

State Health Benefits Program
Surgical Center of Excellence (COE) RFQ- Technical Questionnaire
Overview

Bidder Name: _____

Instructions: Contractor must complete all gold shaded areas above and below, as applicable. Failure to complete all gold shaded areas shall render the Bidder non-responsive.

Note that the State may choose to forego any programs with additional fees not included in the percentage of procedure cost administrative fee and is under no obligation to pay these additional fees in those circumstances.

Vendor Information		
1	Company Name	
2	Primary Point of Contact Name	
3	Contact Title	
4	Company Address 1	
	Company Address 2	
	Company City	
	Company State (Please list full state name; no abbreviations)	
	Company Zip Code	
5	Phone Number (Please enter in (XXX) XXX-XXXX format)	
6	Email Address	
Solution Overview		
1	Provide a general description of your organization , including but not limited to: Venture capital funding series Legal structure (e.g. subsidiary, sole proprietor, etc.) Operating structure, model	
2	Describe any recent (within last 24 months) organization changes , including: Any significant organization changes (e.g. re-organization senior leadership changes, strategy, mission or operating design) Mergers, acquisitions, affiliations, spin-offs, etc.	
	Other ownership status changes, funding or business developments, including but not limited to stock issues and other changes in funding.	
3	Describe any organizational changes anticipated in the next 3 - 5 years including: Any significant organization changes (e.g. re-organization senior leadership changes, strategy, mission or operating design) Mergers, acquisitions, affiliations, spin-offs, etc.	
	Other ownership status, funding or business developments, including but not limited to stock issues and other changes in funding.	
4	List 3 competitive differentiators for your products and/or services	
	Differentiator #1	
	Differentiator #2	
	Differentiator #3	
Book of Business		
1	Identify 3 client references (company name only) that closely align with this client's size and/or industry. <i>Note: references will not be contacted at this time</i> Client #1 Client #2 Client #3	
2	Provide the total number of clients served by your COE solution	
3	Provide the total number of lives served by your COE solution	
4	What is the average utilization for groups on a voluntary basis in Year 1 in Year 2 in Year 3	
Network		
1	Are you willing to expand your network on behalf of this client?	
2	Provide information on planned expansion over the next 18 months and expected date of availability, specifically for the client's top markets	
3	When entering a new market, describe your process for selecting and contracting with desired facilities and surgeons	
4	Do you assist employees with finding local providers if they cannot or do not want to use your provider network? If so, describe your process. Including: How the carrier and other vendors are involved. How you determine who to refer the employee to How often employees utilize this option	
5	What time frame is covered by the bundle? (e.g. from first outreach by member to 90 days post-discharge)	
6	Describe your process and fees to the client associated with post-operative surgical complications	
Strategic Roadmap		
1	Describe planned enhancements , over the next 24 months, to your core products & services	

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GeoAccess

Bidder Name: _____

Instructions: List the *distance to the nearest COE* provider, based on each of the the Geographic Locations detailed below.

Geographic Location	Bariatric	Hip	Knee	Spine	Cardiac
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**State Health Benefits Program
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Provider Network**

Bidder Name:	
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Instructions: List all COE network providers, based on each of the the Geographic Locations detailed below.

[illegible]

