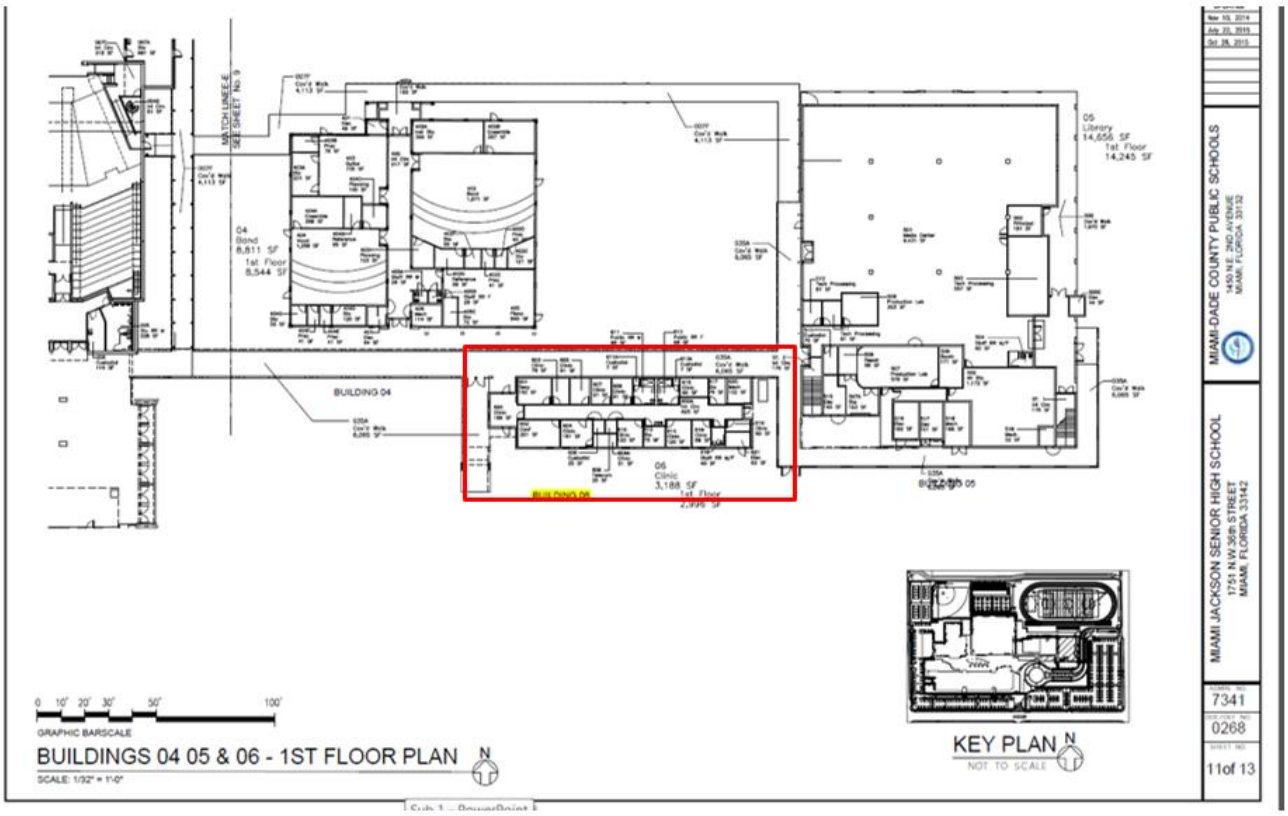
RFP-19-033-CM
Onsite Healthcare Center Services

