAP Service Capabilities

3.3.1 EAP Services

Flagged: RFI

	Response	Deviation(s)
a. The vendor agrees to support to the client with designing policies related to the EAP (i.e., violence in the workplace, drug-free workplace and mandatory referrals).	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/	50 words.

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	Deviation(s), explain	
b. The vendor agrees to monitor patient participation in aftercare treatment plans for substance abuse for up to one year on cases that originate with the EAP (for DOT or other mandated treatment) Please describe how the follow-up is completed and by what level of staff.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	<i>100 words.</i>
c. The vendor agrees to follow-up on all EAP and work/life cases and referrals. Please describe how the follow-up is completed and by what level of staff.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	<i>100 words.</i>

3.3.2 Please describe your staffing models to provide EAP services. Please explain roles and responsibilities of staff who are servicing members.

Flagged: RFI
100 words.

3.3.3 Please describe your policy concerning EAP clinicians continuing treatment after EAP sessions are exhausted.

Flagged: RFI
100 words.

3.3.4 Please explain your process for transitioning and/or referring an employee to a medical provider or disability program?

Flagged: RFI
100 words.

3.3.5 Please describe your process for integration (warm handoff) to a network provider associated with a different medical/behavioral health plan once a member has exhausted their EAP sessions.

Flagged: RFI
100 words.

3.3.6 Please confirm that you will accept and manage mandatory referrals.

Single, Radio group.
1: Confirmed,
2: Not confirmed, explain: [200 words]

3.3.7 Please describe your process for accepting and managing mandatory referrals.

200 words.

3.3.8 Please confirm that you will accept and manage fitness for duty referrals.

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Single, Radio group.

1: Confirmed,

2: Not confirmed, explain: [200 words]

3.3.9 Please describe your process for accepting and managing fitness for duty referrals. The expectation is not that the vendor will access or determine fitness for duty status. UofL expectation is that employees are referred to the appropriate type of health care provider and serve as the liaison between the University and the referral source.

200 words.

3.4 Network Analysis

3.4.1 Provide GeoAccess reports that indicate the number of UofL employees whose residential ZIP code (see census file) complies with the following access standards. Please provide the detailed GeoAccess reports only for those ZIP codes that both do and do NOT meet the standards below. The table below should provide a summary (by percentage) where there is a match for UofL. Note: Provide network match by urban, suburban and rural locations.

Single, Pull-down list.

1: Attached,

2: Not provided

3.4.2 Please provide a report for the Eligible population, as identified in the ZIP code file.

Eligible Population (Ph.D., Masters, RN)

2 EAP provider within 5 miles (urban)

2 EAP provider within 10 miles (suburban)

2 EAP provider within 30 miles (rural)

Single, Pull-down list.

1: Attached,

2: Not provided

Attached Document(s): [University of Louisville Zipcode File.xlsx](#)

3.4.3 Confirm that you have provided the back-up reports for your GeoAccess analysis.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain. [100 words]

3.4.4 Distance to providers is measured by driving distance. Rivers, lakes, etc. should be taken into consideration when determining distance to providers. Please confirm that you have run your GeoAccess reports based on this methodology.

Single, Radio group.

1: Confirmed,

2: Not confirmed, explain. [100 words]

3.4.5 Complete the following table:

Type of Provider	Total Providers in Network	Average time to all (virtual or in-person)	Total providers offering face-	Average time to face-to-face	Total providers offering	Average time to virtual
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		appointment (Hours/Days)	to-face sessions	appointment (Hours/Days)	virtual sessions	appointment (Hours/Days)
Therapists – adults	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Therapists – children and adolescents	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Psychologists – adults	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Psychologists – children and adolescents	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Mental Health Coaches	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Psychiatrists – adult	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>
Psychiatrists – children and adolescents	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>	<i>Integer.</i>	<i>10 words.</i>

3.4.6 In looking at the Zip code file provided, note any concerns that you have with your provider network and being able to service employees and their families with both face-to-face and virtual visits. If you have concerns, note your plan to remediate any network deficiencies.

200 words.

3.4.7 How will you handle out-of-network services when a provider is not available?

200 words.

3.4.8 Does your website allow for members to select and book appointments with providers?

Single, Radio group.

