

RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES
ATTACHMENT A: SCOPE OF WORK



Cincinnati Metropolitan Housing Authority (CMHA) is requesting proposals (hereinafter “Proposals”) from responsible vendors to provide Near-Site Clinic Services for CMHA employees and their dependents covered on CMHA’s medical insurance plans.

CMHA is self-funded and offers three (3) health insurance plan options to employees. There are two (2) high deductible plans and a PPO 80/20 plan. There are approximately 400 covered members under the plans. CMHA employees and their dependents will be eligible to access services at the clinic at no cost.

CMHA is a metropolitan housing authority organized and existing under Ohio Revised Code §3735.27, et seq., and is governed by the U.S. Housing Act of 1937, as amended, and subject to regulations under Title 24 of the Code of Federal Regulations. CMHA has approximately 200 employees.

Proposals should detail out the services below to be provided:

1. Disease Management and Health Coaching
2. Medical Examinations and Assessments
3. Health/Self-care/Consumer education and promotion
4. Acute Care and Primary Care
5. Case Management Services
6. Wellness Programs
7. Occupational Health

1.0 QUALIFICATIONS

The vendor must demonstrate at least three (3) years of successfully administering near-site medical services. The vendor must show a financial model for the proposed services to include a return on investment (ROI) analysis of the proposed services.

The on-site vendor must be able to provide performance guarantees on:

1. Return on investment
2. Employee satisfaction
3. Wait times
4. Reporting capabilities
5. Patient confidentiality

2.0 PROPOSAL FORMAT

Attachment A-1, Vendor Questionnaire, provides a list of questions to which the vendor must respond in writing and submit with their proposal. Vendor must provide responses to all questions. If a question does not apply, respond with “Not Applicable”. The format of the

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES**



vendor's response should be Question Number and the question itself (in bold print), and the Vendor's response (in italics, not bold). For example:

1. **Name of your organization, location of headquarters, and date established.** *Vendor response.*
2. **Please provide a brief history of your organization (including all former names and owners, and how long you have been providing near-site clinic services).** *Vendor response.*

(Note: to avoid re-typing all the questions, copy and paste the questions from Attachment A-1.)

3.0 PERFORMANCE STANDARDS

- 3.1 For each time the Contractor violates any of the clauses in the Scope of Work or resulting contract, the Contractor's fee may be reduced 10% for that service.
- 3.2 The COO may waive the fee reductions at her discretion after discussing extenuating circumstances with the Contractor. Such waiver shall be in writing at the time of the service.

4.0 CONTRACT TERMS

4.1 Contract Term

4.1.1 The Authority intends to enter into a one year contract with the option, at the Authority's sole discretion, to extend four one-year contracts with the successful offeror(s) selected to provide the services.

4.2 Indefinite Quantities Contract (IQC) CMHA does not guarantee any minimum or maximum amount of work as a result of any award ensuing from this RFP, but will reserve the right to award work on an as-needed basis.

4.2.1 Guaranteed Contract Minimum Amount and Not-to-exceed Maximum Amount: As may be further detailed herein, as the ensuing contract will be an Indefinite Quantities Contract (IQC), which, pursuant to HUD regulation, requires CMHA to award the responsive and responsible contractor a Guaranteed Contract Minimum Amount (GCMA) and Not-to-exceed Maximum Contract Amount (NMCA) of work, those required minimum and maximum contract levels are: (a) GCMA: \$100; (b) NMCA: \$140,000 annually. CMHA reserves the right to adjust these amounts, if in its best interest to do so, prior to contract approval.

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES
ATTACHMENT A-1: VENDOR QUESTIONNAIRE**



COMPANY INFORMATION

1. Name of your organization, location of headquarters, and date established.
2. Please provide a brief history of your organization (including all former names and owners, and how long you have been providing near-site clinic services).
3. Provide the contact information of the individual authorized to answer any questions related to the proposal: (Name, Title, Address, Phone Number, and Email Address)
4. How many full-time employees do you have that are devoted solely to the near-site clinic business?
5. How many clinics do you currently manage?
6. How many clients have transitioned to a different clinic manager in the last 3 years?
7. Are you anticipating any significant business changes, including acquisitions or mergers, in the coming year? Please describe.
8. Provide three companies currently using your company for clinic management that would be willing to serve as a reference for your services.
9. Provide one company that has used your company for clinic management services in the past but is not currently that would be willing to serve as a reference for your services.
10. Is your company currently for sale or involved in any transactions to become acquired?
11. Describe how your organization distinguishes itself from your competitors and if you have any unique offerings for our company.
12. What innovation(s) is your company planning in the coming years to remain competitive in the onsite clinic and/or healthcare industry?
13. Where do you see the near-site clinic industry in 3 years?

CLINIC MODEL

14. Briefly describe your clinic model. Such as, overall care philosophy, average time with patients, etc.
15. Who owns the clinic space – you or the employer? Do you have flexibility on the ownership/leasing arrangement?
16. Who manages the clinic staff?
17. Do you employ a Medical Director? Describe their tasks as a Director and how often they meet with staff.
18. What type/how much staffing would you propose to meet the needs of the employer?
19. What scope of services would you recommend for this employer and why? What hours of operation would you propose for this employer and why? What hours of operation have you experienced to be the most cost effective and engagement effective?
20. How do you measure engagement in the clinic?
21. How do you engage dependents?
22. How many employees and dependents does your largest based clinic support?
23. How does the selection process of staffing the clinic occur? Does the client have any input?

