



**THE ESCAMBIA COUNTY SCHOOL DISTRICT
PURCHASING DEPARTMENT
75 NORTH PACE BLVD.
PENSACOLA, FL 32505**

REQUEST FOR INFORMATION (RFI) & ACKNOWLEDGEMENT

POSTING DATE:

April 6, 2012

PURCHASING CONTACT & TELEPHONE:

John Dombroskie (850) 469-6120

RFP TITLE:

School District Health Clinic(s)

RFI NUMBER:

123101

RFI OPENING DATE & TIME:

April 24, 2012, 3:00PM CST

NOTE: RESPONSES RECEIVED AFTER THE OPENING DATE AND TIME WILL NOT BE ACCEPTED.

This is a non-binding solicitation for information. The information provided hereunder may be used as follows:

1. To establish a firm or group of firms to solicit via future Requests for Proposals.
2. To explore alternate methods, ideas and processes.
3. To establish new standards or specifications for future Requests for Proposals.
4. To establish product/service benchmarks.

The School Board of Escambia County, Florida, solicits your company to submit information on the above referenced goods or services. All terms, specifications and conditions set forth in this request are incorporated by this reference into your response. All responses must have an authorized signature in the space provided below. All responses must be sealed and received in the School District's Purchasing Office at 75 North Pace Blvd., Pensacola, Florida, by the "RFI Opening Date & Time" referenced above. All envelopes containing sealed responses must reference the "RFI Title", "RFI Number" and the "RFI Opening Date & Time". The School Board is not responsible for lost or late delivery of responses by the U.S. Postal Service or other delivery services used by a firm responding to this RFI.

THE FOLLOWING MUST BE COMPLETED, SIGNED, AND RETURNED AS PART OF YOUR RESPONSE. RESPONSES WILL NOT BE ACCEPTED WITHOUT THIS FORM, SIGNED BY AN AUTHORIZED AGENT OF THE FIRM RESPONDING.

COMPANY NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN):

TELEPHONE NUMBER: (EXT:) FACSIMILE NUMBER:

EMAIL:

HOW DID YOU FIND OUT ABOUT THIS RFI? SCHOOL DISTRICT WEBSITE___ BIDNET___ DEMAND STAR___ PRIME VENDOR___
OTHER___ (PLEASE SPECIFY_____)

I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS DOCUMENT FOR THE BIDDER.

AUTHORIZED SIGNATURE:

TYPED OR
PRINTED NAME:

TITLE:

DATE:

I. INTRODUCTION & GENERAL INFORMATION.

The School Board of Escambia County (SBEC) desires to evaluate and possibly establish a health clinic or clinics for their employees. The School District of Escambia County, Florida and its governing board were created pursuant to Section 4, Article IX of the Constitution of the State of Florida. The District is an independent taxing and reporting entity managed, controlled, operated, administered, and supervised by District school officials in accordance with §1001, Florida Statutes. The School Board of Escambia County consists of five elected officials responsible for the adoption of policies, which govern the operation of District public schools. The Superintendent of Schools is responsible for the administration and management of the schools within the applicable parameters of state laws, State Board of Education Rules, and School Board policies.

The School District is coterminous with Escambia County. The annual budget for the District for FY2011-12 totals \$589 million. The District operates 53 schools, including 31 elementary schools, 9 middle schools, 7 high schools and 6 specialized schools/centers. The total full time enrollment of public school students is approximately 40,000.

It is the SBEC's wish to solicit, view and learn about potential solutions that may be available in the marketplace that may meet its needs. Pursuant to 6A-1.012 (11)(a) Florida Administrative Code, the products and services requested herein are categorized as "health services involving examination, diagnosis, treatment, prevention, medical consultation or administration" and therefore any negotiations that may result from responses to this Request for information (RFI) are exempt from additional formal solicitation requirements. Please note this RFI is not intended to be an offer, order or contract and should not be regarded as such, nor shall any obligation or liability be imposed on the SBEC. 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. SBEC reserves the right to reject any or all responses received and choose to bid formally if such action is considered to be in the best interest of the SBEC. This request does not obligate SBEC to pay any cost incurred by vendors related to submission of responses to this RFI.

II. TERMS AND CONDITIONS.

NOTE: The term "Supplier" as used within this Request For Information (RFI) refers to the person, company or organization responding to this RFI. The Supplier is responsible for understanding and complying with the terms and conditions herein.

- A. **RFI OPENING AND FORM:** Response openings will be public on the date and time specified on the Request For Information & Response Acknowledgement form. All responses received after the time indicated will be rejected as non-responsive and retained by the District. Responses by Email, fax, telegram, or verbally by telephone or in person will not be accepted. The public opening will acknowledge receipt of the responses only; details will not be announced. 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.
- B. **PATENTS AND COPYRIGHTS:** Suppliers agree to indemnify and save harmless the School Board, its officers, employees, agents, or representatives from liability of any nature or kind, including cost and expenses for or on account of copyrighted, patented or un-patented invention, process, software or article manufactured or used in the performance of any future contract award. If the supplier uses any design, device or materials covered by royalties or cost arising from the use of such design, device or material in any way involved in the work shall be included in any price proposal of the supplier, if requested.
- C. **CONFLICT OF INTEREST:** Any award hereunder would be subject to the provisions of Chapter 112 Florida Statutes. All Suppliers must disclose the name of any company owner, officer, director

or agent who is an employee of the School District and/or is an employee of the School District and owns, directly or indirectly, an interest of five percent or more of the company.

