STATE OF TENNESSEE
FINANCE & ADMINISTRATION, BENEFITS ADMINISTRATION

REQUEST FOR PROPOSALS # 31786-00140 AMENDMENT #One FOR GOODS OR PARTNERS FOR HEALTH CENTER MANAGEMENT

DATE: 2/15/2018

RFP #31786-00140 IS AMENDED AS FOLLOWS:

1. **This RFP Schedule of Events updates and confirms scheduled RFP dates.** Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		January 19, 2018
2. Disability Accommodation Request Deadline	2:00 p.m.	January 24, 2018
3. Pre-response Conference	2:00 p.m.	January 26, 2018
4. Notice of Intent to Respond Deadline	2:00 p.m.	January 29, 2018
5. Written "Questions & Comments" Deadline	2:00 p.m.	February 1, 2018
6. State Response to Written "Questions & Comments"		February 15, 2018
7. Response Deadline	2:00 p.m.	February 26, 2018
8. State Completion of Technical Response Evaluations		March 15, 2018
9. State Schedules Respondent Oral Presentations		March 16, 2018
10. Respondent Oral Presentations	9:00 a.m. to 4 p.m.	April 2-3, 2018
11. State Opening & Scoring of Cost Proposals	2:00 p.m.	April 4, 2018
12. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	1 Day after Insurance Committee Award of Contract
13. End of Open File Period		7 CALENDAR DAYS LATER
14. State sends contract to Contractor for signature		1 BUSINESS DAY LATER

15. Contractor Signature Deadline	2:00 p.m.	1 – 5 BUSINESS DAYS LATER

2. State responses to questions and comments in the table below amend and clarify this RFP.

	QUESTION / COMMENT	STATE RESPONSE
1	In section 1.1 page 2, "The Center houses wellness coaching and provides EAP counseling." Is the health center vendor responsible for providing these services? Who provides these services today? If the health center vendor provides these services – please describe which Clinicians are responsible for said services. Please include their credentials, hours and rates.	The wellness contractor provides the wellness coaches and manages the hours for those staff members. Wellness staff is not included in the scope for this contract. A licensed EAP provider is provided by the Center contractor. The current EAP provider is a BSW, MA, LPC-MHSP and is onsite 3 days a week 8:00 am – 4:30 pm. The current Contract lists the hourly rate for the EAP provider as $34.89 for CY 2018.
2	Later on page 3, the RFP states, "The contractor shall provide at least one part-time office for EAP counseling at the Center. The contractor shall staff this office with an approved licensed behavioral health provider who is an approved provider in the state's EAP/BHO network." How does this work today? Would the new vendor be in charge of hiring a part-time EAP counselor or will they just work with Optum to share the space?	A licensed EAP provider is provided by the Center Contractor, which is part of the RFP. Optum does not provide the onsite EAP provider.
3	In section 1.1.1 it goes on to say that Optum provides mental health services, substance abuse benefits and an EAP program. Does Optum provide these services onsite in the clinic today? Who is responsible for this in the future?	A licensed EAP provider is provided by the Center Contractor. Optum does not provide the onsite EAP provider. The Center Contractor will work with Optum to add the onsite EAP provider to the Optum EAP provider network (including credentialing). Optum does however provide EAP authorizations for the member to receive their 5 free EAP sessions and the Center Contractor submits the EAP claims to Optum. This is the expectation for ongoing EAP services in the Center.
4	Will the new vendor be responsible for paying the $15K initial set-up fee for the transmission of data feeds per section 1.1.1. on page 2?	Yes.
5	How many members are eligible to use the clinic? How many members actually use the clinic	Based on our most current data, more than 61,000 State and Higher Education employees statewide are eligible to use the Center. Please see Appendix 7.3 for utilization numbers.

