

**Missouri Consolidated Health Care Plan
Responses to Vendor Questions
2019 Onsite Health Center RFP
April 16, 2018**

These responses are provided by MCHCP to questions received from potential bidders for the 2019 Onsite Health Center RFP.

General	Response
1 Does the State desire to open new health centers across the state in the future?	There are no current plans to expand to other geographic locations.
2 Is the State willing to consider an enhanced staffing model with a physician?	The <i>Strive for Wellness</i> ® Health Center currently operates under a NP model that meets both the clinical and financial needs of MCHCP. While the bidder may propose a different staffing model, MCHCP is not seeking to significantly increase its clinic's operating costs due to a change in the staffing model.
3 Is the State open to expanding the scope of services to include chronic condition management?	No, not at this time.
4 Confirm total number of employees eligible to use the current clinic. Are spouses and dependents eligible to use the clinic? If so, please confirm the total number of eligible.	The onsite health center is available to active state employees with an MCHCP medical plan. That count is approximately 37,500. However, not all eligible employees live or work in close proximity to the onsite health center so it is not feasible for them to access health center services routinely. Should they be in the region of the onsite health center for travel and need health center services, they could certainly utilize them. The number of eligible state employees living or working in a location within walking or 10 minutes driving distance to the health center is approximately 9,500 and can be found on page 3 of the Introduction and Instructions document. Most health center utilization is by eligible state employees within walking distance of the health center, and that number is approximately 4,786 - also noted on page 3 of the Introduction and Instructions document included with the RFP materials.
5 We are preparing our questions for submission. Can all of our questions be in one document and attached to the message?	Yes, you may attach a document to a message that includes all of your questions.
6 We are interested in reviewing the actual volumes and types of visits seen at the onsite health center at the Truman Building during the previous four years. This will help us budget appropriately. May we have a summary report of the number of actual patient visits, types of visits, age groups of patients, and any limitations for age groups of patients?	The onsite health center opened on March 17, 2014. Since that time, there have been approximately 14,000 visits. Visit types: 55-60% illness; 16-17% immunizations; 20-23% health maintenance/preventive services and screenings. Behavioral Health Counseling Services were first offered in February of 2017. In a 12-month period, the percent of visits for behavioral health services is 4.5 - 5% of total health center visits. The age group of patients ranges from 20 - 69 years old. The limitations for age groups is the eligible population - active state employees with an MCHCP medical plan.
7 Has the onsite health center provided medical care for state retirees and state employee dependents? Could the onsite health center provide medical care for state retirees and state employee dependents in the future?	No. The onsite health center services are available to active state employees with an MCHCP medical plan. Dependents and retirees are not eligible to utilize health center services.
8 Did the previous vendor supply the exam tables, chairs, stools, etc. for use in the health center? Do the exam tables, chairs, stools, etc. in the health center stay with the State of Missouri onsite health center?	No. MCHCP purchased and owns the furniture, including the exam tables, chairs, stools, etc. for use in the onsite health center.

