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# RFP QUESTIONS

1. **GENERAL VENDOR QUESTIONS:**
2. **General Vendor Summary**

Please provide a brief description of the following:

* 1. Is your firm a subsidiary? If yes, please identify and include your parent company;
  2. Full legal company name;
  3. Your headquarters address;
  4. Primary company contact including name, phone number, and email address;
  5. Year your firm was established;
  6. A brief listing of your Vendor core competencies; and
  7. A current copy of your company’s W-9 (current IRS version is October 2018).

1. **Account Personnel**
   1. Will Thornton have the following roles as a dedicated contact for Thornton? If yes, please list their name, phone, and email contact information.
      1. Account Representative
      2. Billing Contact
      3. Billing Resolution Contact
      4. Scheduling Contact
2. **CLINIC LOCATION AND HOURS:**
3. **Clinic**
   1. What is the physical location of your clinic(s)? Please provide a list of facilities and addresses.
   2. What are your clinic(s) hours of operation, including Saturdays and/or Sundays?
   3. What is the average waiting time per patient at each clinic?
   4. Describe your clinic’s capacity and process for handling walk-in patients.
   5. Are all of your clinic(s) Americans with Disabilities Act (ADA) compliant?
4. **After-Hours**
   1. Does your clinic offer urgent care, emergency room care, or other after-hours services? If yes, please describe what services are available.
   2. Please define “expedited medical care” and how is it utilized in your clinic(s).
5. **STAFFING, EXPERIENCE, AND QUALIFICATIONS:**
6. **Staffing**
   1. How many Medical Doctors (MDs), Doctors of Osteopathic Medicine (D.O.s), Physician’s Assistants (PAs), Nurse Practitioners (NPs), or other health care providers are in your entire practice including the proposed clinics for Thornton?
      1. Proposing firms may upload as a separate file, all personnel resumes, including physicians, PAs, NPs, account representatives, etc.
   2. How many providers are Board Certified in occupational medicine, family medicine, internal medicine, and preventative medicine in your entire practice including the proposed clinics for Thornton? At what level and with what specialties?
   3. How many years of experience does each provider have in Workers' Compensation in your entire practice including the proposed clinics for Thornton?
   4. What percentage of the entire practice, including the proposed clinics for Thornton, handles Workers' Compensation cases?
   5. What is the number of Level I certified providers in the entire practice including the proposed clinics for Thornton?
   6. What is the number of Level II certified providers in the entire practice including the proposed clinics for Thornton?
   7. To what degree does your clinic(s) utilize “floating” Physicians?
   8. Describe the use of Physician Assistants (PAs) and Nurse Practitioners (NPs) at your clinic(s).
7. **SERVICE AND OFFICE STANDARDS:**
8. **Providers**
   1. Are your providers familiar with the Family Medical Leave Act (FMLA), and willing to review related documents in conjunction with a Workers’ Compensation Claim?
   2. How many patients do your providers see, on average, per hour?
   3. Do your providers maintain hospital privileges? If so, provide a list of hospital(s).
   4. Describe the process for how outside providers are to communicate with the practice’s providers. What is the time frame and process for how this communication occurs?
   5. After the first office visit, all follow-up care for lost time, modified, or restricted work duty must be performed by a Level II accredited Physician. Are you in agreement with this requirement? If no, please explain why not.
9. **Patients**
   1. Describe the internal process and timeframe for returning a patient’s phone call.
   2. Does or will the clinic’s office schedule follow-up appointments at time of visit?
   3. Describe the treatment protocol when an employee claims mental disability as a result of a physical injury.
   4. How does your firm communicate with patients that do not speak English?
10. **Testing**
    1. Please indicate how many impairment ratings are performed each year and who is authorized to perform them.
11. **DRUG TESTING STANDARDS:**
12. **General Testing Items**
    1. Does your firm utilize E-Screen Program or something similar?
    2. Does or will the office schedule blocks of appointments for physicals (to include drug testing) when needed for large groups of candidates such as police officers and firefighters?
    3. What is the average wait-time for a candidate/patient (scheduled and walk-in) to complete drug screen testing?
    4. Is there a guaranteed maximum wait-time, especially during peak employment hiring times? How would you adjust to accommodate the peak seasons?
    5. Describe how after-hours drug and alcohol testing is coordinated?
    6. What is the average number of and/or guarantee of days it takes to get a scheduled appointment for a physical and/or drug screen, if an appointment is required?
    7. What processes are in place to assist with coordinating out-of-area pre-employment physicals and/or drug screens?
13. **Testing Protocol**
    1. Describe how your firm determines the appropriate testing for a position?
    2. Describe the drug screen testing protocol; including but not limited to:
       1. The hours a candidate can report for a test,
       2. If an appointment needs to be scheduled or not,
       3. How long it takes to receive a result,
       4. What happens if your primary testing source is not available?
    3. What constitutes a “refusal to test” at your clinic by a patient, and what is your protocol for handling this situation?
    4. Describe what measures are taken to detect when alternate samples are not being brought in by the donor for testing.
    5. Does your firm conduct urine/blood drug and alcohol testing? If so, please describe your firms drug testing physical facility layout. (i.e., do the bathrooms have running water inside or outside of the room). Additionally, please attach your policy and procedures for this testing.
14. **DOT Testing Capabilities**
    1. Thornton does not currently utilize our current contracted Vendors to perform DOT Random Testing (all-inclusive), however Thornton may be interested in asking this as an optional service from the Vendors awarded from this solicitation.

