

# Q&A

The following questions/requests have been submitted concerning RFI 123101 – SCHOOL DISTRICT HEALTH CLINICS. None of the questions (below) received indicated a need for a change to the RFI document. Thus, no Addenda will be issued. All questions received by various firms have been answered, even if asked by another firm. The questions below are provided verbatim from what was received and are grouped by inquiring firm:

1. Under required services, emergency medical care (first responder) is listed. What is Escambia’s definition or required scope of first responder service?

Expectation is the provision of initial care for an injury or illness which generally consists of a series of simple and in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment.

2. Under required services, it states Employer may consider pre-employment physicals (DOT and non DOT) and other services for future implementation. In the body of the RFI response, Section 6 deals exclusively with Occupational Health. Novia would like to know what scope of occupational health is being requested?

The intent of this RFI is to determine Vendor capabilities. Please make your recommendation for OSHA compliance scope of services in the RFI questionnaire.

3. Section 2, question 7. Please clarify or define the meaning of SBEC external programs?

SBEC has UHC Simply Engaged Program and the Required Services listed in the Clinic Specification section of the RFI. Please also reference Section 4 question 5 for additional programs.

4. Section 11, question 2, letter H - Please clarify or define emergency response to security alarms?

Please provide your protocol for policies and procedures in place should a security alarm be triggered during clinic hours of operation.

5. Under capabilities, letter d, please elaborate or define the meaning of “fixed fee” pricing?

A fixed cost per member.

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1. Will respondents to the RFI be the only invitees to receive an RFP? Or, alternatively, will the vendors selected through the RFI process be invited to negotiate for a contract?

The School Board is keeping its options open. As stated in the RFI – “Upon review of responses, the SBEC may select a response for negotiation, request formal proposals from all or select firms responding to this RFI or postpone implementation”.

2. What is the evaluation criteria to be used for the RFI selection process?

The intent of the RFI is to determine vendor capabilities. Responses will be evaluated based on technology capabilities as well as the ability to work with existing/prospective carriers and vendors. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

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**Page 4:**

**SBEC'S SUPPLIER EXPECTATIONS:**

Online Administration: Must have online administration capability

- 1. Please define what you mean by administration capability?**

Please see RFI questionnaire for details on expectation.

Teleconference Capabilities: Must be able to join in on possible teleconferences

- 2. What technology do you require for the teleconferences?**

Telephone, conference call in number and passcode / WEBSITE / VIDEO.

**Page 5:**

**CLAIMS SUBMISSION**

- 3. Please clarify what is meant by... data integration of claim information to healthcare provider...?**

**Does this mean you wish for a health care provider to be able to receive claims related encounter or medication history?** Yes....please reference RFI questionnaire pertaining to Business Process or process flows in place for (warm/cold) referral and Individual claim submission per encounter, what is your established AUTOMATED exchange of data.

**REQUIRED SERVICES**

b. Immunizations/Vaccinations

**4. Who bears the cost of these supplies?** The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

**5. Will the vendor be required to provide Florida SHOTS documentation for SBEC dependents?** Please see Clinic Specifications.

c. Preventive Care/Wellness Exams and screenings

**6. Who bears the cost of laboratory and diagnostic testing such as PSA and mammography screenings?** The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

d. Filling and coordinating prescriptions

**7. Will a retail pharmacy license be required, or is there an expectation that dispensing be compliant with the pharmacy regulations for physicians?**

**8. What is the size of the formulary that is expected? Are injectibles included?**

Please make a recommendation in the RFI Questionnaire.

**9. Physicians cannot dispense controlled substances in accordance with new law without registration and monitoring with State of Florida. Is there an expectation that controlled substances will be dispensed?**

Please make a recommendation in the RFI Questionnaire.

f. Episodic Care

**10. Does SBEC define episodic care as acute/urgent care? If not, please define.**

No....services are provided without an ongoing relationship being established between the person and health care professionals.

i. Emergency medical care (first responder)

**11. What is the expectation of the first responder service: clinic only or all locations?**

Clinic Only.

#### CAPABILITIES

a. In-house wholly-owned technology platform and not outsourced to another vendor...

b. PHR and EMR must be wholly-owned technology of Vendor

**12. This requirement appears to contradict page 18 or 28 1. B question inquiring if the EMR/PM system is proprietary or through a preferred vendor partner. Please clarify this required capability.**

The Clinic Specifications capability requirements are listed, the intent of the RFI is to determine vendor capabilities. Responses will be evaluated based on technology capabilities as well as the ability to work with existing/prospective carriers and vendors.

a. ...The EMR/PHR must be automatically populated by your organization with HRA data and biometric screening data...