<table>
<tr><th colspan="2">QUESTION / COMMENT</th><th>STATE RESPONSE</th></tr>
<tr><td>6</td><td>Please share in percentage format, the percentage of the eligible population that uses the clinic.</td><td>Unique patient counts averaged 2,400 with an average of 7,000 services provided in 2015 and 2016 equaling 3.9% and 11.4% respectively of the 61,000 eligible individuals.</td></tr>
<tr><td>7</td><td>Is the clinic open for spouses and dependents? If the clinic allows dependents, what age range does the clinic allow?</td><td>No. At this time only employees are eligible for services.</td></tr>
<tr><td>8</td><td>What are the top 3 risks or chronic conditions incurred by the state? In both quantity and cost?</td><td>Below are the top 2016 conditions incurred by the State (across all of our plans) including the allowed amount:

<table>
<tr><th>CLINICAL CONDITION</th><th>ALLOWED AMT</th><th>PATIENTS</th><th>VISITS PATIENT</th></tr>
<tr><td>Osteoarthritis</td><td>$20,122,771.35</td><td>7,284</td><td>20,273</td></tr>
<tr><td>Arthropathies/Joint Disord NEC</td><td>$17,640,951.09</td><td>22,380</td><td>80,711</td></tr>
<tr><td>Spinal/Back Disord, Low Back</td><td>$17,142,897.60</td><td>12,560</td><td>63,499</td></tr>
<tr><td>Pregnancy without Delivery</td><td>$16,549,746.51</td><td>2,806</td><td>19,798</td></tr>
<tr><td>Gastroint Disord, NEC</td><td>$15,886,695.16</td><td>15,411</td><td>29,916</td></tr>
<tr><td>Coronary Artery Disease</td><td>$15,125,889.94</td><td>2,870</td><td>7,699</td></tr>
<tr><td>Respiratory Disord, NEC</td><td>$13,321,512.44</td><td>10,825</td><td>22,529</td></tr>
<tr><td>Chemotherapy Encounters</td><td>$11,897,016.08</td><td>260</td><td>1,796</td></tr>
</table></td></tr>
<tr><td>9</td><td>By what percentage was the incumbent able to reduce PEPY costs to the state, between the time they took over health center management to now?</td><td>The state has not calculated a reduction in PEPY costs for this contract. The reason for this is that the employee health clinic currently has only one location in downtown Nashville. State employees are employed throughout the state and some don’t have ready access to the clinic.</td></tr>
<tr><td>10</td><td>What are the top five areas of satisfaction regarding the current vendor that the state is most happy with?</td><td>1. Collaboration and partnership.
2. Direct contact with Contractor decision makers.
3. Responsiveness to State inquiries and requests.
4. Clear and concise reporting.
5. Understanding of the State employee/patient and providing great service to the patient.</td></tr>
<tr><td>11</td><td>What percentage of state plan members are on the PPO plan vs. HDHP? Please provide exact numbers.</td><td>PPO plan = 92%; CDHP = 8%</td></tr>
<tr><td>12</td><td>Regarding the HDHP, how many claims were submitted for billing purposes per month in the most recent calendar year?</td><td>The State does not collect this detail level of information from the Contractor.</td></tr>
<tr><td>13</td><td>What is the charge to use the health center for PPO plan members?</td><td>There is no charge for services for PPO plan members.</td></tr>
<tr><td>14</td><td>What is the charge to use the</td><td>Claims are submitted to BCBST and Cigna for CDHP members.</td></tr>
</table>