- D. **EVALUATION CRITERIA:** The School District reserves the right to accept or reject any response in its entirety or in part, and to waive minor irregularities if the response is otherwise valid. The School Board has sole discretion in determining evaluation methods.
- E. **PREPARATION COSTS:** Neither the School Board nor its representatives shall be liable for any expenses incurred in connection with the preparation of a response to this RFI.
- F. **CLARIFICATIONS AND INTERPRETATIONS:** The School Board reserves the right to allow for clarification of questionable entries, and for the Supplier to withdraw items with obvious mistakes. Any questions concerning terms, conditions or specifications will be directed to the designated Purchasing Agent referenced on the RFI Acknowledgement. Any ambiguities or inconsistencies shall be brought to the attention of the designated Purchasing Agent in writing at least seven workdays prior to the opening date of the RFI. Failure to do so, on the part of the Supplier will constitute an acceptance by the supplier of consequent decision. An Addendum to the RFI shall be issued and posted for those interpretations that may affect the eventual outcome of this RFI. It is the Supplier's responsibility to assure the receipt of all Addendum issued. No person is authorized to give oral interpretations of, or make oral changes to the RFI. Therefore oral statements given before the RFI opening date will not be binding. The School Board will consider no interpretations binding unless provided for by issuance of an Addendum. Addenda will be posted to the School District's Purchasing website address at "http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html" by 12:00 pm Central Time April 17, 2012. The Supplier shall acknowledge receipt of all Addenda by signing and enclosing said addenda with their response.
- G. **CONTACT:** All questions for additional information regarding this RFI **must be directed to the designated Purchasing Contact noted on page one.** Prospective suppliers shall not contact any member of the School Board of Escambia County, Superintendent, or staff regarding this RFI prior to posting of the final tabulation and award/action recommendation on the website and in the Purchasing Office or thirty days after the opening date whichever occurs first. Any such contact shall be cause for rejection of your response.
- H. **CHANGES:** Changes in the specifications contained in this RFI will be made by Addenda. Any Addenda issued on this RFI will be posted on the Purchasing Department's web pages. PRIOR TO SUBMITTING A RESPONSE, it shall be the sole responsibility of each firm to contact the Purchasing Department's Director, John Dombroskie, or visit the Purchasing Department's web pages (http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html) after 12:00 pm Central Time April 17, 2012 to determine if any Addenda was issued and, if so, to obtain such Addenda. The Supplier shall acknowledge receipt of all Addenda by signing and enclosing said addenda with their response.
- I. **QUESTIONS:** Any questions concerning this RFI shall be ***submitted prior to April 13th, 2012 in writing*** by e-mail to jdombroskie@escambia.k12.fl.us or via fax to 850-469-6271.

Responses to questions or Addendums to this RFI will be posted to the ECSD's Purchasing website: http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html by 12:00 pm Central Time April 17, 2012.

- J. **LUNSFORD ACT:** Any award hereunder would be subject to Florida's Jessica Lunsford Act. Firms will comply with all requirements of Sections 1012.32 and 1012.465, Florida Statutes, by certifying that the firm and all of its employees who provide services under this contract have

completed the background screening required by the referenced statutes and meet the standards established by the statutes. This certification will be provided to the SBEC in advance of the firm providing any services. The firm will bear the cost of acquiring the background screening required by Section 1012.32, F.S., and any fee imposed by the Florida Department of Law Enforcement to maintain the fingerprints provided with respect to firm and its employees. The firm will follow the procedures for obtaining employee background screening as outlined by the Escambia County School District Division of Protection Services (<http://www.escambia.k12.fl.us/security/fingerprinting/index.asp>). Firm will provide the SBEC a list of its employees who have completed background screening as required by the referenced statutes and meet the statutory requirements. Firm will update these lists in the event that any employee listed fails to meet the statutory standards or new employees who have completed the background check and meet standards are added. The parties agree that in the event that firm fails to perform any of the duties described in this paragraph, this will constitute a material breach of any contract entitling the SBEC to terminate immediately with no further responsibility to make payment or perform any other duties under the contract. Firm agrees to indemnify and hold harmless the SBEC, the School District, its officers and employees from any liability in the form of physical injury, death, or property damage resulting from vendor's failure to comply with the requirements of this paragraph or Sections 1012.32 and 1012.465, Florida Statutes.

III. SCOPE OF WORK OR SERVICES.

The SBEC is evaluating the feasibility of establishing an on-site/off-site health clinic or clinics for their employees. The District currently employs about 5,500 with 8,100 total members covered under its health plans which are self-funded through UnitedHealthcare. Active full time employees working at least 20 hours per week and their dependents plus retirees and their dependents are eligible for coverage under these plans. (Part time employees are not covered nor are domestic partners.) Dependent children who are students may be covered up to age 26. Employees may seek coverage the first of the month following date of hire, if hired by the 15th, the month after for those employees hired after the 15th. Employee coverage ends the last day of the month that employment terminates.

GOALS AND OBJECTIVES OF THE ANTICIPATED CLINIC PROGRAM INCLUDE:

- Increased participation in primary and preventive care/screening services
- Increased employee productivity
- Improved health risk management
- Reduction in costs relative to health care
- Integration with current deployed wellness programs plus future enhancements through incentive based programs (i.e., health fairs, on-site screenings, flu shots, on-site seminars, online wellness portal for health risk assessments, healthy living programs, personal health record and wellness tools, discounts for compliance with healthy living or medical recommendations)
- Flexible and highly responsive contractual relationship with supplier of this service

SBEC'S SUPPLIER EXPECTATIONS:

Supplier Representatives: To be present at main District sites for open enrollment (if necessary)

Account Manager: Dedicated account service and billing manager

Material Delivery: Must be sent to each District location

Online Administration: Must have online administration capability

Enrollment Materials: Must be able to provide enrollment materials

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

Implementation of Benefit(s): An on time guarantee of implementation and delivery of employee materials

CLINIC SPECIFICATIONS:

FUNDING SPECIFICATIONS Medical plan is self-funded with United Healthcare

CLAIMS SUBMISSION

The clinic will not be responsible for health plan and workers compensation claims submissions other than data integration of claim information to healthcare provider for health risk assessments, wellness strategies, and disease management programs as described in “capabilities below”. However, it may be beneficial if the supplier has the capability to submit \$.00 or \$.01 claims to the carrier for the purpose of total care coordination.