**13. Where is the HRA and biometric data generated that will populate the EMR/PHR?**

Please see Clinic Specifications.

**14. Do you anticipate that the vendor will supply the HRA?**

Please see Clinic Specifications and make a recommendation in the RFI Questionnaire.

**15. Who bears the cost of this interface if importing HRA and biometric data?**

The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

**16. Can the HRA and biometric provider currently transmit this data electronically? In what data format?**

Please see Clinic Specifications, This service must be included with proposed clinic vendor capabilities.

g. The Vendor should have 75% or more of its revenues derived from primary care.....

**16. Is this 75% requirement related to revenues of the company or of the business unit? Please clarify.**  
The Company.

**17. Does this requirement eliminate healthcare systems as respondents since the majority of their revenues would not be derived from primary care and care coordination/disease management services from the group health arena?**

The Vendor should have 75% or more of its revenues derived from primary care, episodic care, and condition and disease management services in the group health arena versus revenues derived from occupational health services.

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PROFESSIONAL LIABILITY INSURANCE LIMIT

**18. Our company professional liability insurance limit is \$1 million per occurrence and unlimited aggregate. Is this acceptable to SBEC?**

Yes. The Clinic Specifications capability requirements are listed, the intent of the RFI is to determine vendor capabilities. Responses will be evaluated based on technology capabilities as well as the ability to work with existing/prospective carriers and vendors.

CLINIC STAFFING MODEL:

Health & Safety Advisor

**20. The advisor must provide first aid and injury evaluation, as well as occupational health and safety services. Please explain the expectation for first aid and injury evaluation and OSHA compliance scope of services.**

First aid expectation is the provision of initial care for an injury or illness which generally consists of a series of simple and in some cases, potentially life-saving techniques that an individual can be trained to perform with minimal equipment.

The intent of this RFI is to determine Vendor capabilities. Please make your recommendation for OSHA compliance scope of services in the RFI questionnaire.

**The required education for this position identified study in occupational health/safety and five years in a related field, which included Athletic Trainers, Physical Therapists and Occupational Therapists. The educational background (e.g., the minimum education qualifications for PT are Doctoral degrees) varies widely, as well as the scope of practice requirements/licensing for these qualified personnel. Please clarify expectations about educational background in relation to the scope of services.**

Please reference Staffing section of the RFI Questionnaire.

Registered Nurse

Services: Evaluate and provide minor treatment and triage....

**21. What are SBEC's expectation of minor treatment and triage?**

Please reference Clinic Specifications required services.

**22. For example, does SBEC expect the RN to remove foreign bodies from the eye, administer IV medications or perform sutures?**

Please reference Clinic Specifications required services.

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General Organization

3. What is the status of your license to operate clinics in each state in the country?

**23. In Florida, no state license is required to operate an clinic for the provision of physician or nurse practice services. What licenses are you referencing?**

Please provide response to question - What is the status of your license to operate clinics in each state in the country.

3. Are you compliant with Clinical Laboratory Improvement Amendment (CLIA) guidelines....?

**24. Is SBEC requiring CLIA waived or non-waived testing?**

The intent of this RFI is to determine Vendor capabilities. Please provide response to question - Are you compliant with Clinical Laboratory Improvement Amendment (CLIA) guidelines....?

**25. What is SBEC's expectations for laboratory processing on-site?**

The intent of this RFI is to determine Vendor capabilities. Please provide response to question or make recommendation.

5. Provide copies of the following financial statements for the last three (3) years:

**26. Annual reports and financial reports are proprietary, confidential information in the private sector. Our company can provide financial information that our business license requires us to report and is in the public domain. Is this acceptable to SBEC?**

Yes.

**27. Please define "ultimate parent company". What constitutes an affiliate?**

Two companies are affiliated when one owns less than a majority of the voting stock of the other, or when both are subsidiaries of a third company. A subsidiary is a company of which more than 50% of the voting shares are owned by another corporation. A subsidiary is always, by definition, an affiliate, but subsidiary is the preferred term when majority control exists.

In everyday use, affiliate is the correct word for intercompany relationships, however indirect, where the parent-subsidiary relationship does not apply.

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6. Submit a copy of your company's detailed Disaster and Business Recovery plans.

