



New Jersey Turnpike Authority

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June 10, 2020

TO ALL PROPOSERS:

RE: Request for Proposals
Occupational Healthcare and Physician Services
RM-148155 Re-Solicitation

Responses to Inquiries

Dear Sir/Madam:

Below are the New Jersey Turnpike Authority's ("Authority") responses to inquiries received with respect to the above-referenced Request for Proposals ("RFP").

Responses to Inquiries:

1. How is the medical director expected to document his/her visits?

ANSWER: The medical director is expected to utilize industry best practices for clinical visits that include paper, electronic, dictation and leverage technology wherever possible.

2. Is the current provider keeping paper records?

ANSWER: Yes

3. Would the Turnpike like the awarded vendor to keep paper records or electronic medical records?

ANSWER: Please refer to answer #1

4. If, electronic medical records is requested, how would you like that pricing to be provided given the requirements outlined for pricing in page 21 of the RFP.

ANSWER: If implementation of electronic medical records pricing is provided, it should be a separate pricing from the options listed in the RFP.

5. What, if anything, has changed between last years solicitation and the new solicitation?

ANSWER: Please review the separately dated respective RFPs for any differences which are available on the Authority's website.

6. When does the 5 year Contract begin?

ANSWER: The 3-year contract, with two (2) optional 1-year renewals, is anticipated sometime in the 4th Quarter of 2020.

7. Is the NJTA covered by the New Jersey Public Contracts Law (N.J.S.A. 40A:11-1 et seq.)?

ANSWER: The New Jersey Turnpike Authority was created by the Legislature in 1948 and authorized to serve as an independent State Agency responsible for maintaining the New Jersey Turnpike and the Garden State Parkway, which are two toll roads in the State of New Jersey. Hence, the New Jersey Public Contracts Law (N.J.S.A. 40A:11-1 et seq.) is not applicable, nor binding upon the New Jersey Turnpike Authority.

8. If so, will a Notice to Bidders be given specifying when the Bids will be unsealed and announced?

ANSWER: Not Applicable

9. Re: Section III, C: Detailed Scope, page 14, 1) a: It is stated that any person being hired or transferred into a physically demanding job must be given a "functional capacity assessment." Will the Authority designate which Jobs through Detailed Job Descriptions require such additional "assessment?" Currently, for example, the position of "Clerk" would seem to be a secretarial or administrative position and that is what the Job Description indicates; however, the "and as directed" wording actually included direction to lift tires and batteries. This makes medically determining fit for a position a bit difficult.

ANSWER: Yes

10. Re Section III, C, Detailed Scope, 1) e, page 14: Reference is made to pre-employment medical examinations, at satellite facilities. If these exams are for persons going into physically demanding positions, do they also require a "functional capacity assessment? at these so-called "satellite sites?"

ANSWER: Yes.

11. Does the Authority distinguish between a "functional capacity assessment" and the more quantified, standardized and legally accepted "functional capacity evaluation (FCE)?"

ANSWER: No

12. In Section III, C, Detailed Scope, 1) f, Page 15, line 12: The term "functional capacity assessments/evaluations" is used suggesting that either is acceptable. Is either acceptable and is that what was meant?

ANSWER: Yes.

13. The Authority already has extensive IT services and "tracking software." Is there any reason why that software and Authority IT services cannot be used and adapted to provide the necessary reports and tracking?

ANSWER: The Authority "tracking software" is not integrated nor utilized. The successful proposer will need to work with Authority subject matter experts in the ITS department for an acceptable solution for the Authority and vendor. As technology advances, it is imperative that the successful proposer is able to integrate systems consistent with updated software.

14. Section III, D, a, Page 17: This section limits and prohibits Proposer from referring services to a business or association in which the Proposer has a financial interest. However, if the successful Proposer from Headquarters is referring to their own satellites, would this practice not be prohibited?

ANSWER: The response to this question is fully captured under this section, and provides guidance to the Proposer in the event a conflict of interest may arise.

15. Are NJTA employees prohibited from seeking initial care for injuries and illnesses alleged to be work-related from hospitals and urgicenters of their choice?

ANSWER: This is too broad of a question. The answer will be contingent on the severity of the injury.

16. If NJTA employees require PT, consultations and/or surgery, will that still be coordinated through and with Inservco, the current TPA, or will that be directed by the successful Proposer?

ANSWER: Yes, assuming the question is related to a worker's compensation injury. However, the existing contract between Inservco and the Authority is an independent contract and will remain separate and apart from this proposal.

