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Request for Proposals (RFP) Addendum #2

Workers' Compensation Telephone Claims Intake & Setup and Nurse Triage Services

CIS
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RFP Schedule	
Issuance of RFP:	November 13, 2019
Submission of Questions about the RFP:	December 4, 2019, 5:00 p.m. (PT)
Proposal Due:	January 8, 2020, 5:00 p.m. (PT)
Anticipated Contract Award:	July 1, 2020

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A membership service of:



ADDENDUM

A. BACKGROUND

On November 13, 2019, CIS issued a Request for Proposals (RFP) to solicit offers from qualified vendors to provide intake, setup and nurse triage for CIS workers' compensation claims.

CIS is issuing this second Addendum to the RFP to respond to written questions we received from potential proposers. The Addendum modifies the original RFP document only to the extent indicated. All other areas of the original RFP remain in effect and can only be modified in writing by CIS. This Addendum is made an integral part of the original RFP. It is the responsibility of all proposers to conform to this Addendum. Proposers who have already submitted proposals may either: 1. Submit an addendum to their proposal; or 2. withdraw the original proposal and submit a new one. Any addendum or revised proposal must be submitted no later than the **Proposal Due Date of 5:00 p.m. (PT) on January 8, 2020.**

B. RESPONSES TO QUESTIONS

Question 1. Will each employer/member require individual access to the Triage platform or will all information flow into Compass for dissemination?

Response: All claims information will be placed into Compass for claims reporting. Individual members will need to be contacted at the beginning of a claim to be advised about the claim and get the member's input on the 801.

Question 2. How will the employer/member complete the 801 form? Will they access through Compass? Or is there another workflow to have the information completed before submission?

Response: The successful vendor will need to provide a method for the member to complete the 801. Member contact information will be provided to the successful vendor.

Question 3. Is CIS interested in considering our innovative Video capability included in the Nurse Triage program? Video Triage puts app-free technology into the hands of the triage nurse so they can actually visualize the injured worker/injury at the time of incident as part of the diagnostic review.

Response: Yes, vendors are welcome to propose services in addition to those listed in the Scope of Work. Pricing for these services should be listed separately in the vendor's Cost Schedule from pricing for the Scope of Work services.

Question 4. In #9 of the Scope of Work, transparency in “claims consultation” is included. Can you provide additional clarity around what you are referencing to with claims consultation?

Response: We look for monthly and annual reports showing utilization and referrals for medical treatment.

Question 5. In #12 within Scope of Work, it is stated that the vendor must provide “marketing materials and consultation to CIS members”. Is this to be done with hard copy materials or via posting of pdf materials on a website? If hard copy materials, will 188 pieces of material be required to include at least one for each member? Is the expectation that the vendor will bear the entire cost of all marketing materials?

Response: We look for the vendor to be a partner and provide assistance with marketing. Electronic copies are fine. CIS will handle the marketing and communications directly with members.

Question 6. As above, is consultation to include individual calls/meetings with all 188 members to discuss the implementation of the program? Please clarify what the expectation is around the rollout of this program to your members.

Response: No, individual meetings are not expected. Participating in the CIS annual membership conference in February in Salem, Oregon is an excellent opportunity to interact with members.

Question 7. Please provide detail around the billing process for this program. Will CIS want a monthly invoice detailing all calls or is it to be billed after each call/case is completed? Will the billing be done electronically? What is your preferred process for payment?

Response: We are flexible on billing. We prefer electronic billing and payment. We do expect some detail about each call.

Question 8. What is the expectation regarding entering claim information directly into Compass claims system? Can this be done post triage intake if it is within 24 hrs.

Response: We prefer the entering of claim information to be via electronic feed, completed within two business days of the intake.

Question 9. Is CIS open to using a dedicated number provided by the vendor?

Response: CIS prefers to provide the toll-free number.

Question 10. Please confirm what CIS expects to be included in the action plan.

Response: We look for the triage nurse's recommendation to be provided to the member and CIS and include, as applicable: first aid, telemedicine, physician visit, urgent care, emergency room.

Question 11. If we enter claim report information directly into the Compass system, will the Compass System generate the 801 form, if yes does the Compass System provide a means to send the completed report via secured email at the conclusion of the intake process?

Response: No, Compass does not generate the 801. We look to the vendor to have a process where the member completes the 801.

