TECHNICAL QUESTIONNAIRE ON-SITE CLINIC MANAGEMENT

1. Organizational History, Structure and References
2. Provide the following information for your company:

|  |  |
| --- | --- |
| Vendor Brand Name |  |
| Parent Co. Legal Entity Name |  |
| d/b/a (Name in Marketplace)  |  |
| Year Established/Incorporated  |  |
| NAIC Code  |  |
| Industry Classification  |  |
| Stock Ticker #  |  |
| FEIN (Federal Employer Identification Number)  |  |
| Tax Status  |  |
| Public or Privately Held  |  |

1. Provide a short description of your organization’s ownership/controlling interest structure (i.e., operating companies, wholly-or partially owned subsidiaries, etc.). Provide information on all organizations with more than a 7.5% stake in your firm, including legal and financial arrangements with these organizations.
2. Provide a short description of your organization, the businesses in which it engages and the services it provides.
3. Provide the name, title, address, telephone, e-mail, and fax numbers of the contact person or persons from your company whom we may contact with questions regarding your response. These individuals must be authorized to negotiate contracts regarding the scope, terms and pricing outlined in the proposal.
4. How many people does your company presently employ on a full-time basis? Part-time? How many people does your company presently employ in the division or organizational unit responsible for administering on-site/near site health and /or Occupational clinics on a full-time basis? Part-time?
5. Provide a brief overview of your organization and a general description of your on-site/near site center services. Ensure your summary includes, but is not limited to the following:
6. Primary and Acute Episodic Care for employees and their dependents
7. Work injuries and triage (non-acute)
8. Work related medical tests (Pre-employment, CDL, other)
9. Inoculations and injections (flu shots)
10. Preventive health and wellness initiatives
11. Manage out-referred patients
12. Manage return-to-work cases
13. Provide educational and physical/mental health coaching
14. Services out into the workforce (health screenings, educational programs
15. Coordination with health plan(s) and your ability to leverage their data and benefit services (DM, Wellness, EAP and Coaching)
16. Identify any subcontractors that would provide services to FCG. Identify if any are small, minority-owned, or women-owned business enterprises. Confirm that FCG may approve any assigned personnel and subcontractors.
17. Provide at least three active and three terminated references (with 5,000 or more covered lives, minimum one public sector client for each) for the on-site/near site health center management programs being proposed. Include the name of the key client contact, address, telephone number, email address, number of covered employees, and type of relationship (e.g. insurer, administrator, etc.). (Note: Offeror’s response to this request officially authorizes FCG to contact these employers to discuss the services which Offeror has provided and authorizes the employers to provide such information to FCG.)
18. Business Strategy
19. Describe your organization’s commitment to the On-Site Health Center sector of your book of business. Please include:
20. Details on the percentage of your total revenues contributed by your On-Site Health Center management operations for 2016, 2017 and 2018;
21. Details on your organization’s investment in health clinic administration technology;
22. Your strategy for building your On-Site Clinic offerings; and
23. At least three (3) factors or qualities you believe differentiate your organization from competitors in the On-Site Clinic management marketplace.
24. Describe what your company does to keep staff current with changes, innovations, legislation and technology in employee benefits. Include internal company resources such as databases, meetings, conferences and other external training sources. How will your company train staff regarding the FCG plans and programs?
25. Describe any imminent plans to change your existing medical management services.
26. Contractual Issues, Ratings and Financial Solvency
27. When was your last audit completed? What areas were reviewed, and what were the findings?
28. Please provide copy of latest SAS-70 report as described under special provisions. This report will be required annually if contract is awarded.
29. Provide a copy of your company’s latest annual report, and most recent audited financial statement.
30. Provide information on any accreditations held by your organization, including current status and expiration, such as the following:
* NCQA (National Committee for Quality Assurance)
* URAC (Utilization Review Accreditation Commission)
* JCAHO (Joint Commission on Accreditation of Health Organizations)
1. Please describe in detail the fiduciary responsibilities your firm is assuming under the proposed service agreement.
2. Provide your most recent financial ratings from all applicable ratings companies. Your rating must reflect an A. M. Best or Standard & Poor insurance rating of no less than A-.
3. Have there been any changes in your ratings in the last 2 years? If so, detail the changes and explain.
4. Provide a copy of any documents or licenses issued by the Commonwealth of Virginia demonstrating your firm is qualified to provide On-Site Clinic Management services in Virginia.
5. Provide information on litigation experience during the past three years, including pending cases, awards and settlements (both in and out of court.)
6. Has your company had a contract terminated for cause or non-renewed in the last five years? If so, by whom, and for what circumstances? Provide the name and telephone number of any clients that have terminated your company for cause in the last five years.
7. Describe the following as maintained by your organization:
8. Fidelity Bonds;
9. Other coverage to meet federal, state, local or industry bonding requirements; and
10. Professional Liability Insurance.
11. Identify the types of legal coverage and at what limits, your organization typically provides for On-Site Clinic Administration and management? Do they include:
12. Medical management decisions;
13. Professional malpractice; and
14. Provider contracting.
15. **Clinic Management**
16. Describe your management philosophy for clinic management and how your clinic operations/management plans work with our health carriers.
17. Describe the following process components your company can provide and/or provide the requested information
	1. Recruitment of Staff
	2. Recruitment of technical and administrative staff
	3. Employment and administration of all or any staff
	4. Will staff be contracted or employed by your company
	5. Provide a list of core staffing positions provided to operate facility
	6. How many employees/retirees are you prepared to see in any one day for routine services
18. Describe your proposed staffing model in detail and how it will accommodate providing routine services to employees and retirees.
19. Complete a staffing schedule to demonstrate clinic personnel availability.
20. Please confirm that FCG can interview and approve final candidate selection.
21. Describe the level and type of medical oversight your company will provide. What are the qualifications of Medical Director who will be responsible for clinic oversight?
22. Describe the level of lab services you recommend to provide in the clinic vs. what will be outsourced.
23. Describe your process of creating and managing patient files (electronic vs. paper information captured). Is your tracking system able to integrate with our carrier’s systems? If so, to what extent.
24. Will your data tracking system provide for data export to HIPAA compliant sources? Describe your process to facilitate this?
25. Will your management approach allow for appointment setting and/or drop-in visits? If so, please describe the process.
26. What is your approach to chronic condition management (diabetes, heart disease, chronic back, etc)?
27. Describe the steps and processes included in your disease management approach?
28. Do you offer a health coach and/or behavioral health coach as part of your service? Provide details.
29. Do you offer a physical therapist or physical trainer as part of your service?
30. What items are provided in-house and which are subcontracted. If subcontracted, name provider?
31. Describe your approach to triaging work-related injury patients.
32. At what point do you prefer to refer patients to specialty services. How is this process coordinated with our health carriers?
33. What components are included in your wellness programs for employees and their dependents?
34. Describe the steps and processed include in your wellness management approach.
35. **Quality and Compliance**
36. Describe in detail your approach to ensure high quality care.
37. What is your process for Staff evaluations?
38. What is the process for patient care quality review? What standards do you deploy?
39. FCG intends to negotiate performance standards with the selected vendor. These are intended to encourage the vendor to perform at a high-quality level in specific operational and administrative areas, relative to mutually agreed-upon performance norms. The vendor’s inability to meet mutually agreed-upon performance norms would result in a financial penalty. Confirm that you are willing to put fees at risk to guarantee performance.
40. Propose your performance guarantees for this contract? Do not include amounts at risk in this Technical proposal. Specify how performance guarantee statistics will be measured (e.g., client specific, office level, stratified sample, random sample, etc.)
41. Describe your process for dispute resolution?
42. Describe your process for audits?
43. Provide evidence in your operations where your processes are compliant with HIPAA, ADA, and all other applicable laws.
44. Please identify any HIPAA breaches that occurred during 2018 and YTD 2019, as well as the reason for the breach, the result of the breach and subsequent actions to address the breaches.
45. What is your HIPAA notification process when a breach occurs?
46. Complete the following table, indicating whether you agree with each statement regarding your HIPAA compliance efforts:

