COST QUESTIONNAIRE – On-Site Clinic Management

1. Did you submit a proposal for administrative services for FCG’s self-insured medical plans and/or pharmacy benefit management (PBM) program? If so, indicate any and all advantages (fee savings or discounts) applicable to the On-Site Clinic program if you are awarded the medical and/or PBM contracts as well.
2. Provide a sample outline and business plan of the implementation process, roles and responsibilities.
3. Provide a brief summary of your pricing model and please indicate the specific elements in the pricing model such as:
	1. Administration/Management Fee
	2. Clinic Staffing Costs
	3. Benefits (Medical Insurance, W/C, Vacation, Sick Days, PTO Back Fill, CE’s)
	4. Med/Mal Insurance
	5. Equipment Costs
	6. Implementation Fees
4. Detail any fees/costs associated with implementation and the first year of operation? This discussion should include, but not be limited to, file programming, onsite representative set-up, project management, etc. In particular, also detail costs of a customized communications program designed to acquaint participants with your plans, services and capabilities?
5. Are there additional fees for any of the following services? If so, include a detailed response:
	1. Promotional Communications
	2. Outreach off-site
	3. Ongoing health and wellbeing education
	4. Participation in, or management of, health and wellbeing seminars
	5. Attendance at employee events including Open Enrollment fairs and multiple wellbeing events
6. How would the fees above change with increase or decreases in participation?
7. Confirm that your quote excludes commissions.
8. Describe the terms and conditions under which you have the right to modify the administrative agreement and/or its fees
9. Are you willing to guarantee an ROI for disease management programs? If so, provide detail.
10. Are you willing to provide performance guarantees On-Site Clinic Management program?
11. Have you identified the costs for any services beyond those specified that you recommend that FCG consider that are not included in your quoted fees? Provide a description of each service, the charge of said service and your best estimate of the annual cost.