	QUESTION / COMMENT	STATE RESPONSE
	health center for HDHP members?	The Center Contractor is in network with BCBST and Cigna so claims adjudicate based on the provider fee schedule. Members are responsible for the amount reflected on their EOB. Once a member meets their deductible claims are no longer submitted for processing.
15	Please describe the state's current diabetes prevention program. Please include responsibilities for population health vendor vs. onsite health center.	The DPP program provided onsite is taught by a staff member of Benefits Administration who is certified by the CDC as a DPP instructor/facilitator. The Center helps to identify eligible individuals prior to each new class. The Center provides the conference room for the class. The Center does not teach or facilitate the DPP class itself.
16	For Implementation costs and variable costs that are billed as incurred such as prescriptions, medical supplies, calibration, vaccines, etc. Do we omit these costs from the price sheet or how should we best include them?	For the cost proposal, these costs should be included as an estimated monthly average even though the full expense may be incurred only one or two months a year.
17	Please provide the number of clinic visits on an annual basis for the past 5 years. Please break them down by visit type.	Center utilization is not available prior to November 2014. Please refer to Appendix 7.3 which shows 2015 and 2016 utilization.
18	Would the state consider vendors proposing supplemental terms and conditions to address the specific solution and services proposed?	No. The State will not accept any vendor's supplemental terms and conditions..
19	For the single Nashville health center location: # of eligible employees # of eligible dependents # of eligible retirees # of eligible contractors	Based on the most recent data, more than 61,000 State and Higher Education employees are eligible statewide. However, approximately 10,000 employees work in the central business district area in downtown Nashville. 0 eligible dependents 0 eligible retirees 0 eligible contractors
20	Please provide a breakdown of how many members are in each health insurance plan.	PPO plan = 56,988; CDHP = 4,995
21	Are EAP visits performed by the State's current vendor? Both? Referral?	See the State's response to Question #2.
22	Why the gap between the contract date and Go Live date?	The State cannot engage with the new Contractor without a signed Contract in place and there are implementation tasks that must occur prior to Go Live. This includes transitioning from the current to the new Contractor; staff interviews and hiring, as well as transition of patient records. This also includes time to create and approve all communication materials and website prior to Go Live.
23	For your biometric screenings, do	Biometric screenings are part of the normal clinical practice.

	QUESTION / COMMENT	STATE RESPONSE
	you prefer onsite screenings as a normal part of clinical practice and/or a mass biometric screening event?	Historically, the wellness contractor has performed large biometric screening events that were offered.
24	Is AAAHC accreditation (leading accreditation) acceptable?	AAAHC accreditation for Primary Care or Medical Home is acceptable.
25	Typically, depression screening is something a medical provider does. However, in your unique patient count for 2015, there are 417 psychotherapy and 164 EAP visits. Is the State open to having a Behavioral Health Specialist on the health center staff to handle the screenings and any needed psychotherapy, as well as coordinating with Optum?	The onsite EAP provider is staffed by the Center Contractor, not Optum. Thus the visits noted in the Center utilization. An onsite behavioral health provider staffed by the Contractor is a requirement of this Contract. The Contractor is required to coordinate with Optum for EAP authorizations.
26	Please list all vendors the State will require the vendor to share data feeds with.	The State's Decision Support System (DSS) contractor. .
27	Please list all vendors that currently collaborate with the State's health center.	Collaboration occurs on many levels. The current Contractor is an in network provider with BCBST, Cigna, and Optum. The current Contractor collaborates with the wellness contractor by providing office space for wellness coaches and providing a conference space for wellness lunch and learns facilitated by the wellness contractor. Collaboration also occurs with the DSS contractor through a data feed.
28	Does the state expect the dedicated implementation team to be exclusive to TN?	Yes.
29	May the respondent propose wellness/biometrics as an integrated model?	No, the State will not accept this proposed option.
30	Appendix 7.3 shows the unique patients for 2015 and 2016. Is the same data available for 2017?	No. The 2017 annual report is not due until later this quarter.
31	Is it being considered to allow spouses and dependents of employees to use the health center?	No, not at the current location.
32	Please provide the insurance carrier annual report showing claims detail for the last 1-3 years.	This report is not required to submit a detailed proposal.
33	Please provide the current pharmaceutical dispensary formulary.	In Appendix 7.3, OTC, in-house and e-prescriptions are listed. The OTC and in-house prescriptions are dispensed in the Center. The section titled prescription is e-prescribed.