**28. Does SBEC only want these plans as it relates to the operation of the on-site clinic?**

Yes.

7. Submit a copy of your company's detailed Data Security Policies and Procedures.

**28. Does SBEC only want these plans as it relates to the operation of the on-site clinic EMR/PHR system?**

Yes.

9. Describe how the SBEC relationship would be managed....

**29. Please clarify what is meant by managed?**

Please see SBEC's Supplier expectations (Page 4).

10. Please provide information about your company's future vision, strategic objectives, philosophy/approach to on-site health/clinical service provision.

**30. This is proprietary and confidential information. Please clarify the intent of this question.**

The intent of this RFI is to determine Vendor capabilities as well as ongoing management philosophy.

15. Please provide a list...

**31. Please clarify, does is the list of government and public education clients for any services provided by the vendor?**

Please provide a list of clients that you provide clinic services for in the Education industry and the length of time that you have served them.

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21. For lab testing ....

**32. Discounts are proprietary and confidential information. Is this acceptable to SBEC?**

Yes.

24. ...adding or removing from each tier...

**33. Please define the tiers.**

Please see clinic staffing model in Clinic Specification (Page 6).

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Data Integration

1. Chart

**34. Please define warm/cold referrals.**

Please provide business process flows for referrals from the clinic to a network provider.

**35. What type of data is required to be exchanged i.e. encounters that are typically part of the claim information or clinical data?**

Individual claim submission per encounter VIA established AUTOMATED exchange of data.

2. and 3.

**36. Is SBEC asking for the integration of claims data with the vendor EMR?**

Please reference question 2 & 3 pertaining to definition of EMR...Electronic Medical Records.

4.

**37. Who bears the cost of the interface, format programming, data maintenance and assembly of the external vendors into the vendor EMR?**

The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

Health Management

4.

**38. Will SBEC consider a care management premium payment outside of the clinic?**

The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

**39. Please describe the UHC Health Living programs.**

PLEASE VISIT UNITEDHEALTHCARE'S WEBSITE AT [WWW.UHC.COM](http://WWW.UHC.COM)

5.

**40. Please detail the other SBEC vendor partners IS platforms, exclusivity and proprietary rules.**

1. The intent of the RFI is to determine vendor capabilities. Please provide a response to the question as follows: With what other vendors in the marketplace do you have established AUTOMATED data exchanges in place, complete with comprehensive business rules, process flows, and signed business associate agreements?

10.

**41. Does integration refer to the HRA tool itself and/or the decision support analytics?**

Both

Pharmacy

2.

**42. Are the medication costs to be billed directly to SBEC? Billed to a Pharmacy Benefits Manager (PBM)?**

The intent of the RFI is to determine vendor capabilities. Please make your recommendation. Questions related to pricing or designed to assist with pricing will not be considered until the RFP process.

4.

**43. Questions 2 and 4 appear to conflict. Does SBEC want the clinic to dispensed medications billed to the PBM or billed to SBEC?**

SBEC may offer a mini dispensary model. Please describe your pharmacy capabilities in this question.

5.

**44. Please describe the technology platforms of the e-prescribing systems offered by other vendors.**

The intent of the RFI is to determine vendor capabilities. Please make your recommendation.

Staffing

15. Risk Management

**46. Is the risk management asked for related to what happens in a clinic setting such as needle stick management or administering medications? Please distinguish if SBEC wants risk management plan for the medical or physical environment?**

SBEC wants risk management plan for the medical and physical environment with regards to process of risk identification, risk mitigation and risk treatment.

**47. Which SBEC's risk management program and processes will the clinic be integrating?**

The intent of the RFI is to determine vendor capabilities. Please make your recommendation.

17.

**48. Please provide a copy of the SBEC disaster plan.**

The intent of the RFI is to determine vendor capabilities. Please provide a copy of a sample clinic disaster plan and business continuity plan.

18.

**49. Please provide the SBEC's holiday schedule. What are the expected hours of operation of the on-site clinic, since it is supposed to provide primary and episodic care?**

Expected hours of operation have not been determined at this time, please make a recommendation in your response to the RFI Questionnaire

6.

**50. How does the payor's authorization process communicate the authorization number currently to specialists (via phone, email, or interface)?**

The authorization process may vary by provider.

Can your system obtain a payor's authorization number to allow a PCP to refer a patient to an authorized or in-network specialist? Please provide detail of your process for Phone, Email and Interface.