CLINIC WORKSPACE

The School District will provide

REQUIRED SERVICES

- a. Health Risk Assessments (HRAs)
- b. Biometric Screenings
- b. Immunizations/Vaccinations
- c. Preventive Care/Wellness Exams and screenings
- d. Filling and coordinating prescriptions
- e. Disease management
- f. Episodic care
- g. Educational healthcare information (i.e., brochures, newsletters, on-line)
- h. Health coaching
- i. Emergency medical care (first responder)
- j. Possible supervised weight management program to coordinate with employer wellness center
- k. Employer may consider pre-employment physicals (DOT and non-DOT) and other services (workers Comp) for future implementation.

CAPABILITIES

- a. In-house wholly-owned technology platform and not outsourced to another vendor. Technology platform must currently have an integrated and fully operational Electronic Medical Record (EMR) for clinicians and Personal Health Record (PHR) for members. The EMR/PHR must be automatically populated by your organization with HRA data and biometric screening data validated by your clinician(s) to eliminate any self-reported data discrepancies on the part of members. The technology platform must be capable of integrating with most major carriers including UHC and BCBS.
- b. PHR and EMR must be wholly-owned technology of Vendor.
- c. In-house technology platform should contain automated, evidence based, scientifically validated clinical decision support logic to provide both diagnostic and treatment management guidance to the clinician and member across a minimum of one –hundred (100) leading health conditions.
- d. Fixed Fee pricing is required; the variable cost of biometric screening and medications is permissible.
- e. Strong focus on behavior-based coaching capabilities and supporting toolset.
- f. Dedicated implementation and ongoing account management team to ensure client satisfaction.
- g. 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.

ADDITIONAL SERVICES

Vendor should clearly outline any additional services. Such services should not be commingled with the requested services.

PROFESSIONAL LIABILITY INSURANCE LIMIT \$5 million per occurrence and per aggregate

PERFORMANCE GUARANTEES Please include Performance Guarantees in the areas of Implementation, Client Satisfaction, Participant Satisfaction, Administrative and Operational Services.

CURRENT RATE NA

RATE GUARANTEE Multi-year

CLINIC STAFFING MODEL:

Expected staff services and qualifications for the on-site/off-site health clinic(s) are described below. Please provide your response based on the staffing model below or the model that your firm is recommending.

- **Wellness Champion**
 - Services: Supports and promotes health management resources and services, supports Health & Safety Advisor as applicable
 - Qualifications: An *employee volunteer from the worksite*; employee performance expectations should allow a specified amount of dedicated time to Wellness Champion position and recognition of efforts
 - Vendor management expectation: Provide tools and resources to assist SBEC in recruiting, training, and supporting Wellness Champion worksite volunteers
- **Health & Safety Advisor**
 - Services (will vary by location scope of services): Provides first aid, injury evaluation, physical conditioning, protective equipment, referrals and referral management, return to work evaluations, OSHA record keeping
 - Qualifications: A Bachelor's degree involving major study in health and/or occupational safety, 5+ years' experience in a related field, (e.g., Athletic Trainer, Physical Therapist, Occupational Therapist)
 - Vendor management expectation: Staff will be recruited, trained and employed by vendor; vendor is responsible for staff performance
- **Mid-level Practitioner**
 - Services: Diagnosis treat and prescribe in most states under a supervisory physician
 - Qualifications: Nurse practitioner, clinical nurse specialist, or physician assistants licensed, registered or authorized to dispense controlled substances by the state in which they practice
 - Vendor management expectation: Staff will be recruited, trained and employed by vendor; vendor is responsible for staff performance
- **Registered Nurse**
 - Services: Evaluate and provide minor treatment and triage under direct supervision of mid-level practitioner or physician
 - Qualifications: Graduation from a certified nursing program with registered nursing pin and active state licensure
 - Vendor management expectation: Staff will be recruited, trained and employed by vendor; vendor is responsible for staff performance
- **Local Occupational Health provider or medical facility for referral and oversight**
 - Local SBEC facilities with an on-site clinic and mid-level practitioner available
 - Partnership with local non-SBEC medical facility or provider
 - Consider "virtual" care and counseling opportunities
 - Vendor management expectation: Vendor is responsible for identifying opportunities for local provider and facility partnerships and managing relationships as needed

IV. REVIEW OF RESPONSES.

A committee will review each of the responses received. Upon review of responses received, the SBEC may select a response(s) for negotiation, request formal proposals from all or select firms responding to this RFI or postpone implementation. If formal proposals are requested, proposals will only be accepted from firms responding to this RFP and deemed capable of satisfying SBEC needs by the committee. SBEC reserves the right to reject any or all responses received and choose to bid formally if such action is considered to be in the best interest of the SBEC.

The District reserves the right to waive any irregularities and technicalities and may, at its sole discretion, request a clarification or other information to evaluate any or all responses.

V. RESPONSE SUBMITTALS.

One complete, original hardcopy response (clearly identified as the original response), six (6) photocopies, and one (1) copy on CD ROM of your complete response in Microsoft Word format must be returned on or before 3:00 P.M. CST on the date due to the Purchasing Department in accordance with the submittal requirements. All responses shall be submitted in sealed packaging and must reference the "RFI Title", "RFI Number" and the "RFI Opening Date & Time". It is the sole responsibility of the firm responding to this RFI to assure they have received the entire RFI and any and all Addenda. Responses shall contain all information required to be included in the response as described herein.

In order to maintain comparability and facilitate the review process, it is requested that responses be organized in the manner specified below. Include all information in your response.