Is your firm capable of performing DOT Random Testing (all-inclusive)? Yes or No. If yes, please enter what that pricing would be on a per test basis, in Appendix No. 2 – Pricing Form, in the section marked “Other” for additional testing and services that your firm would be able to provide.

1. **ANCILLARY SERVICES AND OTHER SERVICES:**

**Note To Proposing Firms: Specify which clinic(s) offer these Services.**

1. **Additional Testing Items**
   1. Please indicate how your providers determine what tests would be required for new positions.
      1. Additionally, would you be willing to verify the medical profiles Thornton currently has?
   2. Do your providers conduct Colorado Department of Transportation (CDOT) tests, asbestos tests, hearing tests, environmental studies, pre-placement physicals, or any other employee health related periodic examinations? If so, please describe.
   3. Does your firm provide respiratory fit testing services, including qualitative and quantitative evaluations?  Does the practice review medical evaluation questionnaires and opine on an employee’s ability to safely wear a respirator? If so, what are your procedures related to the communication of all testing results?
2. **Specialized Services**
   1. Please indicate what specialized services your clinic(s) are able to provide from the following:
      1. Hazardous Materials Response Team
      2. Police and/or Fire personnel
      3. Any bio-contamination and/or other unique exposure treatment services (i.e., Human Immunodeficiency Virus [HIV], Hepatitis)
   2. Identify the needle stick/blood borne pathogen patient protocols for Thornton employees who have been exposed.
      1. How will you work Thornton’s Risk Management Division as well as Thornton’s infectious disease coordinators?
3. **Additional Therapy and Services**
   1. Does your firm provide on-site laboratory services?
   2. Does your firm provide on-site radiology services?
      1. Is there a Board-Certified Radiologist who reviews films read by the Physician?
   3. Does your firm have equipment needed to conduct stress/EKG treadmill tests? If not, are you willing to obtain equipment needed to conduct stress/EKG treadmill tests?
   4. Does your firm provide onsite physical therapy? If yes, does the clinic receive referrals from outside medical providers?
   5. Will your firm offer periodic occupational health lectures to employers, and/or safety and management committees or other employer staff? Is there a fee for the lectures? If so, please provide the fee structure in your response in the Excel document, Appendix No. 1 – Proposal Items.
4. **REFERALS AND CASE MANAGEMENT:**
5. **Specialty Referrals**
   1. Please identify each referral clinic or provider and their specialty.
   2. Identify the process the facility uses to make a referral. Is this done by e-mail, fax, letter, phone call, or some other method? Is a copy of the referral documentation provided to the employer or adjuster?
   3. Describe the internal process/protocol for follow-up for both patient and the referral Physician.
   4. Describe the processes your firm and/or clinic(s) have to manage all cases that have been referred out to a specialist.
6. **Medical Case Management**
   1. Describe the use of an on-site Workers' Compensation Coordinator or other designated point of contact for the employer/adjuster.
   2. Does your firm work with external Nurse Case Managers? Describe any concerns you would have with doing so.
7. **FORMS:**
8. **Forms**
   1. Does your firm use all required State of Colorado forms? Please provide samples of all forms that your clinic(s) uses for Workers’ Compensation Claims.
   2. Please provide a copy of any form(s) you use relating to the reporting of information created in connection with your firm’s provision of employee health related services, such as pre-screening, drug analysis, and physical examinations.
9. **REPORTING AND COMMUNICATIONS:**
10. **Reporting**
    1. What is your firm’s electronic reporting capability?
    2. Describe the process and turnaround time for forwarding all medical reports to the adjuster handling the worker’s compensation claim.
    3. Does your firm guarantee an M164 Report will be completed and sent to Thornton’s Risk Management Division and the adjuster within twenty-four (24) working hours of each appointment? If not, please explain why not.
    4. Does your firm guarantee dictation of medical appointments within forty-eight (48) working hours after each medical visit, and that a M164 Report will be completed and sent to Thornton’s Risk Management Division and the adjuster? If not, explain why not.
11. **Communication with Thornton or Adjuster**
    1. Does your firm call the adjuster for all pre-authorizations for hospitalizations; surgical procedures; specialist or ancillary provider referrals, or complex medical procedures, such as epidural injections, Magnetic Resonance Imaging (MRI) scans, etc.?
    2. Please describe your firm’s process and average turnaround time for communicating results of pre-employment physicals and/or drug screens.
