ADDENDUM NO. 1

REQUEST FOR PROPOSALS (RFP) 039-LL10 FOR
SCHOOL BOARD BASED CLINIC SERVICES
FOR
THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
May 6, 2011

PURPOSE OF ADDENDUM

This Addendum has been prepared to provide additional proposal information.

ACKNOWLEDGMENT OF ADDENDUM TO RFP

As required in the RFP, proposers are reminded that they should either acknowledge receipt of this addendum on their proposal, or attach this addendum to their proposal. In order to acknowledge receipt of this addendum on their proposal, proposers should properly complete Proposal Forms.

STATUS OF ADDENDUM

To date, this is the first (1st) addendum that has been issued for Request for Proposals 039-LL10, School Board Based Clinic Services.

ADDITIONAL INFORMATION REQUESTED

The following is provided in response to proposers' specific requests for additional information:

1. Q: What is the projected # of patients M-DCPS expects the clinic to provide services for at Miami Jackson Senior High School?

   A: This information is not known at this time.

2. Q: How many of these patients would be Miami Jackson Senior High School employees?

   A: This information is not known at this time.

3. Q: How many of these patients would be employees from surrounding public schools (within 5 miles or so)?

   A: This information is not known at this time.

4. Q: How many employees work at Miami Jackson Senior High School?

   A: Approximately 200

5. Q: How many employees work at the surrounding schools?

A: See the attached Employee Concentration spreadsheet from zip code 33142.

6. Q: What are the expected days/hours of operation for the new clinic?

A: In Section III, page 1, under Scope of Services, proposers are asked to provide their recommended hours per week based on primary care office services, including providing flu and other vaccines and immunizations, tetanus updates, routine physicals, health screenings, injections, laboratory work specimen collection, urgent care medical services and health recordkeeping.

7. Q: What will provider do when the District has a hard close down? December 2 weeks, Spring Break 1 week, etc.

A: The District would prefer the clinic provider remain open during these periods. Security services will have to be provided by the clinic provider for these periods. provide

8. Q: Is there a separate meter for the clinic area so provider can pay for electricity separate from the school?

A: Not at this time.

9. Q: Is there a separate air conditioning system for the clinic?

A: No, but the energy management system can be programmed to run the air conditioning for the days and hours of operation of the clinic.

10. Q: What type security do the clinic operators need? Install alarm, hire security personnel (during/after school/Saturday/evening hours)?

A. The clinic provider will be responsible for security services for the clinic. The clinic is monitored by security cameras as part of the overall school security system.

11. Q: Please clarify the total number of eligible employees and dependents that will use the clinic. Based on convenience/location, what would be a realistic forecast for the actual utilization?

A: It is not known at this time how many eligible employees, retirees and dependents will use the clinic. In Section III, page 2, under Employee Eligibility, the employee eligibility for those who will be eligible to participate in the on-site health clinic include all employees, retirees and dependents who are covered by the School Board's medical insurance plans. All other employees who are not participating in the medical plan will not be permitted to use the facilities at this time. . As of April 2011, the School Board has 39,573 employees and retirees enrolled in its health plans of which 11,329 have dependents enrolled in the plans. The enrollment is broken down below by tier of coverage:

	Total
Employee only	28205
Employee + Spouse	2597
Employee + Child(ren)	5400
Employee + Family	3332
Adult Dependent	39
Total	39573

12. Q: What are the total # of employees and dependents that participate in the CIGNA Health Plan?

    A: Please see the answer to question #11.

13. Q: How many of the eligible plan members live within a ten minute radius of the proposed clinic?

    A: The School Board does not have this information. Please see the answer to question #5.

14. Q: Please clarify what M-DCPS Grand Vision is for the proposed clinic.

    A: Section III, page 1, under Purpose, states the goals of the RFP initiative.

15. Q: Please provide us with a list of the other Health Benefit partners for the M-DCPS (i.e.: EAP, HRA, Wellness programs, Disease Mgmt, PBM).

    A: Cigna Healthcare is the District's ASO provider including HRA, Disease management, Wellness programs and PBM services. For a listing of the Board's current insurance programs in place, see the 2011 Benefits Guide in Exhibit D. In addition, the guide can be found at: http://riskmanagement.dadeschools.net/benefits/2011/pdfs/Benefits_Notebook.pdf. The District maintains an internal EAP program for employees and their dependents.

16. Q: Does M-DCPS plan to charge the eligible participants a Copay and if so, how much?

    A: The School Board is considering waiving the $20 primary care office visit copay when the clinic is utilized but has not made that decision at this time. If a copay is charged for a visit, it will be $20.

17. Q: Would M-DCPS consider a Fixed Fee Pricing Model to ensure the successful vendor can cover their actual costs? If not, would the School Board commit to making up any difference between actual costs and actual claim reimbursements?

    A: In Section III, page 2, under Service Fees & Clinic Costs, it states that "All costs are to be covered by submission of claims to the District's ASO

healthcare provider, currently Cigna Healthcare." While this is the preferred method of clinic provider reimbursement, the School Board will consider any reasonable proposal provided that it is in the District's best interests.