Each response should include the following:

- ✓ Title Page showing RFI Number, subject, the name of the supplier, address, telephone number and the date.
- ✓ Table of Contents to provide a clear identification of the material by section and by page number.
- ✓ RFI Acknowledgement, page one (1) of this document, completed and signed by an authorized officer of the company.
- ✓ Narrative addressing your firm's understanding of the SBEC's needs and how your firm can address them.
- ✓ Complete Questionnaire (for ease of preparing your response the Questionnaire is available in Word format at: http://old.escambia.k12.fl.us/adminoff/finance/purchasing/current_bid_activity.html **When looking through this questionnaire, there will be information that asks you to input "your" response. Please provide your information highlighted in RED. We are asking you to complete these sheets and include it within your response. If needed "attachments" may be added in order to adequately address a topic(s).**
- ✓ Addenda Acknowledgement (if applicable), completed and signed by an authorized officer of the company. And, any additional information if requested.

QUESTIONNAIRE

General Organization

1. Explain the ownership structure of your company and include the following information:

- Type of entity (corporation, partnership, Limited Liability Company, sole proprietorship, etc.)
- Full legal name of the entity
- Full legal name of the parent, if the company is an affiliate of another company
- State in which the company was incorporated or formed and when
- Primary location (city and state)
- Headquarters location of the parent, if the company is an affiliate of another company
- State(s) in which the company is qualified to do business
- Tax identification number
- Number of full-time employees

Response:

2. Provide a copy of your company's organizational chart for employer clinic services.

Response:

3. What is the status of your license to operate clinics in each state in the country? Are you compliant with Clinical Laboratory Improvement Amendment (CLIA) guidelines in each of these states?

Response:

4. Provide a brief overview of your company including the length of time in business, its history, strategy, and markets.

Response:

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

- Annual report
- Most recent interim financial report
- Guarantee/comfort letter from your ultimate parent company. (Required only if your company is a subsidiary or affiliate of a larger entity and you are providing your parent company's financials in response to this Request For Information (RFI))
- Note: The guarantee/comfort letter must be on the parent company's letterhead and signed by its CFO, Controller or other Senior Officer, and must evidence the parent's acknowledgement of:
 - Ownership of the subsidiary
 - Support in ensuring the subsidiary's ability to meet its contractual obligations
 - Need to ensure that the School Board of Escambia County (SBEC) is reimbursed any prepayments or deposits for which goods/services have not been rendered (if applicable)
 - Guarantee of notification to the SBEC at least sixty (60) days prior to any change in ownership

Response:

6. Submit a copy of your company's detailed Disaster and Business Recovery plans. Specify frequency of testing, and date last tested.

Response:

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

Response:

8. Provide profiles of other account managers, sales professionals, and other management within your company that would be assigned to the SBEC account as well as the key executives of your company.

Response:

9. Describe how the SBEC relationship would be managed if your firm were selected as the successful vendor.

Response:

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

Response:

11. How many employer clinics have you operated in the past twenty four (24) months? And, how many that you managed have closed in the past twenty four (24) months? Please list and provide the reason for closure.

Response:

12. In the past 5 years, how many in-house managed employer clinics have you taken over?

Response:

13. Please describe the value proposition that you offer to the SBEC and summarize the key differentiators in how you deliver high quality services.

Response:

14. Please provide blinded samples for **ALL** standard reports that the SBEC will be offered as part of the quoted fees. Your reporting package will be evaluated as part of the RFI response review and vendor selection process.

Response:

15. Please provide a list of local government and public educational clients and the length of time that you have served them.

Response:

16. Please list, by state, where your employer worksite clinics are located (number/state).

Response:

17. Provide the current number of clinics managed by type:

	Retail/Free-standing		Employer worksite	
	Full-time	Part-time	Full-time	Part-time
Total (any service)				

18. Please describe your partners and other third parties or sub-contractors with whom you collaborate for provision of services outlined in this RFI. Along with your description, complete the table below to include the following information about your partners or subcontractors:

- Number of years in business providing on-site clinic services to employers
- Number of full and part-time employees
- Location of corporate headquarters

Companies with Whom you Partner or Subcontract Services	Number of Years Providing Clinic Services to Employers	Number of Employees	Location of Headquarters

19. Please describe your in-house capability and capacity for a project of this scope. Which responsibilities described in this RFI represent your company’s strengths? Which ones may present challenges? How would these affect your company’s ability to manage a program for the SBEC?

Response:

20. Please provide contact information for three client references for whom you have provided integrated on-site clinic services and are similar (i.e., in size/complexity) to the SBEC. If you do not currently have any similar clients, please provide three relevant references. Complete the table below. References will be checked during the finalist stage.

SBEC reference	Current SBEC reference 1	Current SBEC reference 2	Current SBEC reference 3
Company name			
Contract name			
Phone number			
Number of eligible employees			
Service/programs delivered			
Duration of service relationship			
Employer Industry			

21. For lab testing that is outsourced, please identify and describe any business relationships, established protocols, and discounts.

Response:

22. For diagnostic imaging that is outsourced, please identify and describe any business relationships and established protocols.

Response:

23. How is the patient experience provided by your managed clinics different from the typical patient experience in the community?

Response:

24. What services do you recommend adding or removing from each tier of the proposed service model?

Response:

25. Does your organization have any limitations on your ability to effectively manage clinics in any of the following Counties: Escambia (FL) and Santa Rosa (FL). (e.g. geographic, staffing, scope, etc.)?

Response:

1

Data Integration

SBEC would like to understand the level of integration between the clinics and its other vendor partners.

1. Please complete the following table and indicate what level of integration **will exist with each of the SBEC's vendors. Please describe any limitations to integration based on location size.**

SBEC vendors	Business Process or process flows in place for (warm/cold) referral	Business Associate Agreements established to allow MANUAL exchange of data	Individual claim submission per encounter, established AUTOMATED exchange of data	What format is used for data exchange?	Send frequency of data exchange (daily, monthly, quarterly, annually)	Receive frequency of data exchange (daily, monthly, quarterly, annually)
BlueCross BlueShield						
UnitedHealthcare (Current Carrier)						

2. Is clinic data collected in a data warehouse that you own or contract for?

Response:

3. Will all of the data from external vendors in the table from Question 1 be available to the clinician through the Electronic Medical Records (EMR) while they are with the patient?