1: Yes, explain: [50 words] ,

2: No, explain: [50 words]

3.4.9 What percentage of your network has online appointment booking available? If 100% of your network does not offer online appointment booking, what are your plans for increasing the providers who offer online appointment booking.

Percent with 100 words.

3.5 Network Services

3.5.1 Network Services

Flagged: RFI

Specifications	Response	Deviation(s)
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University of Louisville EAP RFP

<p>a. You agree to a 95% match of providers to employees within the designated geographic standards.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>b. The vendor agrees to monitor timeliness of appointment offerings for EAP in-person sessions and provide an annual summary.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>c. The vendor agrees to close all network gaps within 60 days of implementation and to re-evaluate on an annual basis, reporting back to the client annually.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>d. The vendor agrees to follow the NCOA standards for monitoring the following information on your EAP providers:</p> <ol style="list-style-type: none"> 1. Current license and certification 2. Evidence of appropriate skills in provision of EAP services 3. Sufficient liability insurance 4. Provider contracts remain in force 5. All providers credentials maintained and updated as they expire 	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>e. The vendor will monitor the credentialing and re-credentialing of EAP providers as they expire.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>f. The vendor will require that all EAP providers remain in compliance with all applicable state and federal law and licensure specifications.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>g. The vendor must notify the client within 90-days in advance of any changes to credentialing and re-credentialing protocols</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>

3.5.2 Please provide your standards for appointment access times in the following situations:

1. Emergent
2. Urgent
3. Routine

Flagged: RFI

50 words.

University of Louisville EAP RFP

3.5.3 Please describe your process for admitting a client's existing service providers to your network.

Flagged: RFI

50 words.

3.5.4 Do you provide teletherapy visits through the EAP? If so, is it through your existing network or do you subcontract with another vendor? If not, what is your plan to add this in the next 12 months?

Flagged: RFI

Single, Radio group.

1: Yes, explain: [100 words] ,

2: No, explain: [100 words]

3.5.5 The vendor agrees to monitor timeliness of appointment offerings for EAP in-person sessions and provide an annual summary.

Single, Radio group.

1: Agree,

2: Disagree, explain, [50 words] ,

3: Agree w/ Deviation(s), explain [50 words]

3.6 Enhanced Network Services

3.6.1 Provide your current average time to appointment across your book of business.

50 words.

3.6.2 Describe how your organization ensures that providers information remains up to date and current (i.e., accepting new patients, timeliness for appointments, demographic information, clinical specialty, etc.).

200 words.

3.6.3 Describe how you capture provider diversity information and how this is displayed for members to easily view.

200 words.

3.6.4 Describe how you manage your network from a quality perspective.

100 words.

3.6.5 Describe how you monitor the quality of care provided to members.

100 words.

3.6.6 Share how your network management (quality, diversity, access, etc.) differentiates your organization from your competitors.

200 words.

3.7 Quality Assurance (QA)

3.7.1 Quality Assurance (QA) Specifications

Flagged: RFI

University of Louisville EAP RFP

Specifications	Response	Deviation(s)
a. The vendor has a formal written quality assurance program.	<i>Single, Pull-down list.</i> 1: Yes, explain, 2: No, explain	50 words.
b. The vendor agrees that written complaints are acknowledged within 24-hours and 90% are resolved within 15 calendar days and 100% within 30 calendar days.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
c. The vendor has specific protocols for handling complaints and evidence of documentation of follow-up for resolution.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
d. Your provider contracts incorporate specifications to participate in QA activities.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
e. The vendor sends an annual provider satisfaction survey and will develop corrective action for any item below 90% satisfaction.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.

3.7.2 Describe your process for addressing responses for measures that fall below 90%. Please include your corrective action plan process and approach to follow up surveys.

Flagged: RFI
100 words.

3.7.3 Please confirm that you can provide regular member satisfaction surveys for EAP/Worklife cases and describe how your organization evaluates, reports, and follows-up with issues. This includes the various modalities used- email, web, phone, etc.