1) Does the scope of services include diagnosis and treatment of work related injuries and illness or is the intent of the scope to only address personal health issues? Miami-Dade County Public Schools (M-DCPS) is interested in exploring the delivery of pre- and post-employment physicals, workers comp services, etc. These services are currently not offered at the Jackson Senior High health center, however the new contract will be structured so that they can be considered at a future date
2) Can M-DCPS provide claims experience and/or claims summary data? The RFP Excel sheet contains limited experience on the current Jackson High health center. Below is claim/ utilization experience for the entire M-DCPS medical plan population, based on the first 6 months of 2019, that you may find useful to understand the current claim/ health status of the population:
    - Incurred medical claims PMPM: $546
    - Incurred pharmacy claims PMPM: $127
    - Member cost share is less than 10% of eligible charges
    - 96% claims are in network
    - 49% members have 1 or more chronic conditions
    - 59% of population is aged 40+ and 64% is female
    - High breast and cervical cancer screening rates at 71% and 69%, respectively
    - 1,200 members completed health risk assessments
    - ER visits / 1,000 = 270
    - Urgent care visits / 1,000 = 535
    - PCP visits / 1,000 = 1,918
    - SCP visits / 1,000 = 1,926
    - Generic dispensing rate = 91%
    - Average 14.2 scripts per member per year
3) Who is the clinical lab provider for M-DCPS? LabCorp and Quest as in network providers via the Cigna ASO medical plan
4) What ERP system does M-DCPS utilize for billing purposes? The preferred billing approach is for onsite health center vendors to invoice M-DCPS quarterly for fixed/management fees and monthly or continuously to the Cigna ASO plan on a fee schedule for services. M-DCPS will also consider a model where all costs are directly invoiced to them and $0 claims are submitted to Cigna for data tracking purposes. We will also need vendors to be able to submit claim/ utilization data to Truven data warehouse. Procurement – SAP vendor app
5) Can you provide a schematic of the existing onsite facility at Jackson Senior High School? Attached pdf contains a 3-page floor plan of Jackson Senior High School where current onsite health center is located. Page 3 of this pdf details the current floor plan for the 3,188 square feet of space dedicated to the health center. For ease of your review of the pdf, the location of the current health center is outlined below in a red box:

Current Jackson Senior High Onsite Center Floor Plan



6) Is there an expectation the selected vendor will routinely bill the M-DCPS insurance carrier and/or routinely submit $0 claims? See response to Q4
7) How are appointments made at the existing Jackson Senior High health center? What are the average wait times for appointments? Appointments are made via a proprietary web-based portal. Wait times are no longer than 15 minutes
8) What is the average length of time of an appointment (patient-provider interaction) at the Jackson Health Center? Average 30 minutes
9) If vendors currently have a virtual health capability and can deliver virtual health solutions NOW, is M-DCPS open to accelerating the Phase 2 timelines in the attachment A, RFP questionnaire? Yes. Priority is to refresh current Jackson Senior High center for July 1, 2020 and, if possible, deliver services in as many of the other 8 sub-districts as soon as practical. July 1, 2020 or January 1, 2021 would be ideal dates to roll out elsewhere in the District, as practical
10) Does a "local" vendor automatically get 5 points per the RFP scoring grid, or does that category become NA if a non-local vendor meets the PROCESS: Request for Proposals: requirements set forth in section 1.15 of the RFP? Eligible vendors will receive 5 points, vendors who are not local will not receive 5 points towards this criterion.
11) Under section 2.3 a) what license are you looking for a vendor to provide if they currently do not have business in Miami-Dade county and cannot provide a Local Business Tax Receipt? Should

the vendor then simply provide a State of Florida business license? Vendors should provide evidence of their state business tax registration.

12) Can you provide greater detail into wellness resources that provide education and coaching to employee? Does M-DCPS plan to continue those services, or is the expectation that a selected vendor would provide those services, or both? A variety of onsite wellness services are delivered by M-DCPS staff and Cigna-dedicated resources (i.e., travel across the District/ county); these will continue. M-DCPS is willing to review what wellness services – and at what cost – onsite vendors may be able to offer. Based on this understanding, M-DCPS may engage the onsite vendor to provide supplemental/ additional services in the future. Therefore, please outline in your response, if available
13) Is it required that the vendor bill your insurance carrier (Cigna) for services rendered?
    a. Is this only for CDHP and/or HDHP? No such plan currently exists under the M-DCPS medical program, nor will one exist for 2020
    b. Is zero dollar billing the thinking so the school district can see all services under one reporting umbrella? See response to Q4
14) Is the District expecting the vendor to be responsible for build-out of the onsite/near-site heath centers?
    a. What are the contemplated scenarios that have been discussed thus far? The School Board will entertain various strategies included but not limited to build-out of existing school space, lease and/or co-share with another local employer, etc. M-DCPS will review options, locations, etc. as part of this process. Please keep in mind that the immediate need is to continue services at the current center at dedicated space within Jackson Senior High School for July 1, 2020. The preferred model for the capital outlay is for the operating vendor to front the cost and then amortize the cost back or charge back to M-DCPS. Models that do not support upfront capitalization of those expenses will still be considered
15) How many total members will be eligible to utilize the health centers and/or virtual health services? Can you break this number down into the below categories?
    a. Number of eligible employees? There are close to 31,000 employees enrolled in M-DCPS medical plan who will be eligible to access care at onsite centers; census for these employees was included with the RFP. The RFP also provided the breakdown of these employees by each of the 9 sub-districts. Current center is located in sub-district 2, in which approx. 5,600 employees work in this sub-district (i.e., reasonable proximity to the center)
    b. Number of eligible spouses? Approx. 3,800 spouses of employees are enrolled in M-DCPS medical plan, across the entire District, and would be eligible to access onsite centers
    c. Number of children 2 years of age and older? Number of children aged 2 or older is not available, but note there are 12,200 children enrolled in coverage and thus eligible to access onsite health services
    d. Number of retirees? Approx. 900 early retirees and spouses will be eligible to access centers – post-65 retirees are not eligible
16) What rates of utilization are you expecting / desiring in the first three years of the contract term? Please provide anticipated rates for both employees and dependents. Today approx. 5,600 employees work in sub-district 2 where the current onsite health center is located. As shown in the RFP Excel sheet, the latest number of unique patients who visited this center over the last 12 months was 1,209 or approx. 22% of those who work in this sub-district. This is the

best utilization statistic available at this time. It is the District's goal to create wide range of services available at onsite centers, ease of access and low-to-no cost for visits, so as to promote as high utilization rates as feasible

a. What are your current levels of participation?
b. How are you currently defining participation?
c. How will you define participation in the new year and beyond?

17) What is the annual utilization for the Cigna telehealth service currently provided to members? Are there any other telemedicine services/coverage available to members? Only Cigna telemedicine services are available via the ASO medical plan. Utilization rate of this service for the period ending June 2019 was 6.0 / 1,000. The use has been growing, however to date is lower than expected due to the need for employee to provide upfront credit card payment, which can be burdensome to some employees

18) Do you wish to retain your existing clinical staff team at the health center that is currently operating? Are these staff members under any kind of non-compete clause that you are aware of? No, current staff is employed by UM – new vendor will need to hire and manage its own/ staff

19) In the RFP Questionnaire ("Onsite and or Near Site Facility" tab, Row 12), it states: "Pediatric care (M-DCPS is looking to include child dependents from newborn to adult, but will not require the staffing of a pediatrician)". Marathon Health's policy is to see children at our health centers from the age of 24 months and up for sick visits (i.e. episodic acute car such as earaches, strep throat, pink eye, chicken pox etc.). Marathon Health believes that a licensed pediatrician, specialized in newborn care, should provide well-child visits and care (i.e. annual visits to assess developmental milestones; administer childhood immunizations) prior to the age of six years. However, Marathon Health can provide these services at the health centers from birth if a pediatrician is staffed. Would the District be open to either a 2+ years dependent policy or an onsite pediatrician scenario? Please advise 2 and older not under 2 M-DCPS is open to both solutions. It is not a requirement to service children under the age of 2. This is a preference because some locations are in an underserved area and may not have easy access to this type of care. For bidding purposes, use the lower cost option but future sites/solutions may need a solution for children under the age of 2

20) Please provide a floor plan of the current health center. See response to Q5

21) Will you be providing historical claims data? If so, can you provide it up to 3 years? Recent health center data was provided with original RFP in an Excel sheet. This is all that is available at this time. Above response to Q2 provides broad ASO medical and pharmacy claim and utilization data

22) Do you want to keep the current staffing model and hours of operations at the existing site or are you open to recommended staffing models and hours of operation? RFP outlines current staffing and hours, which is working well for M-DCPS. However, you can recommend alternative staffing and/or hours, if you see advantages. If you suggest alternatives, please discuss rationale for your recommendation (in Excel sheet provided)

23) Can you define the role of the Patient Access Representative? Currently this person serves as check-in/out representative to the Jackson High onsite center

24) Are you currently seeing pediatric patients, or is this an expanded service? Yes, such patients aged 2 and older are cared for by a General Practitioner at the current center and M-DCPS wishes to continue this practice as part of future services. See response to Q19 for further details

25) Have you already defined locations for each of the clinics in the subdistricts or are you looking for the vendor to define these locations? Only the Jackson Senior High center has been identified as a location to be in operation in 2020; M-DCPS is actively identifying appropriate locations in the remaining 8 sub-districts

26) What is the estimated number of PHQ2&9 annually? Is this a current service or a new service? Would this be administered as part of a biometric screening/HRA? M-DCPS' expectation is that this service will be provided to <u>every</u> patient that accesses the onsite center – a referral to behavioral health specialist would then occur, as needed

27) Who is currently performing the pre-employment and annual physicals? What is the number of these physicals annually? M-DCPS School Board maintains multiple contracts based on job classification

28) Do annual physicals include DOT physicals? Currently physicals conducted at Jackson Senior High onsite center do not include DOT physicals. See response to Q1 for further details

29) Are there specific districts you want rolled out first? It is the goal that sub-district 2 where current Jackson Senior High School center exists will be operational July 1, 2020; new locations in remaining 8 sub-districts will be rolled out, equally, with a target open date of within 1 year of the Jackson High refresh

30) What does the EAP currently do? M-DCPS on-staff EAP provides unlimited visits for short term counseling needs, very much like a market-based EAP provider. Depending on the situation, a member may then be referred to behavioral health specialist (ideally within Cigna network) for more intensive care, where first 3 visits are provided at no charge to the member

31) Are you currently providing incentives to use an incentive or complete an HRA? $25

32) Is this strictly medical services or does this include other services under the medical umbrella like dental, mental health, and other services? M-DCPS is open to providing other services at onsite centers, particularly mental health, but NOT dental care

33) Is Miami-Dade County Public Schools paying for the services? Yes

34) Will M-DCPS require the vendor to perform occupational medicine services? See response to Q1

35) Can M-DCPS provide dependent counts for each of the sub-districts? This data is not available, however the response to Q15 does provide counts of dependents across the entire District that may be useful in estimating such counts for a particular sub-district. Also, the employee census file that was provided as part of the RFP contains (for the majority of employees) the sub-district in which they work, plus whether they are enrolled in Single vs. Family coverage

36) Will all the equipment remain onsite? No

37) Does M-DCPS want to retain the current staff? No, see response to Q18

38) Can a copy of the floorplan and/or detailed listing of rooms be provided? Yes, see response to Q5

39) Can more details regarding the Clinical Program Manager's responsibilities be provided? Currently this person reviews reports to determine and summarize patient's health statuses in order to prep treating clinicians

40) Instead of placing text into the Further Explanations tab in the Excel spreadsheet, may we provide a Word document containing additional explanations? It is difficult to place text in Excel

cells. NO, it is critical that all your responses are provided in the RFP Excel sheet since this will serve as your official response to the RFP. Responses outside the Excel workbook may not be considered

RE: On-site Clinic

41) Will Miami Dade County Public Schools "MDCPS" be providing space for the clinics at no charge? Yes, for current site at Jackson Senior High School. Approach to other 8 centers (in remaining 8 sub-districts) is being reviewed and may vary. See response to Q45 for additional detail
42) How much space will be allotted by MDCPS for the on-site clinic per site? Current space for center at Jackson Senior High School is 3,188 square feet. Amount of space at 8 other future centers may vary based on such factors as space availability, level of services provided at that sub-district, whether services are virtual and/or limited, etc.
43) What are the designated space dimensions of the current Jackson High School clinic? See Q5
44) Do we need to establish where clinics will be located in the district for RFP or will it be determined after contract is awarded? Apart from the current space at Jackson Senior High (which will continue as part of the new vendor arrangement), space for the new 8 centers at the other 8 sub-districts will be determined after contract is awarded; M-DCPS is currently assessing potential locations
45) If rent is charged by MDCPS for the clinic space what are the rental fees? For space provided by M-DCPS for a clinic dedicated to M-DCPS members only, space will be rent free – this is the case with the current Jackson Senior High center. However, space provided for a possible shared clinic model may require rent to be charged to the other clients of that clinic. If a location is outsourced, then rent would be passed back to M-DCPS
46) What is the service expectation of pediatric / newborn /well child care? All but newborn, 2yrs+ See Q15 and Q19 responses
47) What percentage of current Jackson Clinic patients are pediatric? This data is not presently available
48) Can provider bill Cigna for labs, vaccines, etc? See response to Q4
49) Will access be granted to on-site Internet connection? Yes, the onsite health provider will need to provide it's own network however in the case of Jackson Senior High M-DCPS allows the use of it's existing house wiring. Note: All sites would need to be pre-surveyed with the health center provider IT staff to determine location(s) of connection points for Data Connectivity, additionally the same would hold true for Voice/Telephone connections
50) Are benefits designed to encourage members to use the sites? I.e.: Cost Benefit directly to employee? Yes, per visits copays to onsite centers will be less than $20 (however note that benefits are negotiated annually). See medical plan summaries (as part of RFP) for how these copays compare to those for other types of care, such as PCP, Urgent and ER. The District's goal is to ensure that its employees have access to the appropriate care, at the right time and it considers onsite health centers as a key part to support this strategy
51) Are the centers and the providers working in them covered by sovereign immunity? The School Board is a political school subdivision of the State of Florida and has limited sovereign immunity. We recommend that you check with your legal counsel as to whether your providers will fall under sovereign immunity
52) Will MDCPS provide insurance coverage for the centers and the providers? The School Board maintains property insurance, however it is expected that all other liabilities will be insured by the onsite health center provider. Please refer to original RFP Section 1.41 (i.e., Word document) for insurance requirements

