

4.0 SUBMITTAL REQUIREMENTS/WRITTEN EVALUATION CRITERIA

Proposals shall include all of the information solicited in this RFP, and any additional data that the respondent deems pertinent to the understanding and evaluating of the proposal. Proposals shall be organized and sections tabbed in the following order. The respondent should not withhold any information from the written response in anticipation of presenting the information orally or in a demonstration, since oral presentations or demonstrations may not be solicited. Each proposer will be ranked based on an analysis of the criteria herein addressed.

4.01 Scoring: An adjectival scoring system shall be applied throughout the evaluation process for the evaluation of the written responses and the oral presentation/informal interviews. A score of 0 is the least favorable and a score of 4 is the most favorable in all sections.

The Proposer's response will be scored by Committee members in accordance with the following scale:

- 0 = Unsatisfactory: Not responsive to the question.
- 1 = Below Minimum Standards: Responsive to the question but below acceptable standards.
- 2 = Marginal: Minimal acceptable performance standards and responsive to the question.
- 3 = Satisfactory: Above minimum performance, Effective and Responsive to the question.
- 4 = Exceeds Expectations for effectiveness and responsiveness to the question.

NOTE: The Committee member's score times the "weighted value" assigned to the different sections listed here equals the total score for that section.

4.02 All proposals shall include at minimum:

Tab 1 – Respondent's Profile and Submittal Letter – (Weighted Value 05)

RFP Submittal Letter signed by authorized agent of the business/corporation with proof of authorization from business

1. A brief profile of the firm, including:

Contact information:

Organization Name	
Primary Contact for Proposal	
Title	
Street Address	
City	
State	
Zip	
Telephone #	
Cell Phone #	
Fax Phone #	
E-mail Address	
Company web address	

1) Organizational Information:

Public or Privately-Held	
Parent Company	
Ownership/Controlling Interest Structure (Wholly-owned, subsidiary, part of a joint venture, etc.) provide information on all organizations with more than a 7.5% stake in your firm, including legal and financial arrangements with these organizations	
Indicate the length of time providing onsite medical centers	
Indicate the length of time providing onsite pharmacy service (state not provided if not offered)	
If you partner with another organization to provide onsite pharmacy service list the partner's name	
Last year's revenue and percent of total revenue associated with onsite centers and pharmacies	
Number of employees dedicated to onsite medical centers and onsite pharmacy services	

- 2) Provide a brief history of your organization.
- 3) Provide a brief summary of your experience in providing onsite clinic services.
- 4) Address organization changes, including: (1) any significant organizational changes that were implemented during the past 24 months; (2) mergers, acquisitions, spin-offs, etc. that have occurred during the past 24 months or are expected near term; (3) anticipated changes in ownership or business developments, including but not limited to mergers, stock issues, and the acquisition of new venture capital.
- 5) Provide an organizational chart. **Label Attachment, Org Chart**
- 6) Provide a brief bio on the persons in your organization who will have overall responsibility and day-to-day responsibility for this account. **Label Attachment, Bio**

- 7) Indicate the minimum number of employees in one geographic location required to offer services under the following scenarios:

	Minimum # of EEs
Onsite medical center with one FTE Primary Care Physician	
Onsite medical center with one FTE Nurse Practitioner or Physician's Assistant	
Onsite pharmacy with one FTE Pharmacist	

Geographic Markets and Client Base

- 8) Provide the total number of medical center and pharmacy clients you have in the US and for the number of [industry type] clients in the table below:

	# Clients w/Onsite Medical Centers -Primary Medical Treatment	# Clients with Occupational Health Only Centers	# of Clients Offering Full Service Pharmacy Services	# of Clients with First Fill Prepackaged Drugs
# of clients in the US				
# in the US specific to the educational field				

- 9) What number of onsite medical centers do you operate in the geographic regions listed below?

Geographic Region	# Onsite Medical Centers	# Onsite Pharmacies
East North Central (IL, IN, MI, OH, WI)		
Middle Atlantic (NJ, NY, PA)		
Mountain (AZ, CO, ID, MT, NV, NM, UT, WY)		
New England (CT, ME, MA, NH, RI, VT)		
Pacific (AK, CA, HI, OR, WA)		
South Atlantic (DE, DC, FL, GA, MD, NC, SC, VA, WV)		
South Central (AL, AR, KY, LA, MS, OK, TN, TX)		
West North Central (IA, KS, MN, MO, NE, ND, SD)		

10) Provide the number of your employer clients by the following population sizes (include all employees of the employer, at all locations, regardless of their access to the medical center). Of those clients listed by population, please indicate in the adjacent column the number of school district clients.

