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| **County Administration Building**  **404 Elm Street**  **Rockford, Illinois 61101** | **Ann Johns**  **Director of Purchasing**  **Phone: 815-319-4380**  **Fax: 815-319-4381** |

**~~January 31, 2019~~ February 1, 2019**

# ADDENDUM ONE

**ONSITE WELLNESS CLINIC SERVICES**

**REQUEST FOR PROPOSAL 19P-2172**

*Bidders are required to indicate on their Quote Form 19P-2172 (Page 32) that they have received and acknowledged this addendum*.

Any questions should be directed to the Purchasing Department, 404 Elm Street, Room 202, Rockford, IL 61101 or by telephone 815-319-4380, or email Ann Johns at [purchasing@wincoil.us](mailto:purchasing@wincoil.us).

**The following are Questions that were submitted, followed by the County’s responses:**

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| **1. How many County employees and dependents have access to the current clinic? What is the breakdown of employees, spouses and children?**  **Employees 933**  **Spouses 416**  **Dependents Age 12 & Above 289**  **TOTAL 1638**  **2. What are the “forms” for completing the proposal that are mentioned on page 3, and how do I obtain them.**  **The Proposal Bid Forms that start on Page 32 through Page 37. You will also need to provide Client References on a form similar to the one on Page 30.**  **3. Do you want the current staff (1-NP and 1-MA) retained?**  **No, it is not necessary to retain the current staff.**  **4. Is there available census data regarding the membership eligible to use the clinic? Number of employees? Spouses? Dependents?**  **Please see previous response.**  **5. How many lives is this proposal for?**  **Please see previous response.**  **6. Can you submit a proposal on only the wellness portion?**  **Please clarify on what is meant by the “Wellness portion.”**  **7.  Can we get a utilization report broken down by hour for the past year?**  **Utilization by the hour for the past year is unavailable, attached is the monthly utilization for 2018.**  **8. Please define workers compensation insurance type, if not the same as employer’s liability.**  **Self-funded.**  **9. Is the County not being named as additional insured on all certificates a hard stop?**  **Yes.**  **10. Do you need the litigation history for the entire health system or for the Occ Med/Wellness department only?  (If we won’t share that, is it a hard stop?)**  **No, not the entire health system, just the Occ Med/Wellness Department.**  **11. Can you provide a layout drawing for the existing wellness center?**  **Attached.**  **12. Do we need to include the cost for all fixtures i.e. wall cabinets, sinks, faucets, paper towel holders etc. in the proposal?**  **The Clinic currently consists of a waiting area, an office for the Medial Assistant and a private office for the Provider, a lab area, 2 patient exam rooms, a private room utilized for mask fit testing and a staff breakroom. There is a separate office for an on-site Chiropractor and a Counselor that is used independently from the Clinic and will stay as is. The following is owned by the County and will stay at the Clinic: 4 file cabinets in the Medical Assistant’s office, tables and chairs in the training area, partition outside the lab area, and a small freezer for vaccines, and cabinets and sink in the breakroom. Yes, we need costs for all items necessary to run an on-site clinic. Patient tables and cabinets/sinks in patient rooms, any lab equipment needed and desk equipment for the Provider office and Medical Assistant’s office.**  **13. Can you provide summary level information of claims costs for both medical and pharmacy?**  **We are currently under contract and may not provide.**  **14. We would like to request reducing the number of finalists and extending the actual interview times to 90 minutes (min.). This will allow for more technology driven healthcare material to be presented and discussed?**  **Possibly.**  **15. Is there interest in Physical Therapy services, should we included this in our proposal?**  **No, not at this time.**  **16. Would you elaborate on the counties preference for higher performing service vs lowest cost? Technology will play a major role in changing the health of benefit plan members over the next 3-5 years, is technology a priority in the service?**  **We are open to graduated introduction to enhanced technology systems.**   1. **Please provide information regarding the number of employees, spouses, and children covered under any of the County’s health plans? (Please note, we are aware that in the response received at the Pre-Bid meeting, a total of 1638 members were identified as eligible to use the clinic, but we would like to know the number of members on a plan that could potentially use the clinic. So, for example, it appears that children on a employee health plan must be at least 12 years of age. For this question, we are interested in the total of all members on a health-plan, whether or not they are currently eligible to use the clinic.  This will help us provide suggestions and guidance for future options on clinic operations.**     **Total covered under the group insurance:**  **Employees:  1009**  **Spouse:  398**  **All Dependent Children:  804**   1. **Are there other employees that are required to use the clinic for occupational health services, but are not eligible for health insurance or who have waived coverage? If so, can you indicate how many employees fall within these categories?**   **All employees are eligible to utilize the clinic for occ health services, for a total of 1,232 County**  **employees**   1. **To best project and tailor a health fund solution and estimated savings, can you provide detailed health fund claims data or reporting from the carrier? Specifically, we are interested in the type, volume and cost of claims. If there are multiple carriers, please provide reporting, if available, from each.**   **N/A**   1. **To best project and tailor a Workers Compensation solution, can you provide detailed Workers Compensation claims data or reporting from the carrier?**   **We are currently under contract and may not provide.**   1. **Does the County currently receive Return on Investment reporting for the health center related to the impact of the health center on all claims or just savings related to primary care services and occupational health services offered at the health center?**   **The County does not currently run claims from the wellness center through the group insurance plan.**   1. **Please provide a sample of any Return on Investment reporting the county currently receives.**   **Not available.