17. Section III, D,a, pg 17: This section speaks generally to referring practices of Proposer. However, there is no mention of specific "self-referral" practices which are and should be prohibited. Would the Authority agree, along with other distinguished and recognized organizations, such as the American College of Occupational and Environmental Medicine as well as all insurance companies and TPAs that it would be unethical and inappropriate for a physician (or in this case, the Proposer) to refer to his own colleagues and co-employees for such services as; Physical therapy; Occupational therapy; Radiologic services; Laboratory services; Orthopedic & other Consultation; Orthotics and orthopedic devices; Prescriptions; Outpatient services; Inpatient services and most importantly Non-emergency surgeries?

ANSWER: See the answer to question #14

18. As the RFP currently reads, without considering these specific, unethical "self-referrals" which are considerable and extremely lucrative, a low bid will be assured if the bidder assumes that they can also bill for these costly services through self-referrals which are only implied to be prohibited in this RFP. Therefore, would the Authority agree with the assertion that the specific self-referrals cited above in Question 15 are indeed prohibited?

ANSWER: See the answer to question #14

19. Re: Section III, C, 1 b: Comprehensive Leave Management Software is referenced. Can you indicate which of the many such Software Programs the Authority is using or planning to use? These Programs assist HR in managing many other matters than Disability Leave etc.? Medical certainly would welcome in-service on whatever Program is selected.

ANSWER: The Authority currently does not have a comprehensive and integrated leave management tracking system in place and recognizes the need for such a system.

20. Section III, g, page 15: "TDB and Sick Benefits Program. Currently, the NJTA Practice has been that an employee who has a personal medical problem has not been eligible for "restricted duty." That has been the standard practice for decades. Is this a Change of Policy and Practice such that now Employees out for qualified Medical Conditions may now be considered for Light Duty?

ANSWER: This is too broad of a question. This would be a decision made by the medical director in conjunction with the various department heads in consultation with the Human Resources Director on a case by case basis for light duty.

21. Re "Sick Benefits:" Medical is not aware of employees out sick or vacation until they apply for TDB. HR has not informed Medical at the time the employee is OOW for a medical condition. However, if the employee has been out for a medical reason for 5 days, then they need to get Medical clearance for RTW. Is that changing?

ANSWER: The Authority is unaware of any breakdown in communication as described in the question. The practice of requiring employees to be seen by medical after a prescribed number of employee absence days will remain the same.

22. Section III, C, 1), e: "Access to Satellite. . .Facilities: Can you define Terms? What is meant by "access?" What is meant by "close proximity?"

ANSWER: The ability for Authority employees to obtain medical treatment and associated medical services from these facilities on an emergent or non-emergent basis. The term "close proximity" is defined as close or near to the New Jersey Turnpike and Garden State Parkway Roadways.

23. The RFP indicated the Medical Director/Proposer/Organization/Health Care System was required to be on site only 3 hours per week. Is the person whom the Authority chooses

ANSWER: This is an incomplete question. The correct time is 30 hours per week.

24. The RFP indicated the Medical Director/Proposer/Organization/Health Care System was required to be on site 3 hours per week. Is the Proposer the Authority chooses expected to have any documented supervisory responsibilities? If so what are they?

ANSWER: As the medical director, the successful proposer will supervise the day to day operations of the office and directly report to the Human Resources Director.

25. RE: Section III, C, Detailed Scope, 1) e: Can you define in general the term "irrevocable rights?"

ANSWER: In general, the term "irrevocable rights" is construed as unable to cancel or recall; that which is unalterable or irreversible.

26. The term "irrevocable rights" may exist in the law, or the insurance industry, but not in medicine; Question: Does the Authority believe that the "selected physician services provider" who has access to . . . medical facilities throughout the State of New Jersey" would retain such access if they lost their license to practice medicine? Or was convicted of a felony? No physician nor health care system has "irrevocable rights."

ANSWER: Cannot answer hypothetical questions.

27. In Medicine, physicians have privileges to Hospitals and Health Care Facilities not "rights." What is the Authority's purpose in using an inapplicable term such as "irrevocable rights?"

ANSWER: Please refer to answer #25.

28. Why does the Provider with access not, in the Authority's opinion, also require "irrevocable rights" to facilities, but the Provider who does not own or is employed by a health care system does require such rights?

ANSWER: This question lacks clarity.

Proposals are due on Tuesday, June 16, 2020 at 4:00 PM EST.

Very truly yours,



Dale Barnfield, Director
Procurement and Materials Management

DB/am