	QUESTION / COMMENT	STATE RESPONSE
34	Does the current health center run laboratory services through the health center? If so, can you please provide the top 50 utilized labs and pricing?	Yes, the current Contractor does run laboratory services through the Center. The agreement is between the Contractor and lab. The State does not does not collect the top 50 utilized labs and pricing information from the Contractor as it is not pertinent to the State's contract.
35	Are the labs billed back to the insurance plan or billed back to the state.	Labs are billed to the State on the monthly invoice.
36	What has been the realized annual savings through the health center?	The State has calculated direct savings, net of direct costs, for the health center as follows: 2014 - $779,037 2015 - $1,792,322 2016 - $1,483,913 These calculations do not include potential savings attributable to avoided hospital admissions, emergency department visits, or urgent care visits.
37	Please provide your referrals by facility/hospital for services outside of the health center.	The State does not collect this information from the Contractor. The report is by type, not provider name. The Referral report is included in Appendix 7.10. See Amendment #3 below.
38	Please provide the current salary, exact hours/days spent at work, and role/responsibilities of the following staff members: part-time manager, 2 administrative assistants, part-time physician, full-time nurse practitioner, part-time nurse practitioner, one RN, 2 MA's.	The State requires that the Contractor meet all state and federal minimum staffing requirements. The contract also states minimum qualifications for Center staffing positions. Current 2018 hours and rates: Two 1.0 FTE administrative assistants @ $22.01/hr Two 1.0 FTE medical assistants @ $22.01/hr One 1.0 FTE registered nurse @ $40.12/hr One 1.0 FTE nurse practitioner @ $57.45/hr One 0.6 FTE nurse practitioner @ $57.45/hr One 0.6 FTE EAP/BH provider @ $34.89/hr One 0.5 FTE nurse manager @ $57.45/hr One 0.2 FTE administrative assistant @ $22.01/hr One 0.1 FTE doctor of medicine @ $113.26/hr
39	Is there currently a non-compete for the staff members in the clinic?	The current Center staff do not have non-competes.
40	On page 61, "The contractor shall interview and consider the existing staff at the ParTNers for Health Employee Clinic as part of its initial staffing process." Is there a non-compete in existence with the incumbent prohibiting us	Please see the State's response to Question #39.

	QUESTION / COMMENT	STATE RESPONSE
	from hiring these staff members?	
41	Would the state like to keep the current staffing or replace them?	The State would like to keep the current staff.
42	What is the specific role of the administrative assistance? Please include their pay and hours.	This role is up to the bidder to determine if the role is needed in their staffing model. The current Center has two full time (40 hrs wk) administrative assistants that work at the front desk answering phones, scheduling patients, processing new patient paperwork, checking in patients, etc. There is also a part time (8 hrs wk) administrative assistant that performs the billing services for the CDHP claims. The current Contract lists the hourly rate for the administrative assistants as $22.01 for CY 2018.
43	How many hours per week do the part-time Manager and Nurse Practitioner work? Ex. 0.40	The part time manager is works 2.5 days (.5 FTE) a week and the nurse practitioner works 3 days (.6 FTE) a week.
44	RFP1.1.1 - What is the State's definition of "Part time provider"? How many hours per week? In the Pre-response conference, the State mentioned that this is up to the bidders to determine based on utilization data. Is this the intent of the state for the bidder to determine the hours needed for a part time provider?	Part time is defined by state and federal laws. The intent is for the bidder to determine the number of staff, type of staff, and number of hours worked per staff member to meet the current utilization of the Center.
45	Can you provide the current staff rates and hours associated with each position?	Please refer to the State's response to Question #38.
46	What are the top five areas of improvement that the state would recommend for the current vendor?	The State does not have any specific areas for improvement for the current contractor.
47	What concerns, if any, have you had with the current vendor/services?	There were some staffing concerns the first year of the contract and those were addressed and have not been an issue since.
48	Does the incumbent offer full billing services?	Yes
49	Please provide the current contract between the state and the incumbent.	Please see Amendment #3 below.
50	Can the state please provide the incumbent's most recent annual and quarterly reports?	Annual reports are not due to the State yet and therefore cannot be provided. The 2016 annual report and the most recent Marketing and Communications Report have been added. Please see Amendment #3 below. The following are not pertinent to the RFP: Data Files to State DSS Vendor and BC-DR Report.

