REQUEST FOR PROPOSALS
ADDENDUM # 1

ISSUED: March 30, 2010

RFP NUMBER:	CSP900111
INDEX NUMBER:	BWC007
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The state of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Bureau of Workers' Compensation (BWC), is requesting proposals for:

OHIO BUREAU OF WORKERS' COMPENSATION (BWC) INDEPENDENT MEDICAL EXAMINATIONS FOR THE BENEFIT OF OHIO'S WORKERS RESIDING OUT OF STATE

Reason for Addendum: This Addendum is issued to notify of correction to the reimbursement amount for non-compliant injured worker to $105.00. Attached is page 21 reflecting this change.

PROPOSAL DUE DATE:	April 16, 2010 at 1:00 p.m.
OPENING LOCATION:	Department of Administrative Services Office of Procurement Services 4200 Surface Rd. Columbus, OH 43228-1395

I. QUALITY IMPROVEMENT PROGRAM.

A. Offerors shall submit a description of their quality improvement program and reports for services to be provided. Minimum requirements include:

1. How quality issues are identified and evaluated.
2. How issues are resolved with examining physicians, including termination of a network physician.
3. How customer satisfaction is addressed, including documentation of complaints and corrective actions taken.
4. Reporting of summary quality improvement results.
5. Response to any quality issues that have been identified and reported to BWC.
6. Submission of any additional quality reports developed by BWC.

B. The quality improvement program must also demonstrate the Offeror's process for education of examining physicians on BWC requirements for exams and reporting. For permanent partial impairment (C92) examinations, the Offeror shall demonstrate that the examining physician has acquired knowledge in the use of the edition of the AMA Guides to the Evaluation of Permanent Impairment currently in use by BWC.

C. In addition to the review of the Offeror's quality improvement results, BWC reserves the right to perform periodic audits of the Contractor's processes and records, including but not limited to examining physician credentials and insurance documentation and billing records.

II. DOCUMENTATION OF RECORD RETENTION AND RECOVERY CAPABILITIES.

A. The Offeror must provide documentation of record retention and recovery capability.
B. The Offeror must provide the process that is used to store and maintain all records in compliance with BWC requirements for records retention, during the term of the Contract. BWC has a three (3) year records retention requirement for these types of records.

III. PAYMENT.

A. Contractor shall be reimbursed by BWC directly for each out of state exam performed and completed report submitted in compliance with the Contract. BWC cannot guarantee a particular number of referrals for out of state exams, however the Contractor will receive all referrals for out of state exams from Local Customer Service Offices or MCO as applicable.

IV. ADDITIONAL INFORMATION.

A. In its Cost Summary, the Offeror shall include all costs, including, but not limited to, the physicians and specialists' cost, associated with providing complete and specified Independent Medical Examinations for Ohio workers residing out of state for BWC, and any associated administrative cost.

B. BWC's total fee maximum reimbursement amount is $775.00 per exam, including the physician charge and Contractor fee per exam.

C. Prior approval for diagnostic tests as part of the exam, including the cost, must be approved by the requesting BWC Service Office. All diagnostic testing will be billed on the C-19 form and reimbursed separately by BWC.

* D. The Contractor will receive reimbursement of $105.00 for a non-compliant injured worker. A non-compliant injured worker is one who is a no show for a scheduled exam appointment. Once (1) one no show occurs for an injured worker, the exam referral has to be referred back to the applicable BWC Local Customer Service Office for review.

E. Prior approval for professional interpreters must be approved by the requesting BWC Service Office or MCO. Interpreter Services will be billed on the C-19 form and reimbursed separately by BWC. Current fee schedule for interpreter services is listed in the table below.

Billing Codes for Interpreter Services				
W1930	Interpreter Services	$20.00	Per 15 minutes	Max. 30 min per date of service
W1931	Interpreter Wait Time	$3.50	Per 6 minutes	
W1932	Interpreter Travel Time	$3.50	Per 6 minutes	
W1933	Interpreter Mileage	$0.30	Per mile	

Family members, friends, medical, health care and vocational providers and/or community volunteers may provide interpretation for injured workers but are not eligible to receive reimbursement.

CONTRACTOR RESPONSIBILITIES. The Contractor must meet all RFP requirements and perform Work as defined in the Scope of Work.

* To advise of correction to the reimbursement amount for non-compliant injured worker to $105.00.