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES**



24. Describe your company's clinical quality assurance program.
25. What are your clinic staff employment relationships (direct employees, independent contractors or leased)?
26. What if you can't staff the clinic timely or during absences? How do you handle this and are their extra charges involved? How often does this happen?
27. Please describe how you will use electronic medical records and what are the benefits to the employer and their employees?
28. Are you affiliated with any outside physicians and/or hospitals? Do you refer to specific organizations?
29. Do you have any experience working with multiple employers sharing a clinic?
30. Please explain in detail how you separate expenses, set clinic hours and coordinate all sharing partners?
31. Can you coordinate different wellness & incentive programs for different sharing partners?
32. Do you dispense generic, brand or both? Provide details on your philosophy.
33. If using an outside lab vendor, please provide their information and who will assist with testing and reporting.
34. Please confirm you can perform pre-employment physicals including drug testing, occupational health and functional capacity testing.
35. Briefly describe your health promotion capabilities (health risk appraisals, screenings, health coaching, etc.).

WELLNESS SERVICES

36. Please describe your wellness philosophy.
37. Provide sample employer group aggregate wellness reports.
38. What is your capability for providing biometric screenings, i.e., in the clinic or at various employer locations?
39. Will you communicate the results to a Primary Care Physician outside of the clinic setting?
40. How would you handle urgent situations found upon screening?
41. How do you identify members for health coaching?
42. What are your wellness communication and support tools (i.e. incentive tracking tools, patient portal)?
43. What additional services do you offer and are there additional fees for these programs (i.e. weight watchers, walking clubs, weight loss contests, etc.)?

CONFIDENTIALITY / HIPAA / MEDICAL RECORDS

44. What Electronic Medical Records (EMR) system do you use?
45. How are medical records stored and confidentiality assured? On/off-site?
46. Describe your HIPAA compliance, GINA compliance and security processes.

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES**



47. Describe any reportable breaches you have had in security and how they were handled.
48. Provide confirmation that your employees are insured under your liability insurance policies, including Medical Professional Liability.
49. Please provide sample copies of the following.
 - Information Security Policy
 - HIPAA Compliance Policy
 - Clinic Security Requirements
 - Staff background, drug testing, criminal and financial testing policies

IMPLEMENTATION / ACCOUNT MANAGEMENT / EMPLOYEE EDUCATION

50. Please describe your current account management structure.
51. Who would be assigned to our account, where is this individual located, and how often do we meet with your account manager?
52. Outline how your implementation process is initiated and managed. Please provide an example implementation timeline.
53. How will you handle communicating the clinic educational piece to employees? Provide examples of marketing pieces for the opening of a clinic.
54. What additional resources will you provide to support employee communication/education throughout the year? Provide samples.
55. What techniques have you seen be most effective in driving employee engagement? Provide an example of a 3 year engagement plan.
56. Based on clinics you have had up and running for at least 2 years, what percent of the eligible population has utilized the clinic?
57. Do you require clinic-specific ID cards to be issued to the population?

REPORTING / DATA INTEGRATION

58. What types of employer reports are provided, and how often?
59. Can you interface with the medical carrier to provide data? Describe in detail.
60. Can you interface with other third party data vendors? (e.g. data warehouse vendors)
61. Please provide copies of your sample reporting package(s).
62. How do you handle eligibility files? How often do you require submission? Does submission need to come from the employer or could it come from the medical carrier as well?
63. Do you have a relationship with Kronos?
64. What other data elements do you track and provide employer reports on (e.g. predictive modeling)? Please describe in detail and give examples.
65. What clinical decisions do you make off the data evaluated? What patient outreach is conducted, if any?
66. Do you use electronic records and can you share them with PCPs?

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES**



67. Please provide what visit information is available / provided to primary care physicians for coordination of care. How will the information be transmitted?
68. How do you measure ROI?

PRICING / BILLING

69. Please outline staff pricing (physician vs. nurse vs. wellness coach, etc.) and indicate what is included in base clinic pricing vs what would be priced as add-ons.
70. Please outline pricing for various services (wellness, urgent care, biometrics, sick, etc.) and indicate what is included in base clinic pricing vs what would be priced as add-ons. For add-ons, please provide ROI stats.
71. Please outline if/how your pricing changes based on hours of operation (consider total hours open and any variability for opening early or closing late in a given day).
72. Are all medications dispensed as a complete pass-through to the employer?
73. Are you able to administer a preventive Rx arrangement in which out-of-pocket costs are waived for certain drugs and the whole cost is passed to the employer?
74. Are all labs performed as a complete pass-through to the employer?
75. For individuals enrolled in a high deductible health plan, who is responsible for determining a fair market fee schedule? Please provide an example fee schedule.
76. If there are different Rx copay arrangements for different plan options, are you able to bill differently based on plan option selected?
77. What is your pricing for biometric screenings?
78. Please provide any pricing and/or performance guarantees included with your proposal.

PATIENT EXPERIENCE

79. Describe the following features and capabilities of your systems:
 - a. Appointment scheduling (online, phone, other?)
 - b. Patient portal
 - c. Patient support (i.e. call center)
 - d. Wellness programs (either on-site or electronic)
 - e. Disease management
 - f. Telemedicine
80. How do you handle urgent care/same day requests? Do you allow walk-ins?
81. What is the minimum age for clinic care? Is it different for dependents?
82. What is the time allotted for each patient?
83. How do you support patients that already are seeing a primary care provider or specialist?
84. How do you handle specialist referrals?
85. How do you handle obtaining information from those referrals and track patient care outside of the clinic?
86. Can prescriptions written by an outside physician be filled at the clinic?

**RFP 2020-7001;
NEAR-SITE CLINIC HEALTH CARE SERVICES**



OCCUPATIONAL HEALTH / PUBLIC SAFETY

87. Explain your capabilities in the following areas:

- g. Candidates for pre-employment screenings
- h. Pre-employment physicals
- i. Post-accident screening and testing
- j. Fitness for Duty/Return to work evaluations