Question 12. Will the supervisor be available and have access to the employee information needed to complete the 801 form? If no, does CIS expect the vendor to make an outbound call to obtain?

Response: We look to the vendor to send the member an email to complete the 801. Member contact information will be provided to the successful vendor.

Question 13. Can you explain the process and workflow for which the intake and set up will occur in CIS' claims system?

Response: We look to the vendor to establish the final process and workflow. In general, we expect a process that will begin with the injured employee contacting the triage nurse, at which time the employee portion of the 801 is completed by telephone. The vendor will send an email to the member for the employer's portion of the 801 to be completed and the triage nurse's recommended course of action provided to both the member and CIS. An electronic interface between the vendor and CIS will set up the file in Compass. CIS is open to other processes the vendor may have in place currently.

Question 14. Please clarify exactly what is expected or requested by this statement. Transparency to CIS is required regarding claims consultation, and prescriptions and referrals made.

Response: As also stated in CIS' Response to Question #4, we look for monthly and annual reports showing utilization and referrals for medical treatment.

Question 15. Compass has a public RESTful API that allows external vendors to post a claim via JSON over HTTPS with an access token that will be provided by CIS during implementation. Documentation can be provided upon request.

- a. Does the vendor need to open any ports or configure desktop settings to allow access to the Compass System?

- b. As it relates to report distribution if Compass has the ability to create and send reports will this require the vendors employees' have access to the CIS exchange servers?
- c. Can you provide documentation regarding the IT specifics and parameters required for this process?

Responses: Listed in the same order as the questions.

- a. That's not usually necessary. The API connects over https which uses port 443.
- b. No.
- c. <https://compass.cisoregon.org/content/docs/publicclaimapi.html>

We are open to having the vendor's staff access and enter the claims data directly into Compass if electronic interface is not possible.

Question 16. The vendor will provide nurse triage services, along with claims intake and setup into the CIS homegrown claims system known as "Compass". Please confirm would this portion of intake occur exclusively on the vendors platform?

Response: As described in CIS' Response to Question #13, we expect the vendor to establish the process and workflow for claims intake. The vendor may use its own platform for claim setup if it chooses, provided that, the claim is setup in CIS' claims system, Compass, by electronic transfer or manual data entry within two business days of the intake.

Question 17. Do you have a monthly or annual call volume estimate?

Response: Approximately 600 claims per year

Question 18. What is the number of members that will have access to this program?

Response: Currently 188 CIS members will have access to this program.

Question 19. Do you have a utilization estimate?

Response: Approximately 600 claims per year

Question 20. Can the calls be managed by a non-clinical front end person and a Registered Nurse?

Response: We look to the vendor to have a process to accept claims. Our expectation is that injured employees speak with a triage nurse at some point during the initial intake.

Question 21. Can you please provide the documentation mentioned in #10. "10. Provide an electronic link to CIS' homegrown claims system "Compass". Compass has a public RESTful API that allows external vendors to post a claim via JSON over HTTPS with an access token that will be provided by CIS during implementation.

Response: The documentation is available by clicking the following link: <https://compass.cisoregon.org/content/docs/publicclaimapi.html>

Question 22. Is there a current vendor? If so, what is the reason this has gone out to bid?

Response: This is a new program for CIS. We currently have an optional program with CorVel for nurse triage. This program will be mandatory and add claim intake and setup.

Question 23. Could you provide documentation regarding the Compass claims system and RESTful API system that CIS Oregon uses?

Response: See CIS' Response to Question #21.

Question 24. Is triage provided on every claim that will be reported?

Response: Yes, intake, setup and triage are expected on each claim reported.

Question 25. Please clarify the requirements and scope for this item listed in 3. Evaluation Criteria: Experience, particularly with similar cyber security consulting projects.

Response: This is a typo in the RFP document. The criteria should be, "Experience, particularly with similar projects."

Question 26. Does CIS currently use a vendor for claim intake services?

Response: No

Question 27. Does CIS currently use a vendor for nurse triage services?

Response: We currently use CorVel for nurse triage. It is an optional service and utilization is low.

Question 28. Does the CIS claim system support data capture for nurse triage activities?

Response: No, but we may add this functionality in the future.

Question 29. The requirements are for the vendor to work directly in the CIS claim system for claim intake and set up. Does CIS anticipate the need for the vendor to perform any other data entry activities directly in the CIS claim system?

Response: We look to the vendor to setup the claim into Compass. No other data entry is contemplated at this time.