Response:

4. Will all of the data from external vendors in the table from Question 1 be available to the patient through the patient portal (web based)?

Response:

5. 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?

Response:

2

Clinical Integration

1. Describe in detail how you plan to integrate and coordinate care with the SBEC's health management programs including, but not limited to, how you coordinate care with the patient's health/wellness coach/nurse, primary care physician, specialist and community referrals as well as what level of coaching your clinical staff provides.

Response:

2. Describe in detail how you plan to integrate and coordinate care with the SBEC's occupational health programs.

Response:

3. Provide a detailed description of your specialist referral management process. Explain your approach to assessing referrals and choosing which physicians to refer. Detail how you identify referral resources and utilize published quality indicators.

Response:

4. Describe any existing relationships with outside clinics utilized for referrals (e.g. retail or near site clinics).

Response:

5. Provide an example of client(s), with existing wellness and disease management programs, for which you provide referrals and integrate with the associated vendor(s). Please describe the processes and intervention support you provide.

Response:

6. Describe how you have integrated with disability, workers compensation, and Employee Assistance Program (EAP) vendors in the past. Please provide specific examples and results where you have successfully coordinated such programs.

Response:

7. Which external SBEC programs will you have established business rules, delivery protocols, process flows, care coordination and referral processes in place?

Response:

3

Quality Management

1. Do you employ a full-time internal Medical Director? Please provide Curriculum Vitae (CV).

Response:

2. Describe your clinic Quality Assessment and Performance Improvement (QAPI) plan and program in detail.

Response:

3. Describe your clinicians' approach to using evidence-based clinical guidelines in establishing treatment plans. Describe any formalized internal and external benchmarking quality initiatives.

Response:

4. How do you ensure clinicians receive the latest updates regarding evidence-based guidelines?

Response:

5. How frequently will you require that the SBEC medical record audits be conducted?

- A. How many charts will be reviewed annually?

Response:

- B. Who will manage the clinic QAPI audit function (perform audits, aggregate/analyze/report data)?

Response:

- C. How will clinic QAPI data be reported to the SBEC (reporting process, dashboard, and frequency of reporting)?

Response:

- D. What industry standards do you use for medical record audits?

Response:

6. How frequently will the SBEC on-site clinic facilities be audited (environment of care, life safety, safety, security, operations)?

A. What specific clinic elements are audited?

Response:

B. Who will perform the audits (internal, external audit)?

Response:

C. How will the SBEC be notified of the results?

Response:

D. What industry standards do you use for facility audits?

Response:

7. Do you require that a post-implementation audit be conducted?

Response:

8. What other types of audits will you conduct on the SBEC's clinics?

Response:

9. What is the expected time frame for initial response to complaints, resolution and ongoing patient communication?

Response:

10. Describe your compliance program relative to privacy and security of individually identifiable protected health information (occupational/non-occupational data).

Response:

11. How are your clinics audited for Health Insurance Portability and Accountability Act (HIPAA) privacy and security compliance? Who conducts the audit? Describe any HIPAA violations in the past five years.

Response:

12. Provide a copy of your HIPAA compliance, data security and protection, financial data security, and all other related privacy and data protection compliance and security policies and procedures.

Response:

4

Health Management

1. How will you motivate employees to receive preventive services and make healthy lifestyle choices?

Response:

2. Describe how you will engage (tools, programs, strategies) employees to become active participants in their own health and healthcare decision making. How do you measure that engagement?

Response:

3. Describe the clinic's approach to return to work services? Is this a service the clinic provides or do you coordinate with the EAP vendor?

Response:

4. Describe how your company will provide on-site health/lifestyle and disease/condition management to support the UnitedHealthcare (UHC) Health Living programs?

Response:

5. How would you integrate and share data with other SBEC vendor partners, such as disease/condition management, fitness center, EAP, etc. to create a fully-integrated health management program and ensure an effective and seamless experience for participants?

Response:

6. Please provide all Key Performance Indicators (KPI) (clinical, operational) that you routinely track and monitor to assess program impact?

Response:

7. If a web-portal is included in your proposed solution, please describe how the member will be expected to utilize the portal to adhere to and manage their plan of care.

Response:

8. Are all of the following health screenings available and included in your projected pricing: height/weight, BMI, body fat, triglycerides, blood pressure, lipid panel, drug test, alcohol test, tobacco, glucose, well woman (pap, mammogram, Breast Self-Exam (BSE) training and male screening (Digital Rectal Exam (DRE), Prostate Specific Antigen (PSA))?

Response:

9. Describe the areas of health and wellness in which you are able to provide support and counseling. Please describe staff qualifications of those who would perform these services (e.g., RN, nutritionist, health/wellness coach, wellness coordinator, exercise physiologist, etc.).

Response:

10. Do you have experience integrating with the UHC Health Risk Assessment (HRA)? What percentage of your employer clients utilize an HRA that is not offered by your company?

Response:

11. Please provide a sample clinical process flow that exhibits your organization integrating with external employer health management firms (i.e. lifestyle, disease management), including coordination of patient engagement and risk stratification.

Response:

12. Please describe your recommendation on how the SBEC would impact employee health risk through services, staff, and resources made available through the on-site clinics.

Response:

5

Pharmacy

SBEC may offer a mini dispensary model. Please describe your pharmacy capabilities in the questions below.

1. Please provide a brief summary of physician, physician assistant, and nurse practitioner prescribing and dispensing regulations for the State of Florida in which the SBEC might implement an on-site program.