Flagged: RFI
Single, Radio group.
1: Confirmed, explain: [100 words],
2: Not confirmed, explain: [100 words]

3.8 EAP Reporting

3.8.1

Flagged: RFI

Specifications	Response	Deviation(s)
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University of Louisville EAP RFP

<p>a. Vendor will provide quarterly and annual reporting of the EAP program utilization to the client and/or consultants if requested.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>b. Reporting will include:</p> <ol style="list-style-type: none"> 1. Current and prior period reporting metrics 2. Comparison data to vendor book-of-business and peer group comparisons on all reporting 3. Utilization rates for overall program 4. Utilization broken-out by type/category of program (ie counseling, work-life cases, trainings, CISM, website, etc) 5. Breakdown by gender, relationship, and presenting problem. 6. Total number of in-person cases opened 7. Total number of in-person sessions utilized 8. Average number of face-to-face sessions per case 9. Percentage of members who maximized sessions 10. Total number of telephonic/video cases 11. Total number of telephonic/video sessions utilized 12. Percentage of cases with follow-up provided for type of service (counseling, work-life. Expectation is on 100% of cases.). 13. Supervisory referrals (number of cases, location, reason, outcome) 14. Employee training (number, location, and type) 15. Manager training (number, location, and type) 16. Critical Incident Stress Management/debriefing (number, location, reason, attendees) 17. Website visits (# and type/category) 18. Participant outcomes 	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>
<p>c. The vendor will provide an annual report on the effectiveness of the EAP program and associated ROI.</p>	<p><i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain</p>	<p>50 words.</p>

3.8.2 Please provide a copy of your standard reporting package for EAP. Please include all reports that can be run without additional charge.

Flagged: RFI

Single, Radio group.

- 1: Attached, describe: [50 words] ,
- 2: Not provided

3.9 Marketing and Communications

3.9.1

Flagged: RFI

University of Louisville EAP RFP

Specifications	Response	Deviation(s)
a. The vendor will provide an annual postcard mailing to the member's home, describing and promoting the EAP and work/life services available along with the toll-free number, at no additional charge to the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
b. The vendor will provide client with ongoing marketing and communications materials and consultation to help promote the EAP program and drive utilization.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.

3.9.2 Please provide a detailed plan, including communications, on how your organization would roll-out EAP and work/life program orientation to a client and its covered population.

Flagged: RFI

Single, Radio group.

1: Attached, describe: [200 words] ,

2: Not provided

3.9.3 Describe the various marketing materials available to a client and whether they are offered at no charge. Please include whether these materials describe the EAP services available, and includes the toll-free access telephone number at no additional charge to client

Flagged: RFI

50 words.

3.9.4 Please provide copies of the communication materials provided to employers, benefits staff, members, and communication to providers.

Flagged: RFI

Single, Radio group.

1: Attached, describe: [200 words] ,

2: Not provided

3.10 Training

3.10.1

Flagged: RFI

Specifications	Response	Deviation(s)
a. The vendor will provide employee training on selected topics on a regular basis throughout the duration of the contract as requested or needed by the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/	50 words.

University of Louisville EAP RFP

	Deviation(s), explain	
b. Please attach or provide a sample calendar listing of the training events you would recommend to a client (topics and cadence).	<i>Single, Pull-down list.</i> 1: Attached, describe, 2: Not provided	50 words.
c. The vendor will provide manager orientation and ongoing training and materials to help managers promote the program to their employees, as well as make use of the organizational services, at no additional cost to the client.	<i>Single, Pull-down list.</i> 1: Agree, 2: Disagree, explain, 3: Agree w/ Deviation(s), explain	50 words.
d. Please attach or provide a sample calendar of training you would recommend for managers/supervisors (topics and cadence).	<i>Single, Pull-down list.</i> 1: Attached, describe, 2: Not provided	50 words.
e. Please provide an example of a manager/supervisor training that you have provided for a client in the last 12 months.	<i>Single, Pull-down list.</i> 1: Attached, describe, 2: Not provided	50 words.
f. Can specific trainings/courses be customized for a client? Is there a fee associated with customization?	<i>Single, Pull-down list.</i> 1: Yes, explain, 2: No, explain	50 words.
g. Do you use internal trainers or network providers to facilitate trainings? If you use your network, please describe the selection and vetting process for trainers.	<i>Single, Pull-down list.</i> 1: Yes, explain, 2: No, explain	50 words.
h. Will you allow UofL to carry over any unused training hours?	<i>Single, Pull-down list.</i> 1: Yes, explain, 2: No, explain	50 words.