18. Q: Please clarify if there are current M-DCPS school RN's and to what extent they would be involved in the programs (i.e.: Health Coaching).

    A: The District has a limited number of school RN's who provide services only to students and will not be involved in this program.

19. Q: Please provide the vendors with the anticipated # of Pre-employment exams, Fitness for Duty exams, Drug and Alcohol tests per year.

    A: This information is not available at this time. The School Board would like the proposer to be able to offer and have experience with these services for the future.

20. Q: Please provide us with the past years claims data for the eligible population including PCP, Specialty and ER history and costs, as well as, the past year's pharmacy utilization.

    A: See attached 2010 CIGNA report.

21. Q: Please clarify if there are any Security restrictions that are in place that might inhibit the use of the High School based On-site clinic.

    A: The clinic has a separate entrance from the school. A patient will not need to pass through the school entrance to reach the clinic.

22. Q: What security does M-DCPS provide at the school and will it also be available for the Clinic staff and patients? Will there be a separate entrance to the clinic easily accessible to all patients?

    A: See the answers to Questions 10 and 21.

23. Q: What are the total # of retirees eligible to use the clinic and how will they pay for services?

    A: The District currently has 2,100 non-Medicare eligible retirees enrolled in the CIGNA health plan who may utilize the clinic. The retirees using the clinic will pay the same as the actives.

24. Q: Is there a negotiated Fee for Service Schedule already established with CIGNA and approved for payment to the winning vendor? If so, please provide us with the Fee Schedule.

    A: No, this has not been negotiated.

25. Q: Will M-DCPS make up the difference between the proposed Total Clinic Operation Costs and the actual Claims reimbursement received? If so, can this be paid out every six months?

    A: Please see the answer to question #17.

26. Q: Please clarify the description of the proposed clinic as "Turn-Key Ready". Can we assume the clinic is fully furnished, equipped and stocked with medical supplies, etc? Can you provide us with a complete inventory of all equipment, furniture and supplies? What start up supplies and equipment are still required?

    A: There is dedicated space (see Exhibit E of the RFP for layout and photographs of facility). There are no supplies or medical equipment except for exam tables.

27. Q: How will the vendor be reimbursed for Implementation and Start Up supplies?

    A: See the answer to Question #17.

28. Q: How will Wellness visits to the clinic be reimbursed and at what fee?

    A: Without the definition of the term wellness, we cannot answer this question. However, claims processed by CIGNA will be reimbursed at the negotiated rate.

29. Q: Can you provide prior year(s) medical claims history and healthcare spend categorized by disease state as this will enable a more accurate ROI estimate.

    A: See attached 2010 CIGNA report.

30. Q: Please explain existing capability related to HRA and expectation of support to be provided.

    A: CIGNA currently has an online HRA program which we would expect the clinic to promote via communication and educational materials provided by the District.

31. Q: Please explain existing capability related to Disease Management and expectation of support to be provided.

    A: CIGNA administers the Disease Management program for the District which we would expect the clinic to promote via communication and educational materials provided by CIGNA.

32. Q: Please describe your expectations for health coaching, i.e., face-to-face, telephone, web-based?

A: See answer to question #31

33. Q: Please explain if urgent care services are required upon clinic opening or can services be phased in over time similar to Workers' Comp/Occupation Health.

A: Without a clear definition of urgent care services, we cannot answer this question. It is the School Board's intent that primary care services be available at the on-site health clinic.

34. Q: Please provide total numbers of employees, dependants, retirees and include zip code breakdown of employee #, demographics, etc.

A: This data is not readily available

35. Q: What is the size of the employee and dependent population to be served at this site?
    a) What is the male to female ratio?
    b) What is the pediatric to adult ratio?

A: Please see the answer to questions #11 and #20.

36. Q: Do you also plan to deliver nursing or other primary care services to students at this clinic site, and if so, for which schools and what is the current enrollment?

A: The employee eligibility listed in the RFP does not include students at this time.

37. Q: How much do you currently spend on the services you are requesting?

A: This is the first proposed clinic site for the District, so we have no history with which to make an estimate.

38. Q: With regard to laboratory services, is it your intention to only have CLIA waived laboratory services at the facility?

A: The School Board would like proposers to explain their ability to provide CLIA or non-CLIA laboratory services and how this affects the School Board.

39. Q: If the capacity at this facility is met, would you be willing to divert provision of these services to other sites?

A: In Section III, page 2, the RFP states that the School Board reserves the right to negotiate further locations (Board owned and non-Board Owned) in the future.

40. Q: Which company is currently the pharmacy benefit manager?

A: Both the medical and pharmacy coverages are with Cigna Healthcare.

41. Q: In what format are data describing chronic illness burden of the employed and dependent population?

A: We do not understand the question.

42. Q: What is the proportion of patients receiving treatment for cancer?

A: This information in not available at this time.