	QUESTION / COMMENT	STATE RESPONSE
51	The hourly rate for the physical therapist does not include the equipment needed to support a physical therapist. Does the state want us to omit the cost of PT equipment or is there somewhere that we can include it as a separate 'optional' line item?	This does not need to be included in the cost proposal. This equipment would be part of a future expansion of services and any and all equipment purchased at that time will be pre-approved for purchase by the State.
52	Who owns the furniture and equipment today? Will the state require new furniture and equipment? For how many exam rooms is furniture and equipment required?	The State owns all furniture and equipment. All furniture and equipment will stay. The only furniture and equipment required is if the new Contractor makes a request in writing to repair or replace a current item which will be reviewed and approved/denied by the state prior to purchasing.
53	Will the current equipment transition to the new vendor?	Yes.
54	Who is the incumbent and please provide a list of all technology and solutions they use?	Connectus Health is the incumbent. They use Allscripts for their electronic health record, Quest for outsourced laboratory services, and AT&T for internet services.
55	What services will be provided by the mobile unit if this option is exercised in the future?	If a mobile unit is established in the future basic clinical services are expected. The full scope will be determined in collaboration with the State and Contractor during implementation of the mobile unit.
56	How often will the mobile unit provide services?	If a mobile unit is established, the hours and location of future mobile unit services will be determined in collaboration with the State and Contractor during implementation of the mobile unit.
57	What is the design of the mobile unit the State has in mind or will the State require our assistance in design?	If a mobile unit is established, the State will require the assistance of the contractor in the design.
58	Does the current vendor provide mobile health services at alternate locations today?	No
59	Regarding the implementation of mobile health services, can the state please describe how this solution should operate, in a perfect world?	The State does not have any current expectations for this service today. If a mobile unit is established, the hours, location, and scope of future mobile unit services will be determined in collaboration with the State and Contractor during implementation of the mobile unit.
60	How would the mobile services differ between the population health provider and the onsite health center provider?	The population health contractor does not provide clinical health services other than large biometric screenings which is not in the scope for the mobile unit.
61	Per page 3, "The Contractor will collaborate and coordinate with the State's population health contractor(s) as specified in the pro forma contract," as it relates to the optional mobile services,	The population health contractor does not provide clinical health services other than large biometric screenings which is not in the scope for the mobile unit. If a mobile unit is established, the hours, location, and scope of future mobile unit services will be determined in collaboration with