Response:

2. Do your clinics stock 25 – 50 of the most commonly prescribed prescription drugs for dispensing? Please provide a list of drugs normally stocked including the total number of drugs offered and sample pricing.

Response:

3. Do your clinics provide starter unit doses or dose packs? Please provide a list of drug classes normally targeted for starter packs including the total number of drugs offered.

Response:

4. Please describe how your organization will integrate with existing Pharmacy Benefit Manager (PBM) vendors in place. Please provide some examples including the PBM vendors with whom you have experience.

Response:

5. Do you have e-prescribing capabilities? Is there a separate fee for setting up e-prescribing? Can you accommodate e-prescribing systems offered by other vendors (like a PBM)?

Response:

6. Please provide a brief summary of your policies and procedures regarding security of prescription drugs on-site.

Response:

7. Please outline any liability concerns regarding prescription drugs on-site.

Response:

6

Occupational Health

1. Provide two examples of clients whom you provide blood borne pathogen training.

Response:

2. What information systems do you use to track and monitor OSHA compliance or employer-determined surveillance schedules?

Response:

3. If you provide occupational health emergency medical services to clients, give a detailed description of these services.

Response:

4. If you provide occupational injury care for clients, how many clients do you provide these services, what length of time?

Response:

5. Describe the process to ensure timely completion of mandated reports for reportable infectious diseases in compliance with state and local public health laws.

Response:

6. Do you record/track occupational health data within the same technology platform as non-occupational health data?

Response:

7. Do you recommend that occupational health data be tracked/maintained within the same technology platform?

Response:

8. What are the benefits of an integrated occupational/non-occupational clinic? What are the risks?

Response:

7

Case Studies

Please provide THREE EXAMPLES OF EACH of the following case studies based on your employer clients:

1. Large employer with clinic locations implemented by your company
 - a. Year implementation occurred
 - b. Overview of the employer
 - i. Industry
 - ii. Location
 - iii. Number of employees
 - c. Eligible groups
 - d. Financial model (cost-plus, fee-for-service)
 - e. Objectives of the clinics
 - f. Services offered
 - g. Staff (FTE, level)
 - h. Differentiators your organization made/brought to the table
 - i. Key performance measures that were tracked
 - j. Challenges faced
 - k. Keys to success
 - l. Most recent outcomes (clinical, financial, utilization)

2. Large employer with existing in-house managed clinics, outsourced to your company
 - a. Year transition occurred
 - b. Overview of the employer
 - i. Industry
 - ii. Location
 - iii. Number of employees
 - c. Eligible groups
 - d. Financial model (cost-plus, fee-for-service)
 - e. Objectives of the clinics
 - f. Services offered
 - g. Staff (FTE, level)
 - h. Improvements your organization made/brought to the table
 - i. Key performance measures that were tracked
 - j. Challenges faced
 - k. Keys to success
 - l. Most recent outcomes (clinical, financial, utilization)

8

Communications

SBEC recognizes the importance of proper communications in driving high utilization of clinic services. SBEC expects your engagement and communication tools and materials will be coordinated within SBEC's communications strategy and conform to SBEC standards. Please answer the following questions regarding your approach.

1. Please describe your approach to communications and indicate why it should be considered best practice.

Response:

2. Please provide a sample communications plan.

Response:

3. Please provide samples of standard communications materials that are available to the employer. If anything provided has an extra cost, please clearly indicate.

Response:

4. Please provide a complete list of ALL communications tools that are INCLUDED in the quoted fees.

Response:

5. Describe individual engagement and communications strategies to encourage SBEC employees to maintain their health as an extension of the clinic services.

Response:

6. Please provide a complete list of ALL communications tools that are AVAILABLE at an additional cost and NOT included in the quoted fees.

Response:

9

Staffing

You will be expected to staff the on-site clinic, please respond to the questions below assuming staffing as requested.

1. Do you require a full or part-time administrator or office manager be included in the staffing model? How would this individual be assigned to chosen locations

Response:

2. Please confirm that the SBEC can conduct background checks on all on-site personnel.

Response:

3. What do you consider to be the optimal staffing ratio (clinician to eligible member AND clinician to Office Visit (OV))?

Response:

4. Please describe your organization's approach and capabilities to provide and manage clinician's with multi-language fluency.

Response:

5. Please describe staffing availability for peak times such as benefits open enrollment or health/wellness fairs.

Response:

6. Please describe what role, if any, the SBEC would play in the interviewing and/or selection of the on-site staff.

Response:

7. What percentage of your employer worksite full-time physicians turned over in the past twelve (12) months?

Response:

8. What percentage of your employer worksite full-time nurse practitioners turned over in the past twelve (12) months?

Response:

9. What resources do you use to recruit clinical staff (e.g. Career Builder, etc.)?

Response:

10. Who will be the account manager for the SBEC and the primary point of contact? Please include CV.

Response:

11. Do you require providers (MD, NP, PA) to receive training on behavior change theory or motivational interviewing?

Response:

12. What is your process to ensure timely orientation for staff inclusive of required training (e.g., OSHA) and validation of current competency (for clinical staff)?

A. Length of orientation?

B. What locations?

C. Who conducts the training?

D. Include a sample of your standard orientation plan and content, and any competency evaluation checklists used for clinical staff.

Response:

13. Does every position require a written job description which stipulates job requirements including required relevant experience, training, credentials or certifications? Please list by categories of staff the minimum number of years of experience and credentials required for each clinical staff category. (MA, NP, PA, MD/DO, pharmacy, imaging, and laboratory department staffs).

Response:

14. Are job description requirements incorporated into the ongoing assessment of staff performance? Describe your process for ongoing performance evaluation for staff and providers.

Response:

15. Describe the process to ensure there is a formal risk management plan (process of risk identification, risk mitigation and risk treatment)? Do you delegate staff to perform typical risk management functions (e.g., administration and analysis of incidents and potentially compensable events, claims/losses, and risk management education) which will integrate with SBEC's risk management program and processes?