Employee Population	# of Clients	# of School Districts in Florida	# of School Districts outside Florida
Under 2,500			
2,500 – 4,999			
5,000 – 9,999			
10,000 – 24,999			
25,000 – 49,999			
50,000 – 99,999			
100,000+			

11) Provide the following information on your five largest clients (defined as the total number of employees in all locations) for onsite medical center services.

	Client #1	Client #2	Client #3	Client #4	Client #5
Client Name, City, State					
Industry					
Total # of EEs					
# of Ees Serviced by Center					
# of Centers					
Location(s) of Medical Center(s)					
Also Offer Pharmacy Services? (Yes/No)					

A. Those firms located within the Osceola County must include a copy of their County Business Tax Receipt (formerly known as an occupational license). If a respondent is located within Osceola County, failure to have or obtain an Osceola County Business Tax Receipt prior to the RFP closing date and time shall automatically render a respondent non-responsive. **Note: Charitable organizations that qualify under Florida Statute No. 205.192 are exempt from this requirement.**

B. Federal Identification Number of firm

Tab 3 – References – (Weighted Value 10)

Identify three similar corporate clients of comparable size and scope that have retained your services for at least 2 full years and provide contact name and phone number. **We are particularly interested in other similar size school board clients.**

	Corporate Client 1	Corporate Client 2	Corporate Client 3
Company Name			
Contact name, phone and email address			
# of eligible employees			
Services provided			

Tab 4 – Feasibility Analysis – (Weighted Value 10)

Appendix “A”

Tab 5 - Ability, Capacity, and Skill of the Firm – (Weighted Value 25)

The ability, capacity, and skill of the Firm to be able to provide the services here in addressed.

- 1) In the table below, indicate whether your organization offers the following services:

Services	Offered/Not Offered
Non-Occupation Services:	
Primary Care	
Urgent Care	
Well Visits	
Preventive Care	
Disease Identification and Treatment	
Case Management	
Utilization Management	
Coordination of Care with Outpatient and Inpatient Providers	
Physical Therapy	
Health Risk Appraisals	
Wellness Coaching	
Disease Management	
Data Management	
24-Hour Nurse Line	
Occupational Health Services:	
Treatment of work related injury/illness	

Services	Offered/Not Offered
Direction of injured workers to preferred medical providers	
Ergonomic assessments	
Surveillance testing	
D.O.T. testing	
Workers' Comp Case Management	
Return-to-Work (RTW) Management	
Physical therapy	
Safety and injury prevention	
Pre-placement and fitness for duty exams	
OSHA regulatory compliance (e.g., hearing tests)	
Pharmacy Services	
Disease Education and Management	
Compliance Programs	
Half Tablet program	
Generic Maximization program	
Brown Bag program	
Antibiotic Management program	
Mail service delivery of prescriptions	
Workers Compensation program	
Coordination of care with PBM/DM/Health Plan	
Compounds (describe level of compound service)	
OTC Program	

2) List the five most important elements for a successful onsite program:

	Most Important Elements for a Successful Program

- 3) Indicate whether the medical clinic staff are your direct employees, independent contractors or leased workers.
- 4) Complete the table below for any subcontracted /outsourced services:

Name of Service	Subcontractor	Length of Relationship

- 5) Describe the management services (e.g., clinical support, occupational health support) you offer to support the onsite facility.
- 6) Describe how pharmacy services are delivered (e.g., direct delivery; subcontracted; if so, name of subcontract entity, etc.)
- 7) Highlight what you consider to be the particular strengths of the services you offer and the principal reasons the District should select your company over other competitors.
- 8) Provide at least three examples of how you have worked with clients to improve utilization of the onsite clinic and integration of services that translated into improved health for the workforce.
- 9) Do you recommend an onsite pharmacy service for the District? If yes, why. If no, why not.
- 10) Please describe your approach and past experience in making the clinic available to eligible dependents and retirees. Is this your preferred model?
- 11) In relation to the previous questions, please describe your approach and past experience in making the clinic available only to eligible employees of the District. Is this your preferred model?

Integration with Service Providers

- 1) Describe how you would manage referrals to network physicians in a manner that maximizes cost effectiveness and quality of care.
- 2) Outline your approach toward integration and coordination of other health resources. Be sure to address specifically: the District's medical plan administrators, in-house wellness coordinator, Health Risk Appraisals, disability management and return-to-work team; EAP program supplier.

Tab 6 – Experience of Personnel – (Weighted Value 10)

The overall qualifications/resumes of the key personnel providing the service requested, including education and training, and experience in services herein addressed.