**   1. **Can you provide a list of the current scope of services being provided by the health center?**   **Attached.**   1. **Can you provide a breakdown by type and volume of the primary care services currently being provided by the health center?**   **We currently provide office visits, labs and immunizations. We do not have the volume available.**   1. **Can you provide a breakdown by type and volume of the occupational health services being provided by the health center?**   **Basic first aid up to sutures.**   1. **Does the County currently utilize workers compensation Case Management? If so, who provides that service? Is the county interested in vendors offering workers compensation case management as part of this RFP?**   **We are currently under contact and may not provide.**   1. **Does the county currently utilize an EAP provider? If so, can you identify that organization?**   **Pathways and Reliance Standard**   1. **Is Winnebago County open to the chosen vendor providing optional Physical Therapy services or Mental Health Counseling?**   **We are currently under contract and may not provide.**   1. **Does the County have a specific branded wellness program for Winnebago County employees?**   **No.**   1. **If so, can you provide a copy of a program description and any program materials that identify how points may be earned and awarded and any incentives or prizes associated with points accumulation?**   **Attached.**   1. **Does the county currently utilize any software or member portal to aid in tracking point accumulated by employees? If so, can you identify the software or system utilized?**   **OSF system:  OSF4Life.org.**   1. **Does the county currently utilize any software or patient portal for members to access wellness related education materials?**   **OSF system:  OSF4Life.org.**   1. **Does the county engage in any specific types of annual health promotions to raise awareness and provide support for specific types of health conditions?**   **Previous programs include:  Skin cancer screenings with a dermatologist, Hep C awareness, Flu**  **shots, shingles shots**   1. **If so, can you provide any examples or materials associated with these programs?**   **Flyers and e-mails.**   1. **If so, can you identify the cost of these programs and whether the current clinic operator provides those services or whether they are performed by internal staff or a different contractor?**   **All services are performed by OSF staff at a minimal or no cost. However, the County pays for immunization vaccines and serums.**   1. **Are there any specific wellness services or health promotion services provided to first responders or correctional officers?**   **Mask fit testing.**   1. **Does the county currently utilize a Health Risk Assessment?**   **OSF system:  OSF4Life.org.**   1. **If so, what is the name of the HRA utilized?**   **OSF system:  OSF4Life.org.**   1. **What is the current number and percentage of HRA’s that are completed by employees on an annual basis? By spouses?**   **488 employees / 173 spouses**   1. **What does the County spend on HRA’s and how is the county charged for its HRA?**   **$20 per person. This is included on the monthly OSF invoice as a separate line item.**   1. **What is the current number and percentage of follow up health reviews with a clinician that are completed by employees following completion of their HRA’s on an annual basis? By spouses?**   **See question 39.**   1. **What does the county currently pay for biometric screening?**   **See question 40.**   1. **Does the county pay for each screen performed or some other manner? Please describe how the county pays for this service and the annual aggregate amount the county currently pays for biometric screening.**   **See question 40.**   1. **What is the current number of biometric screenings that are performed as part of your wellness program?**   **See question 39.**   1. **What is the current number of biometric screenings being done by OSF health center staff versus other individuals?**   **All are done by OSF staff.**   1. **Is Winnebago County open to us providing a prescription drug medical dispensary? This is a standard part of our typical clinic model. I saw references to vaccines and immunizations, but did not see any reference to prescription drug dispensing at the health center as part of the scope of services being requested in the RFP.**   **Yes, we are open.**   1. **Who does the county utilize as its Pharmacy Benefits Manager (PBM)?**   **Optum.**   1. **Can you provide any reports or data on at least the top 50 most commonly prescribed medications?**   **Attached.**   1. **Can you provide any reports or data on at least the top 50 highest priced medications and the highest cost by annual total?**   **We are currently under contract and may not provide.**   1. **What Winnebago County currently paying in aggregate annually for services provided at the health center?**   **Less than $500,000.  Please do not consider this a limitation, we are open for all considerations.**   1. **Can you provide a breakdown, by type and cost for the services provided by the health center, including, but not limited to, health, wellness, disease management, primary care and occupational health? (We are interested in understanding whether the County is currently paying by service volume or fixed fee or a combination. Such costs would include any administrative fee; HRA’s; biometric screening; analytical tools such as Verisk; members enrolled in Health Management; and any capital improvements fees.)**   **Our currently OSF invoice is broken down by Management Fee, Lab/Vaccines, Salaries and Supplies.**   1. **Can you provide an example of a monthly bill for the health center as it currently operates?**   **Broken down as described in question 51.**   1. **Can you provide a list of equipment that the County owns that is currently utilized by the health center?**   **Please see response to question 12.**   1. **Can you provide a copy of the layout of the County’s health and wellness center?**   **Attached.**   1. **Can you identify the current shift structure of County employees as a way of assisting us as we consider options for serving both primary care and occupational health needs of employees and other members?**   **We have several 24/7 facilities, such as the Sheriff’s Department, Jail, River Bluff Nursing Home and Animal Services.**   1. **Can you identify the number of County employees who work as first responders or correctional officers?**   **162 corrections officers.** | | | | |
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**END OF ADDENDUM ONE**