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9	Please clarify your use of employee "co-pays". Our model does not charge co-pays which in turn improves employee participation as co-pays are a barrier to an employee/patient in utilizing the health center.	Please see Exhibit B - Scope of Work, Section B6.2 for MCHCP's structure regarding copayments for onsite health center visits. The onsite health center management vendor operates the health center implementing the MCHCP-model.
10	How long was the term of the contract with the previous clinic provider and what were the contract terms (years) with the provider before that?	The MCHCP onsite health center first opened in March, 2014. Since the launch of services there has been one vendor manager for health center services. The initial contract was for a period of one year, with four options to renew at the sole discretion of the MCHCP Board of Trustees.
11	Is it possible to get a census to do a heat map in and around the Jefferson City area?	No.
12	Will you provide an employee census and medical claims experience?	The information regarding clinic utilization is found in section titled Background Information of the Introduction and Instructions document. No other information will be provided at this time.
13	May bidders supply an Executive Summary for our response? If yes, how should that be submitted in DirectPath as we do not see a specific location within the response explicitly reserved for an Executive Summary? If acceptable to include, is there a specific DirectPath item we should associate the Executive Summary to upon submission in DirectPath? It appears we could include it in the Reference Files From Vendor section if acceptable to the State.	There are not points associated with an Executive Summary and the item is not requested by MCHCP as part of the proposal package; however, you may submit an Executive Summary in the Reference Files from Vendor section of DirectPath as an extra resource if you desire.
14	How does MCHCP/current vendor currently manage monitoring parking and generating parking passes? Is this a non-negotiable item?	MCHCP is interested in the approach that will be utilized by the companies submitting proposals. The current vendor developed an appointment system which includes appointment types with or without parking. If with parking is selected, the system generates a time stamped parking pass for a window of time to include appointment time, wait time and walk time to and from parking to health center, which is then available on the patient portal a minimum of 2 hours prior to appointment time for the patient to print and place in vehicle during appointment. Parking pass capability is not negotiable.
15	Why do you feel like the vendor needs pollution insurance? Is this non-negotiable?	This item is non-negotiable and is required to protect against liability should there be any release of hazardous material involving medical waste or other material.
16	Is the current staff expected to remain in place?	Please see Exhibit B - Scope of Work, Section B5.
17	Are there any other wellness programs that are in conjunction with the onsite clinic?	Please see Exhibit B - Scope of Work, Section B6 for Health Center services and Section B2.8 for specific contractor requirements related to collaboration with MCHCP's <i>Strive for Wellness®</i> program.
18	What EMR is utilized in the clinics?	The current vendor uses <i>Cerner PowerChart®</i>
19	Is there paper charting? If paper charting exists, what is the volume of charts stored?	No.
20	What is the current participation for members?	Health Center Statistics and Utilization may be found on page 3 of the Introduction and Instructions document that accompanies the RFP materials.

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21	What is the current utilization for clinic hours?	Health Center hours may be found in Exhibit B - Scope of Work, Section B2.4. The busiest day of the week is Wednesday, followed by Thursday, then Tuesday, then Friday then Monday. Visit times are steady throughout the hours of 8 am and 2 pm with a slight drop in access between 3 and 5 pm. The 7 - 8 am visit times are the lowest volume.
22	Is there a telemedicine service in place and if so, what vendor provides this service? What is the member utilization of the telemedicine service? What are the expectations for telemedicine?	Telemedicine is not a health center service.
23	Will the incumbent provider be participating in the RFP?	Responses to the RFP and all proposals will remain confidential until awarded by the MCHCP Board of Trustees.
24	Will the new provider be able to retain the Cerner staff? Is this something you desire?	Please see Exhibit B - Scope of Work, Section B5.
25	Is there a broker involved in the RFP process? Who is the broker of record for The State?	There is not a broker.
26	Is Cerner willing to transfer the current patient health information to the new provider?	This issue will be negotiated during the transition process.
27	How are parking passes currently being administered to the health center patients?	MCHCP is interested in the approach that will be utilized by the companies submitting proposals. The current vendor developed an appointment system which includes appointment types with or without parking. If with parking is selected, the system generates a time stamped parking pass for a window of time to include appointment time, wait time and walk time to and from parking to health center, which is then available on the patient portal a minimum of 2 hours prior to appointment time for the patient to print and place in vehicle during appointment. Parking pass capability is not negotiable.
28	Can you provide census data for all of The State employees?	No.
29	Can you provide a list of all the services paid for/provided by the current vendor?	Please see pages 2 and 3 of the Introduction and Instructions document provided as part of this RFP for a list of items included in the monthly management fees and ongoing consumables. (these items are paid for by the current vendor and invoiced to MCHCP). Please see Exhibit B - Scope of Work, for the services required to be provided by the current vendor.
30	Who is the current connectivity carrier? CenturyLink or other ISP?	The current onsite health center connectivity carrier is CenturyLink.
31	Are security services needed in addition to what MCHCP provides?	Please see Attachment 2 - State Owned Lease - Health Center Truman, Section 4.(e) for security information.
32	Who are the current laundry, janitorial, and lab vendors?	The current vendor utilizes disposable items so there is not a laundry service; Janitorial services information may be found in the Attachment 2 - State Owned Lease - Health Center Truman, Section 4.(d); CLIA-waived lab services are provided in the health center by the current vendor as required by Contract and Scope. Send out labs are services subcontracted by the current vendor - MCHCP does not contract for that service.

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33	Does the current provider communicate with state immunization/registries?	Yes.
34	What is the minimum age for children?	Children and dependents are not eligible to utilize the onsite health center.
35	Are there any plan changes for 2018 or 2019 being discussed?	The onsite health center services scoped in this RFP are the planned services for 2019.
36	What other health vendor partner(s) is MCHCP currently doing business with?	MCHCP current plan partners may be found on our website at: http://www.mchcp.org/stateMembers/contacts.asp
37	Can you please confirm your staffing model: 1 NP, 2 MA, .1MD, & .6 Clinical Social Worker? The Pricing Worksheet includes an RN, LPN, and Psychologist.	MCHCP has designed the pricing worksheet to allow bidders to submit their suggested staffing model to deliver health center services. MCHCP has provided the current staffing model as a bidder guide.
38	Given the low utilization of behavioral counseling (4%), do you want to continue with .6 social worker?	MCHCP has no plans to change the behavioral health counseling service provider 0.6 FTE at this time.
39	Is there space to expand should the center grow?	Not at this time.
40	Are dependents allowed to use the health center? If yes, how many dependents are there?	Children and dependents are not eligible to utilize the onsite health center.
41	Can you provide a breakdown of employees, spouses and dependents?	Children and dependents are not eligible to utilize the onsite health center. Active employees with an MCHCP medical plan are the eligible population.
42	The current utilization/capture rate is substantially lower than what we would expect, is there a reason for this?	Please see page 3 of the Introduction and Instructions document included as part of this RFP for a 70% average utilization rate of health center services.
43	Is there something driving the current capture rate (<20%) & do you expect this to increase beyond the 26% YOY growth from '16 to '17?	Please see page 3 of the Introduction and Instructions document included as part of this RFP for a 70% average utilization rate of health center services. The number of eligible state employees living or working in a location within walking or 10 minutes driving distance to the health center is approximately 9,500 and can be found on page 3 of the Introduction and Instructions document. Most health center utilization is by eligible state employees within walking distance of the health center, and that number is approximately 4,786 - also noted on page 3 of the Introduction and Instructions document included with the RFP materials. That calculation is 79% utilization for 2017 alone and a 26% increase in utilization of services from 2016 to 2017.
44	Please confirm that dependents have access to the clinic? If yes, what is the youngest age allowed?	Children and dependents are not eligible to utilize the onsite health center.
45	With the pricing you provided, can you confirm if those dollars include biometrics, medications dispensing and/or reference lab costs?	Please see pages 2 and 3 of the Introduction and Instructions document provided as part of this RFP for a list of items included in the monthly management fees and ongoing consumables. (these items are paid for by the current vendor and invoiced to MCHCP). Those costs include all services provided through the health center and the required CLIA-waived lab services. No medications are dispensed by the health center including OTC. Prescriptions are sent electronically to the pharmacy of patient's choice.
46	Is there a desire to add a Wellness Coach/Portal or Revenue Cycle Management/Collection of copays?	No.

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47	Do you own the medical equipment or will this equipment need to be replaced?	MCHCP purchased and owns the furniture, including the exam tables, chairs, stools, etc. for use in the onsite health center as well as all permanent appurtenances and laboratory and break room refrigerators. Most other medical exam equipment and lab service equipment is provided by the contracted vendor.
48	Are the incumbent staff available for hire? Is current salary information available?	Please see Exhibit B - Scope of Work, Section B5. Current salary information is included as part of Monthly Management Fees for the staffing model detailed on pages 2 and 3 of the Introduction and Instructions document released with this RFP.
49	Will all the plans be high deductible plans in 2019?	No.
50	What is the average hourly wage for the State of Missouri employees?	Reference The Compensation & Benefits Study Report on the State's website at: https://oa.mo.gov/sites/default/files/2016-State-of-Missouri-Compensation-Benefits-Report.pdf
51	Please provide the number of unique visitors to the clinic.	Unique patient visitors for four full years of onsite health center operation is approximately 4000 each.
52	Will any claims data be provided for analysis?	No.
53	Are there any issues with current Vender and/or staffing model?	No.
54	Please provide the total dollar amount collected for office visits for both health plan options. Is this passed back to the health plan or retained by Vender to offset clinic costs?	The total dollar amount for health center visits is not readily available. This amount is passed back to the health plan as a reduction of operational costs which is indicated in Exhibit B - Scope of Work, Section B12.1.
55	Please provide information for 70% capacity within Clinic (e.g. Reports or information to determine peak and lull times for clinic utilization).	The onsite health center opened on March 17, 2014. Since that time, there have been approximately 14,000 visits. Visit types: 55-60% illness; 16-17% immunizations; 20-23% health maintenance/preventive services and screenings. Behavioral Health Counseling Services were first offered in February of 2017. In a 12-month period, the percent of visits for behavioral health services is 4.5 - 5% of total health center visits. The busiest day of the week is Wednesday, followed by Thursday, then Tuesday, then Friday then Monday. Visit times are steady throughout the hours of 8 am and 2 pm with a slight drop in access between 3 and 5 pm. The 7 - 8 am visit times are the lowest volume. Most health center utilization is by eligible state employees within walking distance of the health center, and that number is approximately 4,786 - noted on page 3 of the Introduction and Instructions document included with the RFP materials. That calculation is 79% utilization for 2017 alone and an 26% increase in utilization of services from 2016 to 2017.
56	Is the health plan looking at or open to expanding clinic services to shared site locations to increase utilization and population health management?	There are no current plans to expand to other geographic locations.
57	Is MCHCP satisfied with current utilization of clinic?	Yes.
58	Please provide a description of any incentives to use clinic other than office visit costs?	There are no incentives associated with utilization of the onsite health center.
59	Are there any reports available that distinguishes the population using the clinic? I.e. working at same location as clinic site, those who live nearer the clinic, employee vs. spouse, those on certain type of health plan, pay scale, etc.	No.

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60	Based on the number of eligible employees who can use the clinic as well as the size of the clinic space, the participation seems lower than expected. What, if any, is MCHCP's initiative to modify current benefits and incentives?	Please see page 3 of the Introduction and Instructions document included as part of this RFP for a 70% average utilization rate of health center services. The number of eligible state employees living or working in a location within walking or 10 minutes driving distance to the health center is approximately 9,500 and can be found on page 3 of the Introduction and Instructions document. Most health center utilization is by eligible state employees within walking distance of the health center, and that number is approximately 4,786 - also noted on page 3 of the Introduction and Instructions document included with the RFP materials. That calculation is 79% utilization for 2017 alone and an 26% increase in utilization of services from 2016 to 2017. MCHCP does not have plans to modify current benefits.
61	How long has MCHCP provided a clinic option to their members?	MCHCP is in the fifth year of operations for the onsite health center service.
62	Is there a preference of NP compared to a MD or DO staffing model?	The <i>Strive for Wellness</i> ® Health Center currently operates under a NP model that meets both the clinical and financial needs of MCHCP. While the bidder may propose a different staffing model, MCHCP is not seeking to significantly increase its clinic's operating costs due to a change in the staffing model.

Minimum Bidder Requirements

Response

1	Is the State willing to consider an onsite clinic provider who does not currently provide services to at least one employer who has 40,000 or more employees?	It is critical that the contractor have relevant experience with at least one large employer. Absent an alternate suggestion to measure that experience, MCHCP is not willing to consider modifying this minimum bidder requirement.
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Scope of Work

Response

1	Section B.7.1.2 of the Scope of Work mentions support/assistance for "other languages". Aside from Spanish, what are the other frequent languages that the health center will need to support?	The health center will need to communicate with any patient based on their language needs. The contractor may utilize on demand services through telephone-based interpreter services.
2	Please explain the scope of service for mental health counseling. Is mental health counselling a requirement of the scope of services?	Please see Exhibit B - Scope of Services, Section B6.1 for the services and conditions that shall be treated at the onsite health center. Behavioral Health Counseling Services provided are those allowed within the scope of practice for Licensed Clinical Social Workers, Licensed Psychologists and Licensed Clinical Psychologists at a Masters or higher level of credential.
3	Is a dedicated scheduling line greeting specific to MCHCP a non-negotiable requirement?	Please see Exhibit B - Scope of Services, Section B7.1.1 for the required communications and customer support including a dedicated call center, greeting and staff customized for MCHCP.
4	Are the capabilities for TDD services a non-negotiable requirement?	Yes.
5	Is a guarantee for staff to answer a voice message left within 30 minutes a non-negotiable requirement?	Please see Exhibit B - Scope of Work, Section B7.1.7 for requirements regarding voice message returns and applicable times.
6	Is 508 compliance a non-negotiable requirement?	Yes.

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7	Is submitting eligibility files through an 834 a non-negotiable requirement, vs an 837P?	MCHCP understands that the ASC X12N 834 (005010X095A1) transaction set is a standard format for electronically exchanging health plan enrollment data between employers and health insurance carriers, while the ASC X12N 837P (Professional) is the standard format used by health care professionals and suppliers to transmit health care claims electronically. Please explain in your RFP response why the 837P would be a better format for enrollment data over the 834. MCHCP is willing to work with the contractor on a mutually agreed upon format for the eligibility information if there is another format that meets the requirements.
8	Is providing a sign on to MCHCPs portal a non-negotiable requirement?	Yes.
9	Is our account managers' requirement to return calls within 8 hours a non-negotiable requirement, vs a 24-hour turnaround?	This is negotiable.
10	Data being owned by MCHCP through HIPAA guidelines is not permissible. Is this a non-negotiable requirement?	This is negotiable. Please indicate any proposed changes in Exhibit A-3 for consideration.
11	Is receiving quarterly reporting within 30 days of the end of the period a non-negotiable item vs receiving quarterly reporting within 45 days of the end of the period?	This is negotiable.
12	Is customizing the formatting of our reporting package a non-negotiable item?	This is negotiable.
13	Is Invoicing by the 3rd business day from the end of the month a non-negotiable item, vs the 5th business day?	This is negotiable.

Questionnaire

Response

1	Regarding Q2.16, please clarify/define "economic benefit" to the State of Missouri through the health center.	Please see Section 34.010, RSMo and the definition of value.
2	Regarding Q8.6, please give an example of the SME and strategic initiatives?	As an example, when MCHCP was considering adding Behavioral Health Counseling Services to the health center, the current vendor brought in a subject matter expert from their organization with experience in the scope of behavioral health services to be provided; knowledge of extra layers of HIPAA protections for medical records related to behavioral health counseling, etc. to assist our clinical team with the project.
3	Regarding Q8.8, please explain the three types of invoices that are referred to.	Please see Exhibit B - Scope of Work, Section B12. in its entirety for details regarding what the invoices shall include.