Staffing – General

- 1) Describe staff recruitment and selection (including the criteria used and credentialing) for any physicians, physicians' assistants or nursing staff.
- 2) Comment on the **ongoing** credentialing process for the clinic staff.
- 3) Describe how you establish salary and benefits levels for physicians and nurses.
- 4) Describe how you coordinate and integrate with the local provider community.

- 5) How do you ensure that the clinic staff will be a cultural fit for a client organization?
- 6) Describe what role, if any, the District would play in clinical staff recruitment and selection.
- 7) Do you plan on securing admitting privileges on the part of the onsite center's physician(s) to one or more local hospitals?
- 8) If you envision a role for a referral arrangement with a hospitalist at a facility to oversee inpatient treatment for the District's admitted patients, describe how this relationship would operate.
- 9) Describe how you establish salary and benefit levels of pharmacists.
- 10) Show your pharmacist turnover rates for the first six months for the last five on-site pharmacies. (The District has noted that such projects have high unsatisfactory rates when the pharmacist turnover rates are high).
- 11) Provide the standard pharmacist: technician ratios used.

Ongoing Education

- 1) **What initial and ongoing education is provided to clinic staff to assure HIPAA and state law compliance and patient privacy?**

Tab 7 – Approach and Methodology – (Weighted Value 15)

The Firm's approach and methodology of how the services herein addressed will be provided.

A. Pharmacy Controls:

1. Demonstrate how pharmacy purchase prices will be better than retail (and mail) order.
2. Describe your inventory control procedures.
3. Provide your OTC pricing schedule (or formula).

B. Performance Guarantees

1. Propose a set of performance guarantees that back up your commitment to deliver services that will exceed the expectations of the District. We see "pay for performance" as an important consideration in awarding the business and we want to see evidence of: (1) your agreement to the concept: (2) specific measures for financial performance, quality of care/outcomes, adherence to evidence based medicine, member satisfaction, reduction in workers' compensation / occupational health costs, ability to redirect primary care visits into the clinic, etc.
2. Propose performance guarantees on the purchasing of pharmacy supplies.
3. Propose performance guarantees around product inventory. Specifically, we are interested in ensuring that items for common prescription products will be in stock on a consistent basis, and that members can be ensured that the product will be available when they are ready to pick up the prescription.
4. Describe what distribution/delivery services you could make available for employees who are not in close proximity to the clinic, but wish to have pharmacy prescriptions filled by the clinic.

C. Facility Considerations (Physical Space and Operations) { Note: if you are selected as a finalist, you will be asked to present a sample floor plan for the onsite medical center. }

1. What square footage assumptions have you used in your analysis for the medical center? Please be sure to include assumptions for pharmacy services.
2. Does the square footage estimate include consideration of an onsite laboratory?

Radiology?

3. Discuss how any “build out” will be handled.
4. Discuss how any projections for increased utilization over time are considered in the onsite medical center facilities plan.
5. Discuss how any projections for increased utilization over time are considered in the pharmacy plan.
6. Detail below the equipment that you will need to purchase or lease to operate the clinic as proposed.
7. Is there a requirement for refrigeration for the medical center?
8. How much refrigeration space is designated for the pharmacy?
9. How will expired drugs be handled? How will they be disposed? Will the District bear the costs of expired drugs?
10. Explain how you will charge the District for the purchase or lease and ongoing maintenance of the equipment you will require. Confirm that you have included those costs in your financial quotation.
11. Are there other vendors that will need access to the site (e.g., lab pick-up service, pharmacy concierge service)? If so, address any related logistical considerations the client needs to arrange for to accommodate this; i.e., security issues, ingress/egress, etc.

D. Quality and Clinical Issues

1. Describe how the onsite medical center will improve quality of care outcomes for: (1) preventive services; (2) adherence to evidence-based medicine especially for individuals with chronic medical conditions; (3) participation in disease management or wellness programs; (4) specialist services and hospital treatment by controlling patient referrals.
2. List any national or state accreditations received that has direct applicability to the onsite clinic proposed for the District.
3. Describe your quality review process.
4. Explain how your physicians are kept current on best practices in medical care, including any ongoing training.
5. Attach examples of written procedures used at all onsite medical centers for patient safety. **Label Attachment, Patient Safety.**
6. Describe employee satisfaction surveys including the survey process, scoring mechanisms and results.
7. Attach a de-identified patient satisfaction survey showing actual results of an employee satisfaction survey that has been completed. **Label Attachment, Patient Satisfaction Survey and Results.**
8. Please describe your problem resolution/escalation process for the District employee complaints or issues with the clinics’ staff or services.
9. Describe your method of incentivizing pharmacists to provide additional services identified previously. How will quality be measured?