	QUESTION / COMMENT	STATE RESPONSE
	once roles and responsibilities between the population health contractor and the onsite health center are more clearly defined – does the state agree that we would be in a better position to discuss mobile unit possibilities, roles and responsibilities after the health center transition has occurred?	the State and Contractor during implementation of the mobile unit.
62	Regarding the evaluation process on page 16, who are the members of the proposal evaluation team? How long have they been state employees and what are their area(s) of expertise?	The information you have requested is sensitive and is not required at this time to submit a detailed proposal.
63	Please explain in detail, per question C.9 b) on page 33, how the current health center vendor refers members to the state population health contractor?	The current contractor refers patients to the population health contractor as deemed clinically appropriate by the clinician during the onsite health visit for services such as nutrition, exercise, and disease management coaching.
64	Per 3.1.1.4., is it necessary to return responses to RFP Attachment 6.2., Technical Response & Evaluation Guide, Section D? This appears to be the items that invited bidders are to answer during oral evaluations.	No. Those are the areas that the respondents should cover during the oral presentations and will be scored by the evaluation team accordingly.
65	Pages 39 and 40 of the RFP, Oral Presentation Items – Is the respondent required to answer these questions as part of our technical response to the RFP, or are they a guide for the later oral presentations?	Please see the State's response to Question #64.
66	Per 3.1.1.4., If the State desires a response to RFP Attachment 6.2., Technical Response & Evaluation Guide, Section D, is acknowledgement sufficient or does the State desire a detailed response for each item?	The respondents can make an acknowledgement that you have read and understand the expectations of the Oral Presentations in the written response but it is not necessary.
67	In Section A, some questions request a "statement" (question A.2.), versus a "written statement" (A.6.). Is the preferred format in a separate attachment or is it acceptable to submit the	It is acceptable to submit the statement within the body of the technical response or as a separate attachment. If a separate attachment, please reference the attachment in the Response Page # (Respondent completes) box within the body of the technical response.

	QUESTION / COMMENT	STATE RESPONSE
	statement within the body of the technical responses, unless a written statement with signature is requested? e.g. A.2, A.6., A.7.	
68	Clarify the reference specifications. We believe this to be three references who have been clients for at least five years.	Respondents can submit up to five total references. RFP Section B.17 states: • Two (2) of the larger on-site health services employer accounts currently serviced by the Respondent; **AND** • Three (3) completed employer on-site health services accounts serviced by the Respondent within the past five (5) years. At least one of the clients/customer references must have a minimum of ten thousand (10,000) employees (employees do not all have to be located at one location or campus). Each current client/customer reference must have a contract with the Respondent for at least two (2) years at the time that the Respondent submits this proposal.
69	RFP B.17 - In Section B of the technical response questions, it states "Three (3) completed employer onsite health services accounts". What does "completed" refer to? Contracts that we no longer hold? Former clients?	Completed refers to completed contracts. The references can be former clients. They can also be current clients but in either scenario you must have had a completed contract. In this situation, the State is interested in the completed contract.
70	RFP B.17 - What if a bidder doesn't have 3 completed references in the past 5 years? What is the state's guidance for delivering the required number of references in this case?	The State had modified the RFP language. Please See Amendment #4 below. The State is looking for three completed contracts for the last ten years. If you do not have three, please submit the number you have. This section is not mandatory and the evaluation team will evaluate it and score accordingly.
71	RFP B.17 – Can the state is be considered a reference?	No.
72	Cost Proposal - Where should we represent any implementation costs?	For the cost proposal Implementation costs should be included in the first year of monthly costs. These costs should be included as an estimated monthly average even though the full expense may be incurred only once. Any implementation fees will need to be listed in the monthly invoices during the first year. The State does not expect the Contractor to have substantial costs associated with implementation.
73	Cost Proposal - Are any capital or non-capital equipment items needed for replacement of old or outdated items? If so, does the state have a list of these items to	All equipment was new or deemed like new when the Center opened in November 2014. No capital or non-capital equipment items are expected to need replacing. If the new contractor makes a request in writing to repair or replace a current item during implementation it will be reviewed and approved/denied by the