|  | ***Yes*** | ***No*** | ***Comments*** |
| --- | --- | --- | --- |
| Offeror certifies that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPDB to determine whether any final adverse legal actions have been taken against its members. |  |  |  |
| Offeror certifies that, if it conducts Standard Transactions, it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI). |  |  |  |
| Offeror will not require that enrollment and eligibility information electronically transmitted by FCG to Offeror comply with EDI. |  |  |  |
| The Offeror agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by organization available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining organization’s compliance with the privacy rules. |  |  |  |
| The Offeror adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of participant information used for any purpose. |  |  |  |
| The Offeror will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law. |  |  |  |
| The Offeror agrees to use appropriate safeguards to prevent the unauthorized use or disclosure of the PHI. Offeror agrees to report to the plan sponsor any unauthorized use or disclosure of the PHI. |  |  |  |
| The Offeror agrees to mitigate, to the extent practicable, any harmful effect that is known to Offeror of a use or disclosure of PHI by Offeror in violation of the requirements of the federal privacy rule. |  |  |  |
| The Offeror agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by the Offeror agrees to the same restrictions and conditions that apply to Offeror with respect to such information. |  |  |  |
| The Offeror agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524. |  |  |  |
| The Offeror agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526. |  |  |  |
| The Offeror agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528. |  |  |  |
| The Offeror agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which Offeror becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI. |  |  |  |

1. Briefly summarize your patient privacy policy.
2. Provide aspects for your operations where you are not (not yet) compliant with regulatory mandates.
3. **Management Reporting**
4. Describe your reporting process to include types of reports, frequency of reports, representation of reports (i.e. web based, electronic, paper)
	1. Provide sample reports indicating operational, financial and clinical metrics.
	2. Are customized reports available. What can be included? Is there an additional cost?
	3. Will FCG have Ad hoc report capability?
	4. What benchmarks do you include in your reporting?
	5. Do you present year-over-year trend data?
5. Describe your approach to cost savings and how this will be monitored for the County. Specifically describe how the following items are incorporated in your savings analysis
	1. Utilization of medical services and community cost deflection
	2. Reduction of risk factors for controllable disease conditions
	3. Absenteeism
	4. Referral control
6. Describe how you address the following components in your standard reporting:
	1. Daily and summary Clinic census
	2. Financial performance
	3. Client satisfaction
	4. Clinic impact on organizational health
	5. Absenteeism
	6. Chronic disease reduction
7. Provide same outcomes reports based on client experiences.
8. **Program Communications**
9. Describe your recommended approach to introduce the health clinic to employees and their dependents (provide sample schedule).
10. Describe your approach for communicating and promoting the clinic concept to local providers and referral sources.
11. Describe your approach for routine promotion of the clinic (proprietary newsletters, blogs, events, etc.)
12. Describe your approach to an employee health education program. Provide samples of classes, webinars, workshops, etc.
13. **Implementation**
14. What is the average implementation time between client approval and the opening of health center?
15. Provide a sample outline and business plan of implementation process, roles and responsibilities.
16. Provide sample documentation to support your listed capabilities?