Response:

16. Describe the process to ensure that clinical staff and providers receive (internal and external) continuing clinical education?

Response:

17. What resources do you offer to support the SBEC in the event of a disease outbreak and pandemic and other disaster preparedness (e.g. H1N1)? Please provide a copy of a sample clinic disaster plan and business continuity plan (can be outline).

Response:

18. Would clinic employees follow the SBEC's holiday schedule?

Response:

19. Describe your policies and staffing plans for absences (scheduled and unscheduled), vacations, and holidays?

Response:

20. How many clients will the SBEC's account manager be assigned to (including the SBEC)?

Response:

10

Technology

Data collection, reporting and program evaluation, outcomes and information systems are important to SBEC. A clear understanding of your systems and service capabilities in this area is essential. **If the SBEC tiered model approach impacts any of your answers, please clearly state why and your recommended approach.**

1. Electronic Medical Record (EMR)/Practice Management (PM)?

A. What system do you offer/recommend?

Response:

B. Is it a proprietary system or provided through a preferred vendor partner?

Response:

C. Who is responsible for your upgrades, support, maintenance and back-up, and disaster recovery?

Response:

D. What standard integration does the EMR have with other vendors (including pharmacy)?

Response:

2. Does your EMR?

A. Conduct predictive modeling (i.e. data mining to predict stratified health risk)?

Response:

B. Identify and report on gaps in care? If yes, discuss how data would be integrated into the SBEC's QAPI programs.

Response:

C. Integrate patient data with evidence-based guidelines decision support inclusive of clinician alerts?

Response:

D. Does decision support functionality suggest treatment options or plans of care based on individual patient data?

Response:

E. Offer online employee appointment scheduling?

Response:

F. Track efficiency metrics (e.g., access to appointments, wait times, throughput, time to third appointment, etc.)?

Response:

G. Track referrals and referral follow-up vis-à-vis either an automated or manual process? If automated, describe the system utilized.

Response:

H. Track follow-up on ordered diagnostics (manual or online)
Automated (describe)?

Response:

3. Please describe your computer hardware and telecommunications requirements. Outline specifically all technology hardware that is required to be purchased. Please describe if your information system software is currently Office of the National Coordinator for Health Information Technology (ONC) and Certification of Healthcare Information Technology (CCHIT) certified.

Response:

4. What information systems training will be required of the SBEC staff?

Response:

5. How do you maintain a firewall between occupational/non-occupational health related medical records?

Response:

6. Can your system obtain a payor's authorization number to allow a Primary Care Physician (PCP) to refer a patient to an authorized or in-network specialist?

Response:

7. The questions below are specific requirements for the SBEC.

- If your answer is “Yes,” you acknowledge your full agreement to provide the service described and to incorporate the standard minimum requirements as worded below into the final contract.
- If your answer is “No,” please provide a detailed explanation of your response for the SBEC’s consideration **in the “DEVIATIONS” space provided.**

FUNCTION		SCOPE OF SERVICES - MINIMUM BID REQUIREMENTS	YES	NO	DEVIATIONS
Technical Data	A.	Is the application available 24/7 with the exception of scheduled maintenance?			
	B.	Do you support SAML 2.0 single sign-on federation?			
	C.	Do you provide maintenance for log-in and password set up and resets for all persons eligible for clinic access?			
	D.	Do you support dual factor / strong authentication?			
	E.	Is data backed up on a daily basis?			
	F.	Does your solution provide a dedicated production environment (hardware & software) and data base instances for the SBEC?			
	G.	Does your solution provide dedicated development and test environments (sandbox, development, QA, test, etc)?			
	H.	Do you comply with encryption standards for email which requires Transport Layer Security (TLS) Solution?			
	I.	Does your solution support industry recognized, encrypted data / file transfer capabilities (FTPS, SFTP, FTP with Encryption, etc)?			
	J.	As part of your solution will you assure delivery and ability to interface with downstream systems?			
	K.	Does the application provide a mechanism to segregate users into roles?			
	L.	Is there a Disaster Recovery plan for the application?			
	M.	Are your Records Management Program processes, procedures and policy consistent with industry best practices?			

FUNCTION		SCOPE OF SERVICES - MINIMUM BID REQUIREMENTS	YES	NO	DEVIATIONS
	N.	Are your Corporate Information Protection processes, procedures and policy consistent with industry best practices?			
	O.	Are your Encryption Standard procedures, processes and policy consistent with industry best practices?			
	P.	Are your Data and Resource Integrity processes, procedures and policy consistent with industry best practices?			
	Q.	Are your Secure Transport and Storage of Physical Media Standard processes, procedures and policy consistent with industry best practices?			
	R.	Are your Media Destruction Standard processes, procedures and policy consistent with industry best practices?			
Regular Processing Stream	S.	Do you establish guidelines for key data sources and data transmissions?			
	T.	Do you provide process and control guidelines to external auditors?			
Log-in/Sign-on	U.	Will you provide single sign-on for employees to the patient portal through the SBEC intranet site?			
	V.	Will you provide log in and password set up and password resets for all potentially eligible groups?			
Compliance	W.	Will you administer HIPAA requirements in accordance with applicable laws?			
	X.	Will you administer PHI in accordance with applicable laws?			
	Y.	Will you comply with GINA and all related applicable regulations and laws?			

Please describe the technology platform and interfaces that you propose to use to deliver your solution. Identify when the next anticipated upgrade of your platform is and what impact such upgrade would have on services delivered to the SBEC. Please provide an estimate of the frequency of upgrades to your platform.

Response:

8. Please detail the name(s) of your technology providers and note any future plans/ changes to the extent that you are able.

Response:

9. Please explain how security and administration roles within your organization are administered. (e.g., role-based access control).