	QUESTION / COMMENT	STATE RESPONSE
	provide us to price these in-examples- updated scales, computers, or exam tables?	state prior to purchasing.
74	Cost Proposal - In the Cost Proposal scoring guide, the bidders complete the staffing costs, GAM and Operating costs? And the state will calculate Table A, B, and C? correct?	Yes, the respondents will complete all the tables regarding costs. The State will calculate the evaluation numbers for all of the tables as indicated by 'State Use only' columns.
75	Cost Proposal - Is physician clinical practice time required by the state? If so, what is the expectation for the amount of time the physician will be in the clinic seeing patients?	Physician hours and clinical practice time are up to the bidder. However, state scope of practice laws for mid-level provider supervision must be fulfilled.
76	The cost proposal spreadsheet requests a cost plus model. We operate under a different cost structure for our clients. Is the State of Tennessee open to other pricing models?	No, the State is not open to modifications to the pricing and cost proposal.
77	In section A.6, page 63, the contractor is directed to provide one office for EAP 3 days per week. Then goes on to say that the contractor shall staff this office? This is very confusing. Who is in charge of paying for and staffing the EAP services? What is the current level, job description and salary for this provider?	A licensed EAP provider is to be provided by the Center contractor. The current EAP provider is a BSW, MA, LPC-MHSP and is onsite 3 days a week 8:00 am – 4:30 pm. The current Contract lists the hourly rate for the EAP provider as $34.89 for CY 2018. The bidder may increase the hours of the EAP provider at their discretion.
78	In section A.9 e) page 66, Does the state agree that the details and strategy around adding flu clinics and/or a mobile unit should be determined and customized between the vendor and the state once more information is provided? Pricing this is going to be very challenging and inaccurate without more information. Will it suffice if we confirm that we can perform this service should it be required after one year?	Yes, if a mobile unit is established, the hours, location, and scope of future mobile unit services will be determined in collaboration with the State and Contractor during implementation of the mobile unit. Mobile unit services are not part of the scope of the cost proposal.
79	Regarding the fully operational website in Contract section A.19, please provide the current URL	http://www.partnershealthcenter.com/ The same functionality that exists today on the website is the minimum for functionality requirements going forward. The domain

	QUESTION / COMMENT	STATE RESPONSE
	for this website. What is the required vs. optional functionality? Also, there was a "splash page" required in the population health RFP from 2017, is this a completely separate website? Does the state want the population health vendor and the health center vendor to maintain separate websites? Please explain.	will transfer to the new contractor. The population health RFP and any requirements within are not related to this RFP.
80	On Page 106-107 there is a PG for achieving Joint Commission accreditation, however we currently use NCQA-PCMH best practices. Can this PG be rewritten to encompass other accreditations assuming it is a parallel accreditation? If this cannot be rewritten, we would have to submit for this accreditation in year 2 after outcomes can be proved. There is a substantial cost to be accredited by each accreditation agency, so we would need to know prior to responding if we need new accreditation or if NCQA-PCMG will suffice.	PCMG is not listed on the NCQA site. NCQA PCMH best practices is not sufficient. NCQA PCMH recognition status is not preferred, however, the state is amendable to this as an alternative to Joint Commission accreditation.

3. Add the following as new RFP Appendices as necessary:

Appendix 7.8 – Current Contract
Appendix 7.9 – 2017 Quarterly Marketing and Communications Report
Appendix 7.10 – 2016 Annual Center Reports

4. Delete RFP section B.17 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted)**:**

Provide customer references from individuals who are not current or former State employees for projects similar to the goods or services sought under this RFP and which represent:

- Two (2) of the larger on-site health services employer accounts currently serviced by the Respondent; **AND**
- Three (3) completed employer on-site health services accounts serviced by the Respondent within the past ten (10) years.

At least one of the clients/customer references must have a minimum of ten thousand (10,000) employees (employees do not all have to be located at one location or campus).

Each current client/customer reference must have a contract with the Respondent for at least two (2) years at the time that the Respondent submits this proposal.

References from at least three (3) different individuals are required to satisfy the requirements above, e.g., an individual may provide a reference about a completed project and another reference about a currently serviced account. The standard reference questionnaire, which must be used and completed, is provided at RFP Attachment 6.4. References that are not completed as required may be deemed non-responsive and may not be considered.

The Respondent will be solely responsible for obtaining fully completed reference questionnaires and including them in the sealed Technical Response. In order to obtain and submit the completed reference questionnaires follow the process below.

5. **Delete RFP # 31786-00140, in its entirety, and replace it with RFP # 31786-00140, Release # 2, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release.

6. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.