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Member-Focused Activities

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Clinical Management		
1	How is care coordinated with patient's referring and/or primary care team ? Ensure your answer describes who handles post-procedure visits and follow-up.	
2	How is care coordinated with the carrier's care management support?	
Member Services		
1	Describe the patient's experience and journey through your program starting with initial member outreach. Please attach a visual example of this experience as the Vendor Name_Client Name_Product_Patient Experience attachment.	
2	Describe the tools to guide members engaged in the program with decision-making, navigation or other important aspects of elective surgery	
3	Describe your customer service function including Location Staffing numbers and organization (e.g. client-specific, first available, "pods", etc.) Staff qualifications Staff performance monitoring Hours of operation Member communication channels (e.g. web, phone, chat, etc) and any limitations on what channels can be used (or not used) for what types of communication. Other comments	
4	Describe the performance of your customer service function . Include detail if responses vary by type of member inquiry. Response time (digital) Average wait time (phone) Callback (or digital equivalent) response expectations	
5	Describe how your organization supports non-English speakers and/or those who prefer communication(s) in a language other than English	
6	What information do you require from members To initiate a case Prior to service At the time of care	
7	How do you address member questions related to diagnosis, treatment, and ongoing care?	
8	What is the protocol when a member requests a provider outside of your network ?	
9	What role do you play in assisting the patient's return to work ?	
10	How do you assess family unit needs as a result of the patient's condition and provide resources and referrals ?	
11	Describe your process if a member has a complaint and wishes to escalate an issue? How does the process vary for complaints that are clinical and/or non-clinical in nature	
Member Engagement		
1	During the first two years of the program, the client intends to offer a custom incentive program involving the award of a bank or merchant gift card when a member completes a procedure with a provider in your program. Confirm your willingness to fund this incentive Can you administer this incentive on behalf of the client? If you can administer this incentive on behalf of the client, will you do so via the use of a sub-contractor? Additional comments	
2	Describe other best practices for increasing member engagement in a voluntary program. Include information on Strategies that are the most effective to achieve high utilization Strategies that you require be implemented. Strategies that you recommend be implemented	
3	What is your Net Promoter Score ? If not available, provide another metric for measuring member satisfaction with the program.	
4	Describe your support for the client, related to communications . Provide examples as attachments.	
5	Describe your employee outreach programs Are you doing proactive, claims-history-triggered outreach for non-emergent surgical procedures today? If yes, for how many clients is this live?	
6	Describe any prior authorization process(es) that apply to your program and how/if your program integrates with existing prior authorization processes	
Travel Support		
1	Describe your standard support for members that need to travel for care. Include information on these items: What expenses are covered and in what situations? Hotel Rental Car Air Fare Train, Taxi Parking Gas, Tolls Food Companion expenses Other How are expenses handled? Pre-paid by you Debit card provided to member Paid by employee and reimbursed by you Paid by employee and reimbursed by client Other	
2	Describe how you support reporting to the client for tax purposes	

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Provider Questions

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Provider Contracting Approach and Pricing Model		
1	Do you contract with all hospitals within a health system or a subset?	
	Comments	
2	Do you contract with all surgeons within a surgical group or a subset?	
	Comments	
3	Describe your approach to provider contracting and bundle administration . Include information on How often do you offer a single payment to the bundle convener versus a separate payment to each participant ? Upside/downside risk sharing, fee-for-service discounts, etc Other impactful activities that encourage provider participation in your program	
4	How do you achieve cost savings in the program for employers?	
5	Provide the average ROI your clients achieve	
Provider Quality Evaluation		
1	Provide an overview of how your organization assesses the facilities in your COE network and the frequency of the evaluation. Include information on these elements: Clinical quality, including outcomes and appropriateness of care Patient experience Other elements	
2	Provide an overview of how your organization assess the surgeons in your COE network and the frequency of the evaluation. Include information on these elements: Clinical quality, including outcomes and appropriateness of care Patient experience Other elements	
3	What database(s) or other sources are used to evaluate the quality of facilities and surgeons/specialty providers ?	
4	Have you ever removed a facility and/or surgeon from your network for a quality concern ? Why? How often has this occurred in the last 2 years? If yes, briefly describe the instance(s) and how often you have removed providers or facilities in the last 2 years Describe what would cause you to remove a facility and/or provider from your network	
5	Provide clinical quality outcome results Readmission rates Bariatric Joints Other Ortho Spine Cardiovascular Procedure revision rates Bariatric Joints Other Ortho Spine Cardiovascular Complication rate by clinical area Bariatric Joints Other Ortho Spine Cardiovascular Comments	
6	On average, what percentage of all members that contact you, end up getting surgery? Include breakdown on why the surgery doesn't happen - e.g.- preferred provider not in network, decides against surgery, etc. What % of cases went through an evaluation/assessment and were avoided in Calendar year 2024 Calendar year 2023 Comments	