Response:

10. Please outline your long-term technology strategy and future technology investment plans.

Response:

11. Please provide details around the data migration process to your application.

Response:

12. Provide a description of the test environments and processes that you will provide during the various stages of system and interface testing.

Response:

13. Please describe the back-up processes you have in place and where back-up media will be retained.

Response:

14. Detail your process for system upgrades and enhancements including any near term plans (2012-2014) for platform upgrades. Are upgrades and updates tested in non-production databases prior to promotion into the production environment?

Response:

15. Detail your database maintenance practices and procedures (production and non-production databases).

Response:

16. Describe the ownership of the technology you are using to support the processing of your clinic data.

Response:

17. Please describe your escalation process for technical issues. Does the process vary from implementation to post-implementation?

Response:

18. Please provide details around any database/system capabilities or capacity that we should be aware of (for example, maximum number of employees or legal entities that can be processed by your application). If any, what fees are associated with exceeding these limits?

Response:

19. How does your organization ensure that security risk assessments are routinely conducted? Describe the process for routine security audits and breach notification and the process and timeliness by which SBEC would be notified of any breach.

Response:

20. Please include a Data Flow Diagram (DFD) outlining the major processes that comprise your solution and the data that flows through them. This DFD will be a visual representation of your solution and any associated interfaces.

Response:

21. Describe your support structure for the products and services after implementation including hours of coverage and expected services, response expectations should be provided along with escalation options due to unpredictable critical requirements or in the event that contractual service has failed.

Response:

Data protection, security and confidentiality

The following questions apply to your in-house systems and licensed products, as well as downstream vendor applications utilized by the clinic. Please be specific in your responses.

22. How do you handle secure transmission of sensitive data being used or transmitted by this application(s)? Will any data be transmitted across the Internet and is it protected during transmission (SSL, IPsec, VPN)?

Response:

23. Is any data sent to a third-party? If yes, briefly describe the process and how it is protected?

Response:

24. Who has access to the backups and servers & where will the data be stored and backed-up? Will it be backed-up and stored encrypted?

Response:

25. How do you ensure you keep current on all the latest security updates?

Response:

26. Have you ever had a third-party security audit of your site/tools? If yes, when, by whom and what was the outcome? What resources could you provide to support this effort?

Response:

27. Do you have documented and published Information Security Policies and Standards?

Response:

28. Do you have a Chief Information Security Officer?

Response:

29. Do you have a documented Security Incident Response Plan?

Response:

30. Do you have a security awareness program for new employees and existing employees?

Response:

31. Do you use a data center(s)? If yes, is the data center certified (e.g., SAS-70 II?) Where is the data center(s) located?

Response:

32. Are customer environments segregated (either logically or physically) from the corporate network?

Response:

33. Do you utilize any host or network Intrusion Detection Systems?

Response:

34. Do you have the ability to encrypt data (both at rest and when in transit)?

Response:

35. Do you have a documented Business Continuity Plan?

Response:

36. Do you periodically scan your internal and extranet environments for vulnerabilities?

Response:

37. Do you have policies for social networking/media site prohibitions and sanctions policies for violations?

Response:

38. Do you have policies which prohibit the use of personal digital media and devices to transmit or store protected health information?

Response:

Administration

The SBEC is evaluating vendor approach, capabilities, and experience in the administration of clinic activity.

1. How will you ensure consistency in service delivery and quality?

Response:

2. Please provide samples of your policies and procedures for the following operational processes:
 - A. Medical record release
 - B. Patient scheduling
 - C. OSHA recordable injury
 - D. Referral to external specialist or primary care physician
 - E. Referral to on-site health/wellness coach
 - F. Incorporation of HRA data into the patient file (or policies regarding use of secured patient portal to conduct a HRA if applicable).
 - G. Patient scheduling for same day/open access scheduling of appointments
 - H. Emergency response to security alarms
 - I. Management of clinical emergencies, transfer to a higher level of care
 - J. Evaluation of patient satisfaction
 - K. Management of complaints and grievances
 - L. Reporting of incidents and occurrences (risk management)
 - M. Documentation of informed consent for minor invasive procedures
 - N. Patient confidentiality, privacy/security/confidentiality of medical records
 - O. Medication administration/safety/storage; any policies on management of controlled substances

Response:

3. Describe your regulatory compliance function including role-based compliance training, anonymous reporting of compliance issues.

Response:

4. Would you be willing to customize your operational policies and procedures for the SBEC clinics?

Response:

5. Does your technology platform offer coding assistance to confirm coding accuracy and documentation of patient visits?

Response:

6. Can the technology platform verify a patient's eligibility and insurance coverage?

Response:

7. Is your system compatible with all major insurance payors and billing clearinghouse systems?

Response:

8. Do you have the capability of controlling access to the clinic to individuals who are eligible for services? Describe the process for vendor identification and access control. Describe the process to manage individuals who present to the clinic as walk-ins who are not eligible for services.

Response:

9. Do you have the capability of managing eligibility for individuals who are enrolled in the employer group health, or based on other criteria selected by the SBEC? Preventative vs. non preventative charges?

Response:

10. Do you have the 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 SBEC?

Response:

Project Planning and Implementation

As this project advances, the SBEC expects a team dedicated to overseeing and managing the implementation comprised of your representatives, its consultant(s), SBEC and its HR/benefits staff. If your approach for any of the questions below varies by service tier, please provide a separate response for each tier.

1. Please provide a sample implementation plan (existing in-house clinic to third party vendor management).

Response:

2. Please list the three most common problems encountered during implementations of this type that delay or add unexpected cost.

Response:

3. Please describe how your organization has avoided these common sources of delayed implementation.

Response:

4. Please provide an overview of the process and participants necessary to ensure project success.

Response:

5. What time commitments will be required of SBEC team members during implementation and ongoing?

Response:

Savings calculation

1. Please explain in detail your savings/Return on Investment methodology and how it is transparent, measurable, and verifiable.

Response: