

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

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December 19, 2011

ADDENDUM: NUMBER TWO
RFP No. 12-0010

On-Site clinic for Employees, Retirees & Dependents
(Annual Contract)

Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.

INITIAL: _____ **COMPANY NAME:** _____

VENDORS ARE INFORMED THAT THE REFERENCED RFP SOLICITATION IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.

The RFP due date has been extended until Friday, January 27, 2012; no later than 5:00 p.m. (EST).

Below are the responses to the Questions/Clarifications received:

1. What percentage of the population has internet access?
Response: At work about 40%, outside of work unknown.
2. What percentage of the population will require Spanish language translation?
Response: Less than 1%.
3. Has the clinic location been determined? If so, can you provide any details regarding the geographic disposition of the labor pool as it relates to the clinic location, i.e., a file detailing zip codes of all clinic eligible members vs. the clinic location?
Response: Clinic location has not been determined at this time. The majority of our employees live in Columbus/Muscogee County area, which includes Muscogee, Harris, Chattahoochee, Marion, Russell (AL) or Lee (AL). Do not have the list you requested available, but can provide to the successful vendor.
4. In terms of the clinic eligible member population can you please provide a breakdown of the following:
 - No. of clinic eligible employees
 - No. of clinic eligible spouses

- No. of clinic eligible dependent children over age 2
- No. of clinic eligible retirees
- No. of clinic eligible retiree spouses
- No. of clinic eligible retiree dependent children over age 2

Response: The above breakdown is not available, but can provide the following:

- **EMPLOYEE ONLY – 1269**
- **EMPLOYEE/SPOUSE – 397**
- **EMPLOYEE/CHILD (REN) – 296**
- **EMPLOYEE/FAMILY – 687**
- **ABOVE INCLUDES EMPLOYEES AND PRE-65 RETIREES**
- **MEDICARE ELIGIBLE RETIREES - 655**

5. In terms of wellness and health promotion activities, does the city presently provide any of the following to eligible members:

a. HRA (Health Risk Appraisal): If yes, who is the provider? For how many years has the HRA been offered? Historically, what level of participation has the City achieved? Is the data available to be shared with the clinic vendor?

Response: No

b. Biometric Exams:

Response: This year is the first offering.

c. If yes, who is the provider?

Response: Currently through the Benefits Manager, Northwestern Benefits Corporation of Georgia.

d. For how many years have biometrics been offered?

Response: This is the first year.

e. Historically, what level of participation has the City achieved?

Response: Too soon to know, it is being done as part of open enrollment this year.

f. Is the data available to be shared with the clinic vendor?

Response: Data will be provided to the successful vendor.

6. In terms of Disease Management:

a. Does the City presently provide Disease Management services to eligible members?

Response: LIMITED

b. If yes, who is the provider / vendor?

Response: BCBSGA

c. What DM programs are presently offered?

Response: DIABETIS, COPD, CHF, HYPERTENSION AND HIGH COLESTEROL

7. In terms of plan utilization, can you please provide the following data elements:

a. No. of hospital admissions per 1,000 population

Response: 65.8

b. Average unit cost per hospital admission

Response: MEDICAL \$7953, SURGICAL \$23,015.

c. No. of primary care visits PPPY (See Attachment A)

d. Average unit cost per PCP visit

Response: \$63

e. No. of specialty care visits PPPY (See Attachment A)

- g. Average unit cost per specialty care visit (See Attachment A)
- h. No. of lab tests per 1,000 population (See Attachment A)
- i. Average unit cost per lab visit (See Attachment A)
- j. No. of physical therapy visits per 1,000 population (See Attachment A)
- k. Average unit cost per physical therapy visit (See Attachment A)
- l. No. of radiology exams per 1,000 population (See Attachment A)
- m. Average unit cost per radiology exam (See Attachment A)
- n. No. of ER visits per 1,000 population (See Attachment A)
- o. Average unit cost per ER visit (See Attachment A)