3.11 Website

3.11.1 Please provide a test EAP website address and include the necessary password or code to access member-only and employer functions.

Flagged: RFI
50 words.

3.11.2 What languages does your website support?

Flagged: RFI
100 words.

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3.11.3 Please provide an overview of any digital applications or technology solutions available to your EAP members

Flagged: RFI

100 words.

3.11.4 Are you willing to establish a single sign-on between your website and the client's intranet?

Flagged: RFI

Single, Radio group.

1: Yes, explain: [50 words] ,

2: No, explain: [50 words]

3.12 Enhanced Website/App

3.12.1 Does your website allow for members to select and book appointments with providers?

Single, Radio group.

1: Yes, explain: [50 words] ,

2: No, explain: [50 words]

3.12.2 Does your website have an assessment that members can complete to help match them to the most applicable and relevant provider based on member clinical and nonclinical needs? If yes, describe what information is shared with the member on how and why they matched to certain providers.

Single, Radio group.

1: Yes, explain: [200 words] ,

2: No, explain: [100 words]

3.12.3 Describe the technology behind your member to provider matching. How do you match members with the highest quality provider to meet their needs?

100 words.

3.12.4 Describe what if any CBT modules are available via your website. Make sure to denote what if any additional fees apply in your pricing submission.

100 words.

3.12.5 Describe any additional service offerings that you may have available on your portal as standard solutions (i.e., sleep, resiliency, etc.).

100 words.

3.12.6 Describe any additional service offerings that you may have available on your portal as buy-up solutions (i.e., sleep, resiliency, etc.). Make sure to include any additional pricing for these solutions in your pricing submission.

100 words.

3.12.7 Describe your mobile app capabilities.

100 words.

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3.13 Work/Life Services

3.13.1 Please list the work/life services that include qualified referrals.

Flagged: RFI

100 words.

3.13.2 Will your organization agree to a 48- to 72-hour turn-around time for providing qualified referrals? If not, please provide alternative time frames for members seeking qualified work/life services.

Flagged: RFI

Single, Radio group.

1: Yes,

2: No. Alternative time frames: [100 words]

3.13.3 Please provide information on how your legal and financial counseling services work. Please be sure to indicate the number of telephone and in-person counseling sessions available for both legal and financial counseling sessions, as well as the length of each session. Are there any instances where additional costs would apply?

Flagged: RFI

200 words.

3.14 Critical Incident Stress Management (CISM) Services

3.14.1 Can you coordinate the delivery of on-site crisis services and Critical Incident Stress Management (CISM) services if requested by the client? Are there additional fees associated with this service?

Flagged: RFI

Single, Radio group.

1: Yes. Additional fees: [50 words] ,

2: No, explain: [50 words]

3.14.2 If provided, do you use your own network for CISM services or subcontract to another entity? If you subcontract, please list the vendor that you use.

Flagged: RFI

Single, Radio group.

1: Own network,

2: Other, describe: [50 words]

3.14.3 Can you provide CISM services within 24- to 72-hour of the employer request?

Flagged: RFI

Single, Radio group.

1: Yes,

2: No, explain: [50 words]

3.14.4 Please describe your telephonic intake process, client communication, and onsite response times for your CISM service.

Flagged: RFI

100 words.

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3.14.5 Please describe your approach to evaluating your CISM services. How do you measure client satisfaction?

Flagged: RFI
100 words.

3.14.6 Do your CISM services include one-on-one sessions with impacted employees? Is this an additional fee?
100 words.

3.15 Account management

3.15.1 Provide the following information on your proposed account executive:

	<i>Response</i>
Name	<i>10 words.</i>
Years of Service with your organization	<i>Integer.</i>
Percentage of time designated to UofL	<i>Percent.</i>
Location	<i>10 words.</i>
Number of accounts currently responsible for and size of accounts	<i>Integer.</i>

3.15.2 Please provide the name of the Executive Sponsor who will be assigned to the UofL account.
50 words.

3.16 Implementation

3.16.1 Provide a detailed action plan for program implementation. Assume an January 1, 2023 effective date. Please also provide resume/biographies of all staff involved with implementation. The action plan should describe each key action step, the person (or organization) responsible, and start/stop dates.