43. Q: What is the proportion of patients on the organ transplant list?

A: This information in not available at this time.

44. Q: What is the median BMI of employees and dependents?

A: This information in not available at this time.

45. Q: What is the prevalence of diagnosed diabetes among employees and dependents?

A: This information in not available at this time.

46. Q: What is the prevalence of asthma among employees and dependents?

A: This information in not available at this time.

47. Q: What is the prevalence of COPD among employees and dependents?

A: This information in not available at this time.

48. Q: What is the Prevalence of chronic obstructive sleep apnea among employees and dependents?

A: This information in not available at this time.

49. Q: What is the prevalence of depression among employees and dependents?

A: This information in not available at this time.

50. Q: What proportion of employees and dependents who smoke cigarettes?

A: This information in not available at this time.

51. Q: What is the employee absenteeism rate?

A: This information is not available at this time

52. Q: The following question was posed at the pre-proposal conference and the participating school board representatives responded that this statistical data was not readily available during that meeting. Because this information enables us to provide you estimates for the number of staff required to serve your population, anticipated clinic utilization and by extension, cost savings, we would like to resubmit this question.
    a. Of the 56,406 full- and part-time employees, how many are covered by the School Board's medical insurance plans (i.e., eligible to use the clinic)?
    b. In addition, how many retirees and adult and child dependents are covered by the School Board's medical insurance plans (i.e., eligible to use the clinic)?

A: Please see the answer to question #11.

53. Q: In order to calculate supply costs and anticipated claims savings through use of the on-site clinic, can you please provide the following claims data for the last 12 months:
    a. Number of PRIMARY CARE visits per eligible participant
    b. Number of SPECIALIST visits per eligible participant
    c. Number of LAB visits per eligible participant
    d. Number of EMERGENT visits per eligible participant
    e. What is the average cost per visit for each visit type listed in a-d above?
    f. What is the average number of prescriptions per visit?
    g. What is the average cost per prescription for generic medications? For brand name medications?

A: Please see the reporting provided in response to question #29. We have no further data related to this question.

54. Q: To show your anticipated productivity and absenteeism savings, what is the average hourly wage for employees?

A: This information is not available at this time

55. Q: To assist us in identifying any additional equipment and supply needs, please provide a list of the existing clinic equipment and supplies that would be made available to the contracted vendor.

A: Please see the answer to question #26.

56. Q: Can we obtain a payroll based run with Employees and Dependents living in Zip Code 33142 and a 5 -10 mile radius? Looking for a base number of eligible to design, staff and administer the clinic properly. If unavailable, can the Board provide a estimate count to work from to ensure all bidders are using the same headcounts?

A: Please see the answer to question #5.

57. Q: It was stated Retirees would be eligible to utilize the health center. Is there a cut off age or will the center need the ability to bill Medicare?

A: See the answer to question 23. Non-Medicare retirees eligible to use the clinic must be enrolled in the CIGNA plans.

58. Q: Can we obtain claims based information narrowed to the scope of services needed in and around zip code 33142?

A: This information is not available at this time.

59. Q: Can the Board re-design the current layout of the health center if so desired based on the bidder responses?

A: The School Board will consider any reasonable proposal that is in the District's best interests.

60. Q: Please confirm the following options are not required but should be available for later use:
    a. DOT Testing
    b. Workers' Compensation / Occupational Health based clinic services
    c. Health Risk Assessments
    d. Biometric Screenings

A: DOT testing and Workers Compensation / Occupational Health based clinic services may be available for future use. HRAs are being administered by CIGNA. A biometric screening program should be coordinated through CIGNA.

61. Q: Confirm the Board wishes to have each bidder offer their solution(s) to be discussed. All options and models will be considered to determine the best fit.

A: Confirmed.

62. Q: Please confirm the need for a M.D. model, or offer the model that may fit better due to costs and scope of services.

A: In Section III, page 3, under Staffing Projections, it states that the School Board is requiring, at minimum, one licensed physician to be included in the recommended staffing.

63. Q: Please publish the three submittals from the RFI #23-KK10 that is stated in the current RFP.

A: These responses are available through the District Procurement Department.

64. Q: Please disclose or publish the names of the three respondents (vendors) from the RFI #23-KK10.

A: The three received proposals for the above referenced RFI included: Cigna Onsite Health, Concentra Health Services, Inc. and Take Care Health Systems.

65. Q: Why is the District only considering a single location considering servicing over 378 facilities and over 56,000 employees?

A: See the goals of the initiative of the RFP in Section III, page 1 of the RFP. In addition, there is one facility at this time that is turn-key ready.

66. Q: Why is or why would the District file claims through the current health care provider for services provided at the health center/clinic?

A: The School Board will consider any reasonable proposal that is in the District's best interests.

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67. Q: "All costs are to be covered by submission of claims to the District's ASO healthcare provider, currently Cigna Healthcare." And what is the District's position or thought on how that is going to reign in the cost of medical care by filing claims through the ASO provider?

A: Please see the answer to question #66.