8. How many work related injuries did the City experience YTD? 2010? 2009?
Response: YTD is not available but is similar to 2009 and 2010. 2010 - 229 Medical only, 105 Indemnity, 129 Incident-only (463 total or 334 total excluding incident-only); 2009 – 199 Medical only, 135 Indemnity, 131 Incident-only (465 total, or 334 total excluding incident-only).
9. Of the work related injuries, how many were recordable?
Response: In 2010 – 291; In 2009 - 277
10. How many pre-employment physicals are provided annually?
Response: 243
11. How many pre-employment drug screenings are administered annually?
Response: 280
12. How many random drug screenings are administered annually?
Response: 710
13. How many NFPA (Police and Fire) physicals are administered annually?
Response: 363
14. What is the name of the City's workers comp TPA?
Response: ASSOCIATION COUNTY COMMISSIONERS OF GEORGIA
15. Does the City presently employ an RN Case Manager for the administration of workers comp? If no, please explain how workers comp case management is currently provided?
Response: Yes
16. Is the City interested in an integrated absence management program where all employee illness, injuries and absences would be administered by the onsite clinic?
Response: Possibly, will discuss with new Manager.
17. Does the City have a strategic plan that supports a collaborative absence management program with the onsite clinic?
Response: Not yet, but want to discuss with new manager.
18. Does the City's current absence management program maximize the investment in an onsite clinic by integrating employee leave data from multiple systems?
Response: No.

19. What is the average annual turnover percentage across the City?
Response: 2%
20. How many work loss days did the City record per 100 employees YTD? 2010?
Response: In 2010 63 Employees missed 1,464 DAYS (See Attachment B); In 2009 71 Employees missed 1,541 days
21. What is the average “fully baked” (salary, taxes and benefits) hourly wage equivalent for City employees?
Response: Approximately \$25
22. Can you provide the breakout of employees, retirees, spouses and dependent children that are on the plan currently. The RFP states “dependents” will be eligible and we have different participation assumptions based on each category.
Response: See response to Number 4 above.
23. Can you provide an RFP timeline (ie. Finalist selected, Finalist presentations, Final vendor selection, finalist negotiations, and target clinic open date)?
Response: No timeline is available. However, do not anticipate a clinic opening date before July 1, 2012.
24. Will biometrics be included in the proposal? If so,
- a. How many total employees are eligible for the screening?
Response: Unknown at this time.
 - b. Will you offer an incentive for your employees to participate?
Response: Participation in clinic program is primary incentive.
 - c. Will you include an HRA?
Response: Not planned at this time.
 - d. Have you done a screening program previously, and if so, who have you used?
Response: See response above.
 - e. Will you need options to serve remote employees?
Response: No.
 - f. Can you provide the zip codes with number of employees in each?
Response: See response to Number 3 above.
 - g. Will you require a data feed to an HRA?
Response: Not at this time.
 - h. If you have done a previous screening program:
 - i. What was your percent participation?
 - ii. Was there an incentive offered? What was the incentive?
 - iii. Was the program paired with an HRA?**Response: See response to Number 24 (a) above.**
 - i. What biometric screening measures are you interested in:
 - i. Lipid (cholesterol)
 - ii. Glucose
 - iii. Blood Pressure
 - iv. Height, Weight, BMI
 - v. Waist Circumference**Response: To be determined.**

j. Are you interested in any additional testing such as a HA1c, CardioCRP, Cotinine or other laboratory testing?

Response: Not sure at this time.

k. Do you have a preference for venipuncture vs. fingerstick method of screening?

Response: No.

25. Will anyone other than employees be able to utilize the center? i.e. dependents, retirees, dependents of retirees, or contracted staff. If so, please provide the estimated counts of the relevant groups.

Response: Yes, dependents, retirees, and dependents of retirees only. See response to Number 4 above.

26. Are there any age restrictions on family members enrolled (ex. dependents age 3+)?

Response: Not anticipated.

27. What are *normal* employee hours?

Response: We don't have "normal" employee hours. While some employees work daily during varied daytime hours, we also have many shift workers working around the clock 7 days a week.

28. Could you please provide the name of the employee health plan provider and pharmacy benefit manager?

Response: BCBSGA AND ESI

29. Do you have any members enrolled in a HDHP plan? If so, how many?

Response: No.

30. Is there a current location and space configured for the clinic? Can you please provide the number and types of rooms as well as total square footage?