**51. If interface, what are the interface requirements?**

Not available at this time.

10. Please outline your long-term technology strategy...

**52. This information is proprietary and confidential. Please explain the need to acquire this information.**

The intent of the RFI is to determine vendor capabilities.



16. Describe the ownership of the technology....

**53. This information is proprietary and confidential. Please explain the need to acquire this information.**

The intent of the RFI is to determine vendor capabilities.

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20. Please include a Data Flow Diagram....

**54. Supplying the DFD does not appear to be applicable as the SBEC is not using the system. Please explain the need for the DFD.**

The intent of the RFI is to determine vendor capabilities.

Data Protection, security and confidentiality

23.

**55. This question about sending data to a third-party conflicts page 5 Capabilities a. and b. that require a vendor in-house wholly-owned technology platform, PHR and EMR. Please clarify.**

The intent of this RFI is to determine Vendor capabilities. Please provide response to question or make recommendation. If any data sent to a third-party? If yes, briefly describe the process and how it is protected?

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Administration

6.

**56. What type of eligibility and insurance coverage verification methods are used at present (phone, automated processes)?**

Please provide your eligibility technology platform capabilities for both phone and automated process.

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8.

**7. Does SBEC require employee badges or ID cards? Yes**

9.

**58. Is it the intent of the on-site clinic to generate a clinic encounter and file a zero cost claim or direct bill to SBEC?**

Please refer to data integration specific to question 1 Clinic encounter should trigger a claim.

10.

**59. Will SBEC provide eligibility files to the vendor? If yes, in what format?**

The intent of this RFI is to determine Vendor capabilities. Please provide your capability of managing clinic access if eligibility is split into two or more levels of eligibility; for example, one defined group has "Basic" or "Limited" access (complies with ERISA/COBRA/PPACA exemption) for individuals who are not enrolled in the employer group health plan, and "Full" access (is subject to ERISA/COBRA/PPACA) for individuals who are enrolled in the employer group health plan, or based on other criteria selected by CLIENT?

## General Questions

**61. Please list the organizations that SBEC has sent RFI 123101.**

The RFI was posted to the District's website and given to several distribution websites. No distribution list exists.

**62. Will the RFI consultant, Willis of Florida, be a contracted party to provide any services or products related to the delivery of turnkey wellness services, health coaching, educational content and employee communications as part of the selected vendor? No.**

**If no, will the RFI consultant execute a confidentiality agreement with the vendors submitting a response to this RFI with respect to the review of business practices and proprietary information that may be in competition with owned or affiliated services or products requested as part of this RFI?**

Yes.

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## Biometrics

1. Will biometrics will be included in the proposal? **Yes.**  
If so, How many total employees are eligible for the screening? **All eligible members as listed in III. Scope of work Services.**
  - a. Will you offer an incentive for your employees to participate? **This has not been determined at this time.**
  - b. Will you include an HRA? **Yes**
  - c. Have you done a screening program previously, and if so, who have you used? **Yes.**
  - d. Will you need options to serve remote employees? **No.**
  - e. Can you provide the zip codes with number of employees in each? **Not necessary, please see Page 4 question 25 for counties where employees are located.**
  - f. Will you require a data feed to an HRA? **Yes, please see RFI Questionnaire.**
  - g. If you have done a previous screening program:
    1. What was your percent participation? **Not available at this time.**
      - i.
      - ii. Was there an incentive offered? What was the incentive? **Not available.**
    - h. Was the program paired with an HRA? **Not available at this time.**
    - i. What biometric screening measures are you interested in: **Please make recommendation in RFI Questionnaire.**
      - i. Lipid (cholesterol)
      - ii. Glucose
      - iii. Blood Pressure
      - iv. Height, Weight, BMI
      - v. Waist Circumference
    - j. Are you interested in any additional testing such as a HA1c, CardioCRP, Cotinine or other laboratory testing? **Please make recommendation in RFI Questionnaire.**
    - k. Do you have a preference for venipuncture vs fingerstick method of screening? **Please make recommendation in RFI Questionnaire.**

**Demographics**

- 1. Are there any age restrictions on family members enrolled (ex. dependents age 3+)? **Not at this time.**
- 2. Will anyone other than employees be able to utilize the center? i.e. dependents, retirees, dependents of retirees, or contracted staff. If so, please provide the estimated counts of the relevant groups. **All eligible members as listed in III. Scope of work Services.**
- 3. What are normal employee hours? **Minimum work hours listed in Scope of Work or Services section.**
- 4. What is the average employee salary? **Salary information is not applicable to this RFI.**

**On-Site Center**

- 1. Do you have any members enrolled in a HDHP plan? **Yes.** If so, how many? **Enrollment counts for HDHP members are not being provided at this time. The intent of the RFI is to determine vendor capabilities. Questions related to pricing or designed to assist with pricing will not be considered until later.**
- 2. Does the School District have an on-site health clinic in place? **No.**
- 3. If there is a clinic in place does the School District intend to keep the staff? **Not applicable.**
- 4. Do you have existing designated space for the clinic? If so what is the total square footage? **Please see Clinic Specifications – Clinic workspace.**
- 5. Will you be charging a co-pay at the on-site? **If so, how much? Please make a recommendation in RFI.**
- 6. Will you be providing any claims data? **Please see RFI Questionnaire.**
- 7. What are the desired hours of operation for the requested services and what is the expected opening date? **Please make a recommendation for hours of operation and expected Opening date is September 1, 2012.**
- 8. Should we include flu shots as part of the service offering? **Please see Required Services in Clinic Specifications.**
- 9. What are the expected operating hours for the clinic? **Please make a recommendation for hours of operation.**
- 10. Can you provide any statistics on OSHA reporting (for occupational health if in fact it is a service you are requesting)? **No.**
- 11. What is the address (including zip) of the clinic location? **Please assume zip code 32505.**
- 12. Would you like to offer billing of third parties? **Please see RFI Questionnaire.**
- 13. Do you plan to use incentives to increase participation in biometric screenings and HRAs? **Please make a recommendation in the RFI Questionnaire.**

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1. RFI &acknowledgments Section under Required Services i. pg.5. Emergency medical care (first responder). Is ECSD asking for an ambulance type service, staffed with EMT's, to respond to any emergency in the school system that otherwise would be a 911 call? **No.**

2.Questionnaire section, Question , pg1. which requests copies of various financial statements for the last three (3) years.

Will the statements remain confidential and are they protected from a Freedom of Information Act request (FOIA)? **All responses submitted shall become public record upon an announcement of a recommended award/action or thirty days after the opening date whichever occurs first. To protect any confidential information contained in their response, companies must invoke the exemptions to**

disclosure provided by law in response to the RFI, and must identify the data and other material to be protected, and must state the reasons why such exclusion from public disclosure is necessary.

3.Questionnaire section, Section 1 pg. 5 question #4. Will all of the data from external vendors in the table from be available to the patient through the patient portal (web based). Question, specifically, which of the six sections are you looking to make available to your employees. For example. would you want to make item two (2) Business Associate Agreements (BAA) available to your employees? **This question is only referencing the Business Process or process flows in place for (warm/cold) referral and Individual claim submission per encounter, established AUTOMATED exchange of data.**

4.Questionnaire Section 2 question 7, pg.6. Which external ECSD programs will you have established business ruled, delivery protocols, process flows, care coordination and referral processes in place. Would you please elaborate on the specific ECSD programs that you are referring to? **The current carrier wellness programs, at this time ECSD has UHC Simply Engaged Program and the Required Services listed in the Clinic Specification section of the RFI.**

5. Questionnaire Section 10, pg. 19 question 6. Can your system obtain a payor's authorization to allow a Primary Care Physician (PCP) to refer a a patient to an authorized or in-network specialist. How does the ECSD envision this process? Are you in effect asking for the selected clinic provider to be a "gatekeeper" for referrals to specialist both in and out of the clinic? **No, the vision is to have the clinic coordinate the care should an employee come in for a visit and need a referral and authorization is requested from the carrier or their current PCP. Can your system capture this information?**

6.Questionnaire Section 11 pg.26, under question 2, H,. Emergency response to security alarms. Please expand on this question and what are the specifics expectations given the vast number of schools withing the ECSD? )Same section Question 2., L. reporting of incidents and occurrences (risk management). Is the ECSD requesting that the clinic provider prepare a state form, for example, 1st report of injury. Please clarify expectations on the part of the clinic provider. **Please provide your protocol for policies and procedures in place should a security alarm be triggered during clinic hours of operation.**

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**Please remember the intent of the RFI is to determine vendor capabilities.**

***In the event that further communication is required from the School Board before the closing date of this RFI please visit ECSD's Purchasing website: [http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current\\_bid\\_activity.html](http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html) at 12:00 pm Central Time April 19, 2012.***