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Introduction and Instructions

Response

1	Regarding the Confidentiality and Proprietary Materials statement, we understand and fully support that the State and bidders have an obligation to ensure fairness and transparency in the utilization of public funds, including adherence to procurement laws intended to support that aim. We also take the protection of the information we consider to be proprietary and confidential seriously. The State may request information we classify as confidential in various requirements, including but not limited to personal information of associates assigned to the account or client lists. How does the State want bidders to identify the elements, if any, of our response we consider confidential or proprietary within our submission?	Any information that the bidder considers confidential or proprietary should be clearly marked as such in any way the bidder wishes. However, regardless of any claim by a bidder as to material being proprietary and not subject to copying or distribution, or how a bidder characterizes any information provided in its proposal, all material submitted by the bidder in conjunction with the RFP is subject to release after the award of a contract in relation to a request for public records under the Missouri Sunshine Law (see Chapter 610 of the Missouri Revised Statutes). Only information expressly permitted by the provisions of Missouri's Sunshine Law to be closed – strictly construed – will be redacted by MCHCP from any public request submitted to MCHCP after an award is made. Bidders should presume information provided to MCHCP in a proposal will be public following the award of the bid and made available upon request in accordance with the provisions of state law.
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MBE-WBE

Response

1	Please provide a list of MBE and WBE businesses qualified to provide services for MCHCP	You may find a directory of certified M/WBE vendors at: https://oeo.mo.gov/
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Exhibit A-3

Response

1	Can the State please clarify what information is to be detailed in this document? Our interpretation of the instructions contained in this document is that the State wishes to have the requirement number for all “Not Confirmed” responses in the 2019 MCHCP Mandatory Contract Provisions Questionnaire and the 2019 MCHCP Onsite Health Center Questionnaire documents recorded in this document as well as within the space provided in the response documents themselves. Is this an accurate interpretation?	Yes. Any proposed changes that the bidder wishes MCHCP to consider in the BAA, Sample Contract or any other requirements contained in the RFP should be highlighted in this document.
2	Do any modifications in the red-lined, Exhibit A-7 Sample MCHCP Contract & A-8 MCHCP Business Associate Agreement need to be detailed in this document? Or is it sufficient if the bidder submits the two documents with modifications (tracked changes) as part of the response?	This document should reference that proposed changes have been made in the documents themselves, but should reference the area where proposed changes were offered.

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3	Please clarify the notification statement in this document, specifically, “Failure to confirm acceptance of the mandatory contract provisions will result in the bidder being eliminated from further consideration as its proposal will be considered non-compliant.” What provisions does the State consider to be mandatory in the context of this instruction? If it is the provisions contained in the 2019 MCHCP Mandatory Contract Provisions Questionnaire, will the State still consider vendors whose “Not Confirmed” responses in this document include explanation the state finds acceptable? If it is not the provisions in the 2019 MCHCP Mandatory Contract Provisions Questionnaire document and since the State invites vendors to provide exception, can the State please advise vendors on how to identify the provisions they are unable to take exception to.	If an item is not confirmed in the 2019 MCHCP Mandatory Contract Provisions Questionnaire document and no acceptable proposed language is offered, the bidder will be eliminated from further consideration.
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Implementation

Response

1	Can you provide a current list of the following: a. Medical equipment and their logs? b. Office equipment? c. Lab Equipment log? d. Test kits being used?	The current onsite health center vendor manages the health center and equipment within. MCHCP does not keep these logs or maintenance records.
2	What is the current list of medications, pre-packs, immunizations used?	The current onsite health center vendor manages the health center, purchases the lab equipment, supplies and immunizations. MCHCP does not direct purchase lab equipment, supplies or immunizations.
3	Can you provide current temperature logs for refrigerated/frozen immunizations showing min/max temperatures?	The current onsite health center vendor manages the health center and equipment within. MCHCP does not keep these logs or maintenance records.