Response: Do not have a current location at this time, therefore the square footage is not available.

31. Will you be charging a co-pay at the on-site? If so, how much?

Response: Not planned.

32. Will you be providing any claims data?

Response: No plans, but its possible.

33. When would you like for the contracted services to begin?

Response: See response to Number 23 above.

34. What are the desired hours of operation for the requested services and what is the expected opening date?

Response: Clinic operating hours will be negotiated with the successful vendor based on the number of employees and retirees electing to participate in the clinic. Consideration should be given for some early and/or late hours and perhaps some weekends, which will be based on enrollment numbers. Also, see response to Number 23 above.

35. Should we include flu shots as part of the service offering?
Response: Yes.
36. Will the clinic need to cover multiple shifts?
Response: Yes.
37. Can you provide any statistics on OSHA reporting (for occupational health)?
Response: We are not subject to OSHA, but copy of OSHA 300 report is attached.
38. What is the address (including zip) of the clinic location?
Response: N/A
39. Would you like to offer billing of third parties?
Response: Medicare, but will discuss for others.
40. Do you plan to use incentives to increase participation in biometric screenings and HRAs?
Response: Biometric only will be a requirement for clinic membership.
41. Should we include a pharmacy solution (pre-packaged, concierge, delivery, on-site)?
Response: Yes, will discuss exact set up with successful Manager.
42. How is it determined who can enroll in the clinic?
Response: All employee, retirees and dependants are eligible. Medicare eligible retirees may be delayed if necessary to resolve Medicare billing issues.
43. How often can employees enroll in the clinic?
Response: Most will be able to enroll at anytime during the first year. Thereafter, we may restrict to open enrollment, but no decision has been made at this point.
44. Will it be possible for the initial enrollment period to end 90 days before the clinic opening to allow for the contracting of adequate medical staffing?
Response: It is possible and subject to negotiation with successful Manager.
45. Can we get the RFP in Word format?
Response: Yes. Send request via e-mail to: bettyhughey@columbusga.org
46. Are Medicare Advantage retirees eligible to participate in the clinic?
Response: Yes, but we will need to work out details on Medicare billing and supplemental insurance coverage.
47. Will Medicare Advantage retirees have same enrollment schedule as others?
Response: Yes.
48. Will anyone other than employees be able to utilize the center? i.e. dependents, retirees, dependents of retirees, or contracted staff. If so, please provide the estimated counts of the relevant groups.
Response: See response to Number 25 above.

49. Please provide the number of salaried employees, number of hourly employees, and number of employees per shift if shift work.
Response: The requested information is not available. If the successful vendor needs this information we will survey departments for this information.
50. Are the employees located in one or more buildings? If more than one building, then please provide an employee count per building.
Response: Multiple buildings but a count is not currently available.
51. Please provide the male to female ratio for the employee population.
Response: Male 71%, Female 29%
52. Please provide the average age of your employees.
Response: 43.5
53. Is your company expecting a significant change in the number of employees within the next 5 years?
Response: No.
54. What is the average fully loaded average salary for the employees at this site?
Response: Approximately \$52,000.
55. Do you expect the covered population to change significantly over the next five years? (increase/decrease)
Response: No.
56. Can you provide a general assessment of your population's health (age/gender, % of high risk)
Response: SEE BCBSGA Annual Report (Attachment A)
57. Can you provide the number of employees and retirees that are on the City of Columbus health plan?
Response: Currently 2435 employees and retirees participate in the CCG self-funded health plan.
58. Can you provide the total amount of medical claim dollars & pharmacy dollars for the year for the participants on the plan?
Response: See Attachment A.

Additional Information:

NOTE TO RFP PARTICIPANTS – We have provided the requested Demographic, Treatment and Cost Data that we have available. We are also attaching a copy of the BCBSGA 2010 Annual Report. It is our understanding that the Data is needed to support your plug-in formula for calculating a projected Annual Savings (Medical and Productivity) for your proposal.