Single, Radio group.
1: Attached,
2: Not provided

3.17 Fee Analysis and Performance Guarantees

3.17.1 Are you willing to place performance guarantees to support the following standards:

Flagged: RFI

Telephone Access	<i>For comparison.</i>	
Average speed of answer by live answer: 30 seconds	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	<i>100 words.</i>

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Abandonment rate: <3%	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Customer Satisfaction/Account Management	<i>For comparison.</i>	
Patient Satisfaction Rate: At least 90%	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Account Management Report Card: At least 85% satisfaction reported by UofL on a client specific report card	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Implementation: Delivered on time and to client's satisfaction.	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Network set-up	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Phone lines implemented	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Communication materials	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Timely and proper benefits loaded	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Follow-up on 100% of all cases that agree to be contacted	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Network Access:	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.
Quarterly reports: Delivered within 30 calendar days of close of the reporting period	<i>Single, Pull-down list.</i> 1: Yes, 2: No, explain	100 words.

3.17.2 Confirm you are willing to review and update performance guarantees on an annual basis.

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Flagged: RFI

Single, Radio group.

- 1: Agree,
- 2: Disagree, explain: [50 words]

3.17.3 Are there any other standard or customized performance guarantees that you recommend? If so, please provide the benchmark and target for that standard.

Flagged: RFI

Single, Radio group.

- 1: Yes, explain: [100 words] ,
- 2: No

4 EAP Pricing

4.1 EAP Pricing

No space for details provided.

	2022	2023	2024	2025	Comments
Assumptions	Hidden.				
Enrollment	Willis Towers Watson (all at once). Hidden. <i>Decimal.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Decimal.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Decimal.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Decimal.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> Nothing required All <i>Not Provided</i>
Fee Caveats	Willis Towers Watson (all at once). Hidden. <i>Unlimited.</i> Nothing required All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> All <i>Not Provided</i>
Rate Guarantee	Willis Towers Watson (all at once). Hidden. <i>Unlimited.</i> Nothing required All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i> All <i>Not Provided</i>	Willis Towers Watson (all at once). <i>Unlimited.</i>	Willis Towers Watson (all at once). <i>Unlimited.</i>	Willis Towers Watson (all at once). <i>Unlimited.</i>

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			All Not Provided	All Not Provided	All Not Provided
EAP Fees - PEPM	Hidden.				
Telephonic Services only	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
8 visit model	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
10 visit model	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Other Fees	Hidden.				
Financial/Legal Consultation	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Critical Incident Response Services (per hour)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Trainings (6 per semester)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
CISM/Training Bundle (25 hours)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Work/Life - PEPM	Hidden.				

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Work/Life Services Total PEPM fee	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required
Components of your Total Work/Life Services Fee (PEPM)	Hidden. Please provide the breakdown of the Work/Life PEPM fee that you have provided by the items listed. If any of these items can't be carved out, please include the fee in the "Other PEPM Fees" row. All items in this section should add up to your total PEPM fee	Please provide the breakdown of the Work/Life PEPM fee that you have provided by the items listed. If any of these items can't be carved out, please include the fee in the "Other PEPM Fees" row. All items in this section should add up to your total PEPM fee			
Child and Elder Care Resource and Referral: Basic Service without verified openings	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required
Child and Elder Care Resource and Referral: Enhanced Services with verified openings	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required
Ad-hoc Reporting (per hour)	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required
Additional Training (per hour)	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required
Fitness for Duty Services	Willis Towers Watson (all at once). Hidden. <i>Dollars.</i> All <i>Not Provided</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Dollars.</i>	<i>Unlimited.</i> Nothing required

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CBT	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Other #1 (specify)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Other #2 (specify)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Other #3 (specify)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required
Other #4 (specify)	Willis Towers Watson (all at once). Hidden. Dollars. All Not Provided	Dollars.	Dollars.	Dollars.	Unlimited. Nothing required

5 Reference Documents

5.1 Attachments are housed on the Manage Documents page. A link has been provided in the left-hand side menu.