E. Health Management Services

1. Describe briefly how your firm can improve the health and productivity of the District’s population with the clinic. In responding, include brief examples of how you have improved health and productivity outcomes with other clients.

2. Can you provide a Health Risk Appraisal to eligible participants of the Healthplan? If so, please describe your process to communicate and deliver the HRA to all participants. Please include a sample of your HRA. Please include all costs to administer the HRA to plan participants.
3. Provide details on the role of onsite center staff (MDs, RN, pharmacists) in health coaching to complement health plan wellness and disease management services, occupational health, disability management, and/or workers' compensation case management.
4. Discuss specific programs that would be offered by the onsite center that will address: obesity, smoking, exercise, depression, stress.
5. What other population health enhancement programs do you offer?
6. How will you provide the general workforce population with health information?

Administrative Services

F. Implementation

1. Outline the implementation plan and timeline, assuming an effective date of October 1, 2009. Provide a sample implementation timeline, assuming the District was to select its partner organization by July 20, 2009. **Label Attachment, Implementation Plan.**
2. Provide the range of times between approval from the client and opening of the onsite pharmacy (and medical center). What was the shortest time? What was the longest time? What is the average time?
3. List the types and frequency of data you will need from the District to implement the proposed services.
4. How many hours per week will be required of the District staff (a) during the implementation phase for the onsite medical center; and (b) for ongoing support after implementation is completed?

G. Communication

1. Attach samples of communication materials provided to assist with introducing the onsite medical center to employees. **Label Attachment, Communication Samples.**
2. Attach samples of communication materials provided to assist with ongoing promotion of the onsite medical center. **Label Attachment, Promotion Materials.**

H. Management Reporting

1. Outline your reporting capabilities. Address all standard reports, frequencies and data elements.
2. Attach a sample set of routine reports given to clients to monitor program usage, costs, savings, etc. **Label Attachment, Reports.**
3. Describe your organization's standard methodology for measuring program impact and return on investment and how that information is reported back to the client.

I. Technology/Web-Based Systems and Capabilities

1. Describe the information system that would be used at the District's onsite clinic.
2. Describe any electronic health records that would be employed for the District's onsite clinic.
3. Would you gather/integrate claims data from the health plans to populate each individual's electronic health record? If so, describe the process flow typically employed to do this.

4. Describe the Information Security Program.
5. Discuss your Privacy Policy. List any technology based steps you have taken to ensure patients' privacy.
6. If you offer any on-line health support tools to clients' employees and dependents, please give us the URL, a user name and password so that we can navigate the site.

Tab 8 – Other Services – (Weighted Value 10)

Services relevant to this contract that are in addition to the duties as outlined in the Scope of Services can be submitted in this section. Include any/all exceptions taken to the content of the solicitation, the attached contract (Attachment "H") or legal agreement (s) or document(s) related to the solicitation.

A. Billing Procedures

1. Confirm that your organization can handle collection of payments from employees for clinic services, including the capability to accept debit card and credit card payments from an employee.
2. Outline your billing procedures, including how often the District would be billed and the payment methods available to the District.

B. Communication

1. Attach samples of communication materials provided to assist with introducing the onsite medical center to employees. **Label Attachment, Communication Samples.**
2. Attach samples of communication materials provided to assist with ongoing promotion of the onsite medical center. **Label Attachment, Promotion Materials.**

C. Management Reporting

1. Outline your reporting capabilities. Address all standard reports, frequencies and data elements.
2. Attach a sample set of routine reports given to clients to monitor program usage, costs, savings, etc. **Label Attachment, Reports.**
3. Describe your organization's standard methodology for measuring program impact and return on investment and how that information is reported back to the client.

D. Technology/Web-Based Systems and Capabilities

1. Describe the information system that would be used at the District's onsite clinic.
2. Describe any electronic health records that would be employed for the District's onsite clinic.
3. Would you gather/integrate claims data from the health plans to populate each individual's electronic health record? If so, describe the process flow typically employed to do this.
4. Describe the Information Security Program.
5. Discuss your Privacy Policy. List any technology based steps you have taken to ensure patients' privacy.
6. If you offer any on-line health support tools to clients' employees and dependents,

please give us the URL, a user name and password so that we can navigate the site.