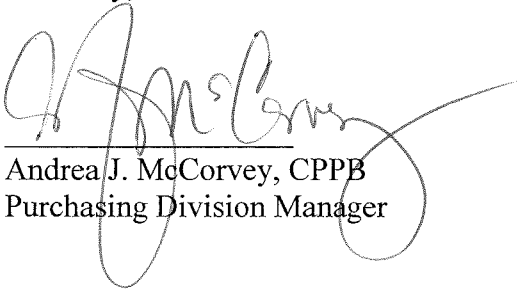
PLEASE NOTE THAT PROJECTED ANNUAL SAVINGS IS NOT A FACTOR IN OUR EVALUATION OF THE PROPOSALS SUBMITTED IN RESPONSE TO OUR CLINIC RFP. THE FACTORS WE WANT MOST TO SEE INCLUDE:

1. **MANAGEMENT FEE BASED ON PER OPERATING HOUR, PER ENROLLED EMPLOYEE, OR OTHER MEANS USED BY YOUR ORGANIZATION**
2. **THE ESTIMATED STAFFING COST PER 1,000 EMPLOYEES/RETIREES ENROLLED OR OTHER MEASURE USED BY YOUR ORGANIZATION**
3. **PRICING SCHEDULE FOR SERVICES CLARIFICATION – THESE ARE THE COSTS FOR SERVICES CONTRACTED OUT AND NOT INCLUDED IN SERVICES PROVIDED BY CLINIC STAFF; IF THIS IS THE CASE SO STATE AND DO NOT INCLUDE COST FOR SERVICE. (AN EXAMPLE IS A PHYSICAL)**
4. **CLINIC SERVICE PLAN, INCLUDING:**
 - a. **OPERATING SYSTEM, METHODOLOGY AND PHILOSOPHY**
 - b. **DISEASE MANAGEMENT PROGRAM**
 - c. **REFERRAL AND MANAGEMENT OF SPECIALISTS**
 - d. **MANAGEMENT OF DIAGNOSTIC TESTING TO CONTROL DUPLICATION OF SERVICES**
 - e. **ABILITY TO MANAGE OUR MEDICARE ELIGIBLE RETIREES, TO INCLUDE HELPING THE CCG RECEIVE APPROPRIATE REIMBURSEMENTS FOR CARE FROM CMS.**

IT IS OUR PLAN TO WORK WITH THE SUCCESSFUL MANAGER TO DEVELOP INCENTIVES THAT WILL ENCOURAGE EMPLOYEE SELECTION OF THE CLINIC FOR THE PRIMARY CARE OF THEMSELVES AND THEIR DEPENDANTS. OUR HISTORY SUGGESTS THAT OUR EMPLOYEES WILL SELECT THE MOST COST EFFECTIVE OPTION FOR THEIR HEALTH CARE...CURRENTLY 80.5% OF OUR EMPLOYEES ARE ENROLLED IN OUR HMO PLAN WITH THE OPTION BEING AN OPEN ACCESS POS. WE ANTICIPATE A SIMILAR PERCENTAGE OF EMPLOYEES WILL ENROLL IN THE CLINIC OPTION WITHIN THE FIRST 12 MONTHS OF CLINIC OPERATION. THE PERCENTAGE OF RETIREES ENROLLING WILL BE SOMEWHAT LOWER.

OUR PHYLOSOPHY ON CLINIC COSTS AND SAVINGS: ALTHOUGH PROJECTIONS OF MILLION DOLLAR SAVINGS IN THE FIRST YEAR ARE NICE, IT IS CLOSE TO IMPOSSIBLE TO VERIFY ACTUAL SAVINGS. THEREFORE, OUR GOAL IS TO DOCUMENT SUFFICIENT FIRST-YEAR SAVINGS TO COVER THE ACTUAL COST OF CLINIC OPERATIONS. WE ALSO EXPECT TO SEE REDUCTIONS IN EMERGENCY ROOM UTILIZATION AND HOSPITAL ADMISSIONS OVER TIME; AGGRESSIVE AND SUCCESSFUL MANAGEMENT OF CHRONIC DISEASE CONDITIONS; A HIGH LEVEL OF EMPLOYEE/RETIREE CUSTOMER SATISFACTION; AND, GENERAL IMPROVEMENT IN THE HEALTH AND WELFARE OF CLINIC PARTICIPANTS.

Sincerely,



Andrea J. McCorvey, CPPB
Purchasing Division Manager