Exhibit C - Questionnaire

# Organization/location

1. Describe your organizational structure, including subsidiary and affiliated companies and joint venture relationships:
2. Describe any material change in organizational structure or ownership within the last 18 months:
3. List your office locations, identifying which location (city/state) will be assigned this project:
4. What are the service hours at the location assigned to this project?
5. Describe the breadth of your health care provider network in Minnesota and its neighboring states (including the number of exam providers, specialties represented).
6. Describe how your firm has succeeded in communicating with health care providers and obtaining their cooperation.

# Staffing and Workflow

1. Describe the staffing model you are proposing to MSRS – list the numbers of staff, the certifications/licenses/credentials of staff (e.g., RN, MD), and their roles and responsibilities.
2. Provide a staffing diagram that would support the services being requested as part of this RFP and as outlined in the Scope of Work. Please identify which staff would be dedicated to MSRS and which staff would be shared.
3. What are the minimum experience and education requirements for each classification of staff proposed?
4. What are the minimum credentialing requirements for clinical staff, both clinical employees and any clinical contractors used?
5. What are your employee background screening procedures?
6. Are you currently providing services similar to those outlined in the Scope of Work? Please be specific when addressing this question and individually list all components of services being provided to other public pensions.
7. Does your firm maintain any industry-based accreditation or certifications? If so, please provide detail as to the accreditation or certification and how it would apply to the services being requested in this RFP.
8. MSRS will develop service standards and performance guarantees, and expect to agree upon some fees at risk for meeting the performance guarantees. These performance guarantees will include surveys of applicants and benefit recipients regarding services received. Have you entered into similar arrangements? If so, please share the typical performance standards, guarantees, and percent of fees at risk under these arrangements.

# Experience

1. Provide the number of disability applications being processed for the trailing 12 months. Of these claims, please list how many were for public employee retirement systems.
2. Describe, in detail, your experience providing periodic reviews for the population of disability benefit recipients for public pension plans.
3. What measures does your firm take to ensure accuracy of application recommendations (be specific as to who can make application recommendations and their required qualifications)?

# Web-based Portal

1. MSRS expects the Contractor to act as an extension of MSRS’s staff, including using a web-based portal system to document activities and recommendations. Describe your firm’s experience working in partnership with a similar client.
2. Describe your firm’s experience customizing an accessible, secure, web-based system and workflow for managing applications and disability review cases.

# Independent Medical / Functional Capacity Evaluations

1. Describe your capabilities to conduct the work outlined in the Scope of Work as it relates to Independent Medical Exams and Functional Capacity Evaluations.
2. Describe your access to evaluation providers.
3. Describe how you ensure the quality of the evaluations.
4. Describe how you ensure that providers are licensed, credentialed and insured:
5. How do you ensure timely scheduling of exams?
6. Does your network include providers who can assess the cognitive functioning of an applicant with a mental illness?

# Appeal Support

1. Describe your approach to supporting MSRS in the appeal process outlined in the Scope of Work.
2. Describe how you ensure independence and fairness during the appeal process.

# Periodic Claim Reviews

1. Describe your approach to supporting MSRS in the periodic review process outlined in the Scope of Work. Specifically address how you will determine the right category for the benefit recipient’s circumstances, and how you will determine the best course of action for these reviews.

# Technology

1. Describe how you are ensuring HIPAA compliance, particularly in communications with MSRS on case-related data.
2. Describe your firm’s insurance covering breaches of data privacy under the Minnesota Government Data Practices Act, Minn. Stat., Ch. 13.
3. Describe how you would ensure the security of State and patient data.