Tab 9 – Licensing and Insurance Certifications – (Weighted Value 10):

A. Legal/Liability/Contractual Issues

1. Attach a copy of your standard contract and/or administrative agreement. **Label Attachment, Sample Contract.**
2. Provide details (carrier, period limits, and deductibles) of your following insurance coverages:

Type of Insurance Coverage	Carrier	Contract Periods (to/from)	Amounts/Deductibles
Property Insurance			
General Liability			
Excess Liability			
Automobile Liability (including non-owned and hired)			
Workers' Compensation / Employers Liability			
Employee Dishonesty / Crime Coverage			
Medical Professional Liability			

3. Provide the certificate(s) of insurance evidencing such coverage. **Label Attachment, Certificate of Insurance Coverages.**
4. Is professional liability insurance written on a "claims incurred" basis?
5. Provide details of any paid or open claims (e.g., malpractice lawsuits) under your Medical Professional Liability insurance program during the last 5 years.
6. Describe any training provided to the medical clinic staff directed at hazardous material handling and blood borne pathogen training. How do you comply with any state/city mandates on training for these safety issues?
7. Describe your Risk Management structure, process and practice.
8. Do you maintain a fidelity bond?

B. Licensing:

1. Describe your process for obtaining licenses for all facilities listed.
2. Describe your past experience with obtaining and getting approval of licenses for the pharmacy. What has been the average turnaround time from the time of license application to the receipt of the license? Provide three specific examples with timelines and references.
3. Demonstrate your knowledge of the licensing requirements for the pharmacy in

Florida.

C. HIPAA Compliance (Note: unless an explanation is required, answer yes/no to these questions)

1. You maintain a dedicated individual or staff responsible for resolving HIPAA issues.
2. Vendor certifies that it reports to the national Healthcare Integrity and Protection Databank (HIPDB) as required and, as may be necessary, submits inquiries to the HIPDB to determine whether any final adverse legal actions have been taken against its staff clinicians.
3. Vendor certifies that it is in full compliance with HIPAA's administrative simplification standards relating to electronic data interchange (EDI).

D. Privacy and Confidentiality (Note: unless an explanation is required, answer yes/no to these questions)

1. Vendor agrees to make internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received by vendor available to the Secretary of the Department of Health and Human Services for purposes of the Secretary of the Department of Health and Human Services determining vendor's compliance with the privacy rules.
2. The vendor adopts and implements written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.
3. The vendor will not use or further disclose protected health information (PHI) other than as permitted or required by the Business Associate Agreement or as required by law.
4. The vendor agrees to (i) implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits, (ii) report to the plan sponsor any security incident (within the meaning of 45 CFR § 164.304) of which vendor becomes aware, and (iii) ensure that any vendor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the vendor agrees to implement reasonable and appropriate safeguards to protect such PHI. The vendor agrees to mitigate, to the extent practicable, any harmful effect that is known to vendor of a use or disclosure of PHI by vendor in violation of the requirements of the federal privacy rule.
5. The vendor agrees to provide access to PHI in a "designated record set" in order to meet the requirements under 45 CFR §164.524.
6. The vendor agrees to make any amendment(s) to PHI in a "designated record set" pursuant to 45 CFR §164.526.
7. The vendor agrees to document such disclosures of PHI and information related to such disclosures as would be required to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528.

Tab 10 – Financial Statement – (Weighted Value – 10)

All respondents shall be prepared to supply a financial statement upon request, preferably a certified audit of the last available fiscal year, but a third party prepared financial statement and the latest Dunn & Bradstreet report will be accepted.

Tab 11 – Conflict of Interest Form (Attachment “C”) (Non-Scored)

All respondents shall properly complete, have notarized and attach with their proposal the attached notarized disclosure statement.

Tab 12 – Addenda (Non-Scored)

Any addenda issued subsequent to the release of this solicitation must be signed and returned with the firm's proposal. **Failure to return signed addenda may be cause for the proposal to be considered non-responsive.**

Tab 13 – Confidential Materials (Attachment “E”, Exhibit “A”) (Non-Scored)

All materials that qualify as “trade secrets” shall be segregated, clearly labeled and accompanied by an executed Non-disclosure Agreement for Confidential Materials shall be submitted in this section.

Tab 14– Additional Requirements Attachments (Non-Scored)

Drug Free Workplace Certification, Attachment “A”

Debarment Certification, Attachment “B”

Hold Harmless Certification, Attachment “F”

Tab 15 – Fee Structure (Required but not scored at this time)

The proposer will provide professional consulting services as outlined in the Scope of Services for a monthly fee. The monthly fee will include all professional consulting services, travel, telephone consultations, and administrative support. In addition to the monthly fee for services addressed in this RFP, the District would like an hourly rate for Special Project for professional services not specifically addressed in the RFP Scope of Services.

The proposer must identify the total compensation package that they receive for all services rendered, including but not limited to commissions received from insurance products sold by the proposer.

The fee structures shall only appear in the hard copy marked “original” and shall be in a separate sealed envelope.

End of Section 4.0