    3. Is your firm able to guarantee a response to any written (email) requests within seventy-two (72) working hours? If not, why is this either not possible and/or guaranteed?
    4. Will your firm communicate by phone with Thornton’s Risk Management Division if there is an issue regarding return-to-work status? If not, explain why not.
    5. How will your firm notify Thornton’s Risk Management Division and the adjuster if an employee/patient misses an appointment and has not been rescheduled?
    6. Will your firm contact Thornton’s Risk Management Division and the adjuster if there is a question of job relatedness to the injury; if the employee/patient’s lost time is expected to be more than three (3) Calendar Days; if a referral will be made to a specialist/ancillary provider; and/or if a hospitalization stay or surgery is indicated? Describe how each situation is handled.
    7. Will your firm be able to provide at no additional cost to Thornton, quarterly or semi-annual (or upon request) Worker’s Compensation staffing meetings with Thornton?
12. **BILLING:**
13. **Forms, reporting, electronic media**
    1. Please describe the billing process. Address expected turn-around time, quality assurance processes regarding invoice accuracy, and the process for escalation when billing errors occur. Please provide an example of an invoice.
    2. During the agreement term, does your firm plan to transmit or provide Thornton the information in electronic form or using electronic media (e.g., claims/bills for medical Services, medical reports regarding claimants, utilization and other claims-related data reports, etc.)?  If so, please provide a description of the technology/format you intend to use, and any related technologies or system-related requirements Thornton must employ in order to receive such transmissions/electronic data.
    3. Will your firm use Health Care Financing Administration (HCFA) 1500 Billing Forms? If not, please provide a sample of the forms to be used.
    4. Will an employee’s medical report be attached to the bill?
    5. Will your firm charge for expert testimony? If so, will those rates be in line with the Division of Worker’s Compensation Rules of Procedure, Medical Fee Schedule, Rule 18 at the time of the requested testimony? If not, please explain why not.
14. **HIPPA AND RELATED MATTERS:**
15. **General**
    1. Is your firm a “covered entity” under the “Administrative Simplification” provisions of the Federal Government Health Insurance Portability and Accountability Act of 1996 (HIPAA)? If your firm is a HIPAA “covered entity”, do you provide a copy of the Notice of Privacy Practices to all of your patients?
    2. What portion of the providers in your referral network are covered providers under HIPAA?
    3. Please identify and describe any practical or procedural operational impacts of HIPAA on your provision of Services under the proposed Agreement. Include any anticipated impact on communication of information regarding treatment of individual claimants between providers in your network and Thornton and its designees, and the provision of general utilization or other data requested by Thornton under the proposed Agreement.
    4. Will your firm require Thornton to take any specific action (e.g., secure claimant/employee authorization) to facilitate the exchange of claims-related information and other data between network providers and Thornton, as contemplated under the proposed Agreement? If so, please describe these requirements.
    5. Does your firm routinely secure a signed authorization for Workers’ Compensation patients to disclose medical and other individually identifiable health-related information to insurance carriers, employees or others, as necessary or appropriate for claim administration and related purposes?
       1. Please provide a copy of the form(s) you will use, if any, to secure patient authorization for the use and/or disclosure of medical and other information to Thornton and its designees for the purposes of administering Thornton’s Workers’ Compensation Program.
16. **Technology and Security**
    1. Describe your firm’s Information Technology (IT) systems and security protocols related to the protection of Thornton’s employee information and data. Does your firm carry cyber liability coverage? Has your firm had any experience with a security breach?
17. **VALUE ADDED SERVICES, ADDITIONAL DETAILS, AND CLOSING STATEMENT:**
18. **Value Added Services** 
    1. Please list any additional services that aren’t previously mentioned within your proposal that are offered or included within the proposal pricing that are offered by your firm, in addition to your adherence to Thornton’s Scope of Work.
19. **Additional Details** 
    1. Please describe in detail any areas that Thornton has not included in this RFP’s Scope of Work (best practices, missed requirements, etc.) that your team considers to be beneficial, important, relevant, or crucial to the successful implementation of your proposed solution.
20. **Closing Statement**
    1. Please provide a brief narrative (one [1] page or less) of how you believe your company’s proposed solution will best serve Thornton’s needs both now, and in the future of the contractual agreement.