

**Hampton City Schools RFP#22-22026TM**  
**Attachment E: Onsite Health and Wellness Center Questionnaire**

**Legal Information**

1. Provide details (carrier, period limits, and deductibles) for the following insurance coverages related to onsite clinics and staff for the items listed below:
  - a. Property Insurance
  - b. General Liability
  - c. Excess Liability
  - d. Workers' Compensation/Employers Liability
  - e. Employee Dishonesty/Crime Coverage
  - f. Medical Professional Liability
2. Provide a sample contract.
3. Describe any lawsuits and the resolution of any such suit brought against your company during the course of doing business in relation to providing onsite medical services.
4. Please provide any state board infractions or cases pending against you in any disciplines including but not limited to nursing, physician, pharmacy.
5. Describe your HIPAA compliance program.
6. Have you ever been fined or sanctioned for a breach under HIPAA?
7. Explain your process for handling a HIPAA breach.
8. How has your firm indemnified, to the degree possible, your clients from medical malpractice liability? Please describe this program in detail.
9. What consulting services do you provide relating to compliance concerns for employer group health plans?
10. Describe your recommendations for providing services to an employer group health plan that provides benefits through a high deductible health plan that is HSA compatible.

**General Information**

1. Please provide a brief history of your organization, including how long you have been providing employer-sponsored onsite clinics and the number you currently manage.
2. Provide the number of Clients with onsite clinics.
3. Please provide the total number of clients who have terminated your service for employer-sponsored onsite clinic services over the past 3 years and include why.
4. Describe how your organization distinguishes itself from your competitors and if you have any unique offerings for Hampton City Schools.
5. How do you measure the success and outcomes of the health and wellness center? Please be specific.

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6. Please explain your account management structure.
7. Do you have a separate team that manages your implementations? If so, describe the structure of that team
8. How do you manage lab fees, clinic supplies and other fees and purchases?
9. Do you have the ability to process copays for high deductible plans and/or uninsured employees? Detail how this process will work.
10. Discuss your standard monthly billing practices. Include a sample of the monthly billing.

**Staffing and Utilization**

1. Confirm your ability to provide staffing for Hampton City Schools' Health and Wellness Center in July 2022.
2. If HCS would like to retain any staff currently employed by the incumbent, would your firm consider hiring that person, provided there is not a non-compete agreement in place?
3. Describe your recruitment process for providers and ancillary staff. Does HCS have the opportunity to take part in this process?
4. Describe your process for training health center staff, both at hire and ongoing.
5. How do you handle replacing health center staff should there be a termination?
6. How do you provide coverage when health center staff members are sick or on vacation? Do you use temp agencies for this staffing?

**Medical Services**

1. How will you ensure all results are communicated to a patient's PCP or other physicians?
2. How will you handle situations when a patient does not have a PCP? Are your providers willing to fill that role if requested?
3. Do you employ a Medical Director? Describe their tasks and how often they meet with staff.
4. Describe your company's clinical quality assurance program.
5. Discuss your solutions to effectively manage or prevent moderate-to-high risk conditions (such as Diabetes, Hypertension, Lipid Disorders, Depression, High-Risk Pregnancy, and Obesity).
6. Discuss programs to coordinate and strengthen the Schools' wellness/compliance programs, including proactive strategies to maintain or improve health and productivity.

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7. Describe your approach to handling patient referrals? Aside from using the network physicians, how will you determine what physicians to refer patients to in the case of needing to refer a patient for specialty services? What is your process for following up on results?
8. Are you affiliated with any outside physicians and/or hospitals? Do you refer to specific healthcare organizations?
9. Discuss experience with integrating onsite services with the local medical community, including integration with primary care physicians, referrals, specialists, and medical management.

**Marketing and Communication**

1. Outline your responsibility and the Client's responsibility in the promotion / communication processes. Describe the frequency and type of communication to eligible employees introducing the onsite health center and services. What ongoing communications and programs will be provided to engage employees?
2. Describe your marketing plan philosophy with specific examples of collateral formats (i.e., email, poster, flyer), distribution methods and recommended frequency. Is there any additional cost for these services? If so, please also reflect this within the cost proposal document.
3. Do you have dedicated marketing staff that will assist in development of client specific materials? Please include samples of customized marketing materials that have been developed. Is there any additional cost for these services? If so, please also reflect this within the cost proposal document.
4. Do you provide employee education in the form on onsite presentation sessions and/or recorded video or webinar? Does your staff develop and conduct the presentation? Is there any additional cost for these services? If so, please also reflect this within the cost proposal document.