Question 30. Vendor uses API and EDI interfaces. Our solution is that we work in our intake and nurse triage systems and supply an output file for CIS with information to ingest into Compass. Vendor also receives claims feed and information via API/EDI for validation purposes. Vendor is looking to clarify that CIS is seeking a full solution – technology and staffing.

Response: Yes, CIS is looking for claims intake, setup, and nurse triage.

Question 31. Using the Vendor API process would provide all data back to CIS and include and editable pdf 801 form. Please confirm the CIS can accept an editable 801 form.

Response: We are unclear of what is being asked in this question. It is possible to import files, including PDF documents, into Compass. We do not have the capability currently set up to extract data from fillable or editable PDFs to import into Compass.

Question 32. Can you confirm that CIS is part of the Oregon Managed Care Plan?

Response: No, generally we do not participate in managed care programs.

Question 33. Item #2 under the Scope of Work section refers to preparation of a medical action plan. Can you define 'medical action plan'?

Response: See CIS' Response to Question #10.

Question 34. Do you currently utilize a telemedicine provider? If so, can you provide the name of the provider?

Response: We currently use CorVel for nurse triage and telemedicine. It is an optional service and utilization is low. We do not know who CorVel uses as the telemedicine provider.

Question 35. The Scope of Work advises that the chosen vendor will "intake and setup claim in CIS' homegrown claims system". Would be any different than the requirement listed in #10 of the Scope of Work or is it in addition?

Response: It is the same. Item #10 in the Scope of Work provides some technical language to access Compass.

Question 36. Can the toll-free number be directed to an office outside of Oregon?

Response: Yes, provided that, those providing services are appropriately licensed in Oregon.

Question 37. Is it acceptable to CIS if some services within this RFP are provided out of state?

Response: See CIS' Response to Question #36.

Question 38. Does CIS have other vendors that are currently either working within Compass or downloading data from their own system? If Yes, what type of vendors are direct inputting or downloading into Compass?

Response: No

Question 39. Would CIS prefer to have 801 data loaded direct into its Compass system or through a data connection via vendor's system?

Response: We do not have a preference.

Question 40. Must the "Provide a copy of the electronic form to the injured employee, employer and CIS" require signatures from both the employer and employee? Does complete the "employee section" include getting a wet signature on the first report of occupational injury? Does complete the "employer section" include getting a wet signature on the first report of occupational injury?

Response: Our understanding is that electronic signatures are acceptable to the State of Oregon Workers' Compensation Division.

Question 41. May "Notify the employer and CIS about the call, action plan and any follow-up" be electronic? What is the time-line 1 – 2 – 3 business days?

Response: Yes, electronic notification to CIS and the member is preferred on the same day, but no later than the next business day. Claim setup in Compass should occur no later than two business days after intake.

Question 42. Does CIS see the "medical action plan" going beyond Nurse Triage as sometimes defined as first aid / first treatment by a medical provider?

Response: We look for the vendor to provide to CIS and the member the recommendations that were provided to the injured employee, such as first aid, treatment by medical provider, telemedicine, urgent care, or emergency room care. See also CIS' Response to Question #10.

Question 43. Nurse Triage and Medical Action Plans may be defined differently:

- **How does CIS define a “medical action plan”?**
- **What are the components of the medical action plan that extend past initial triage as CIS defines them?**

Response: See CIS’ Responses to Questions #10 and #42.

Question 44. An extensive action plan would benefit from medical management. Is CIS interested in a response that included Telephonic Case Management?

Response: The vendor is welcome to propose these type of services in addition to the intake, setup and nurse triage. Pricing for additional services should be listed separately in the vendor’s Cost Schedule from pricing for the Scope of Work services. See also CIS’ Response to Question #3.

Question 45. What is the time-line expectation for “*setup the claim*” in the CIS Compass system 1 – 2 – 3 business days?

Response: See CIS’ Response to Question #8.

Question 46. Is it possible to acquire the general architecture and list of fields within the Compass system? If no architecture or field listing provided may we have screen-shots of the applicable Compass claims management fields?

Response: The documentation is available by clicking the following link:
<https://compass.cisoregon.org/content/docs/publicclaimapi.html>

Question 47. Do you currently have a service that provides ALL of these services, or is this a wish list of what can/should be provided?

Response: No, we do not currently obtain all of these services. We are looking for a vendor that can provide all of them. It is not just a wish list.