53) In the event an onsite clinic has low utilization, what will be the process to close a site? It is M-DCPS' goal to actively work with and support onsite provider(s) to achieve acceptable/ successful utilization of centers. As such, M-DCPS will analyze and adjust its approach to make efforts to not have to close a center
54) Is MDCPS open to have the on-site school clinics not bill insurance while the near-sites bill and collect from Cigna? See Q4 for preferred billing practice

Other

55) Can a shared savings program on total health spend be part of the overall proposal? No
56) Is the expectation that employee pricing is the same at on-site vs near-site clinics? Yes, for any face-to-face in-person visits. Virtual/Telemedicine visits may have a different fee structure
57) Is this Program supported by federal funds? No, fully District paid
58) Who is the "Plan Sponsor" and can you provide a copy of the Plan Notice of Privacy Practices? M-DCPS is the plan sponsor

59) Is it a fact that we can apply for both onsite services as well as telehealth services and possibly be approved for one or both services? If yes should we submit two separate bids? Please submit proposal for whatever level of onsite services your organization can provide (e.g., onsite, near-site, certain sub-districts only but not all, etc.). It could be the situation that M-DCPS selects more than one provider to support different services and/or to provide services in different sub-districts.

60) Will MDCPS select the locations or will this be something the proposer should highlight in their proposal? See response to Q44

61) If approved, can we go on to propose our services for other county school boards and provide services simultaneously? Yes

62) Is it a fact that proposer's not considered to be local business owner can still apply, but will lose 5 points from the points system for the "local preference" criteria? Please see response to Question 10. Please also note that the Selection Committee will review and make a determination in the best interest of the District.

63) Vendor Application: Proactive MD currently does not have a Florida business entity. We will establish one once awarded business in Florida, but we will be unable to register on Sunbiz for this reason. Will not currently having a Florida business entity disqualify us from consideration? No.

64) Can we Fedex our RFP responses, or do they need to be sent via USPS? Proposers can submit their responses using any method of their choice.

UPDATED Section 1.5 Cone of Silence

As stated within School Board Policy 6325, "Cone of silence" means a prohibition on any communication regarding a particular Request for Proposals (RFP), bid, invitation to bid, or other competitive solicitation between:

1. any person who seeks an award, including a potential vendor or vendor's representative, an employee, partner, director, or officer of a potential vendor, or consultant, lobbyist, or actual or potential subcontractor or sub-consultant of a vendor, or any other individual acting through or on behalf of any person seeking an award; and
2. any School Board member or the member's staff, the Superintendent, deputy superintendent and their respective support staff, or any person appointed by the Board to evaluate or recommend selection in the competitive procurement process

A cone of silence shall be applicable to each RFP, bid, invitation to bid, or other competitive solicitation during the solicitation, review, and Board action of bid proposals as appropriate. At the time of issuance of the solicitation, the Superintendent shall provide public notice of the cone of silence and written notice, including electronic communication, to the Board, District staff and any other person involved in the review, evaluation, recommendation, approval, rejection, or award of the responses as appropriate. The Superintendent shall include in any advertisement and public solicitation for goods and services a statement disclosing the requirements of this section.

The cone of silence shall terminate at the time the item is presented by the Superintendent to the appropriate Board committee immediately prior to the Board meeting at which the Board will award or approve a contract, reject all bids or responses, or take any other action that ends the solicitation and review process.