**Technology**

1. What Electronic Medical Record (EMR) do you use?
2. Is this EMR interoperable? If so, what are the benefits to the client and the employees?
3. Do you have online scheduling capabilities for patients? If so, for your book of business, what percentage of appointments are made using this functionality?
4. Do you have telephonic scheduling capabilities, such as a toll-free line, after health center hours? If so, please indicate what hours it is available.
5. Does your technology prompt or send reminders for scheduled appointments? If so, please describe.

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6. Do you have a patient portal? If so, describe the functionality offered on the portal. Describe any mobile platform integration that exists.
7. Are patients able to access their medical record electronically? What, if any, impact is there if the employee is no longer affiliated with the organization or if the contractual relationship between the employer and the health center vendor is terminated?

**Reporting and Data Integration**

1. Are you able to submit medical claims, either zero dollar or for a defined amount, to HCS' health care provider?
2. Do you require any claims data from the medical insurance carrier and if so with what frequency and format?
3. How do you handle eligibility files? How often do you require submission?
4. Provide sample standard reporting of utilization and health center activity. Indicate the standard frequency of each report.
5. Do you provide access to real-time or near time reporting that is accessible by the client or their designated representative? If so, please explain and provide a sample.
6. Is there any additional cost for customized or adhoc reporting?
7. Provide a summary of reports that clients can expect to receive. Attach samples of all reporting.
8. How often will your company provide such reporting and review it with the client?
9. Please provide reporting for no shows and unfulfilled requested appointments.
10. Do you offer real-time, self-service reporting capabilities?
11. Please provide samples of actual, de-identified client reports illustrating the integration claims and utilization data with the carrier or TPA data.
12. Describe your cost avoidance or value proposition, including your methodology for calculating cost avoidance. Include case studies, if available.
13. Describe how your company demonstrates improvements in the health of participants in your program over time, both individually and population wide. What metrics are tracked and how often are they presented to clients?
14. Do you conduct satisfaction surveys with employees? If so, how are these conducted and what have been the results?
15. Please provide reports for referral services, including outcomes and utilization of service.

**Health and Wellness Center Management**

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1. Is equipment purchased or leased to Hampton City Schools?
2. Is staff or health center compensation tied to performance metrics? If so, please list the metrics.
3. How do you measure and ensure employer satisfaction? Please provide samples.
4. How do you measure and ensure patient satisfaction? Please provide samples.
5. What is your policy/procedure for handling patient complaints?
6. How do you handle urgent care/same day requests? Do you allow walk-ins?
7. Discuss your biometric screening services.
8. Do you provide services to any clients who offer a health savings account (HSA)? What pricing models do you use for services and how are you able to track when an HSA plan member reaches their deductible so that their HSA tax favored status is not compromised?

**Chronic Condition Management / Wellness Services**

1. Describe your philosophy on using health risk assessments (HRA). Is your HRA available online? Can you integrate with current carrier offering(s)?
2. What is your capability for providing biometric screenings, i.e., in the health center or at various locations?
3. How would you handle urgent situations found upon screening?
4. List which tests are included in your biometric panel. Are biometric screenings completed via venipuncture or finger stick?
5. Do you have resources to help with wellness programs that are available to HCS's employees, but not part of the health center staff, such as dietitians, behavioral health coaches, diabetes educators, etc.? What are their credentials? Is this an additional cost?
6. What wellness services are included at no additional cost (i.e. challenges, wellness portal, etc.)?
7. Do you provide a wellness portal? What functionality does it provide (i.e. challenge administration, incentive tracking, coaching, outcomes, education, etc.)?
8. Do you provide any specific disease management or condition management programs? Please list and briefly describe all programs.
9. Please provide samples of your wellness communication materials.

**HIPAA & Security**

1. How are medical records stored and confidentiality assured? On/off-site?

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2. Describe the compliance, certifications or policies in place to ensure compliance with HIPAA, OSHA, GINA and COBRA.
3. Describe any reportable breaches you have had in security and how they were handled.

**Financial**

1. Please describe your philosophy regarding your pricing model (i.e., inclusive fixed fee versus cost-plus, etc.). Please provide supporting information explaining methodology and impact to the client.
2. How do you handle the fees collected for visits or medications? Do you offset your fees by any collections?
3. Will you provide performance guarantees? If so, describe them and the amount (actual dollars or percentage of fees, please be specific) you are willing to put at risk. Be sure to include a list of the specific metrics or services on which you are willing to guarantee your performance

**Performance Guarantees**

Please describe your performance plan based on the based on the achievement of key performance metrics in the following key results areas:

1. Patient experience
2. Population health outcomes
3. Per capita cost reduction

Document the percent of annual base service fees that are “at-risk” for each key result area.