

## ADDENDUM NO. 2

**DATE:** August 17, 2021

**TO:** All Proposers

**FROM:** Penny Owens, NIGP-CPP, CPPO, Purchasing Agent

**SUBJECT:** Addendum No. 2 – Onsite Medical Services

**RFPs Due:** August 19, 2021\*\*\* at 11:00:00 a.m. Eastern Time

This addendum is being published to provide clarification to the RFP and responses to questions from potential proposers on the Onsite Medical Services RFP. This addendum becomes a part of the Contract Document and modifies the original specifications as noted.

**Clarification #1 – Postponement of Deadline:** The deadline for proposals is hereby postponed until **August 25, 2021 at 11:00:00 a.m. Eastern Time.**

**Question #1:** One quick question on the X-Ray. Will this be a X-Ray room or more of a portable X-Ray? Just wanted to clarify that before going through the bid process.

Response: It's an x-ray room. It's Room #117, as noted on Attachment G – Facility layout.

**Question #2:** Beyond what has been shared in the RFP document, are there any other performance guarantees the current vendor is accountable for that we should be aware of and may be extended to the next contract?

Response: At this time, only what is in the RFP, but we are open to suggestions.

**Question #3:** Are you working with a consultant or broker to evaluate the responses you receive to this RFP? If so who is the consultant?

Response: The city uses a consultant and that contract is separate from this contract. They do not receive funds from this contract.

**Question #4:** Do you prefer to retain your current providers?

Response: Yes.

**Question #5:** If so do they have a non-compete and what are the terms of the non-compete?

Response: It is our understanding only the providers are subject to a non-compete based on our last RFP, but do not have specifics on the agreements between our current vendor and the staff.

**Question #6:** Is the City open to consideration of alternative staffing models that improve engagement of the eligible population?

Response: Yes, we are open.

**Question #7:** On page 3 you share that there is an offsite location described as being in the City County Building for wellness coaching, influenza administration and phlebotomy. Is that staffed specific days and hours? Who currently staffs it?

Response: There are no specific hours, only as necessary. The current provider staffs this location.

**Question #8:** At the top of page 4 in the RFP it details, the City makes purchases through the MMCAP agreement that offers better pricing for Hepatitis B and tetanus diphtheria (Td), while the influenza vaccine is purchased through Glaxo-Smith Kline. Is this facilitated by your current vendor? Or does the City purchase and the center operator administer?

Response: The City makes these purchases through cooperative agreements and the center operator administers.

**Question #9:** Also on page 4 you provide the description of biometric screenings and physicals listed by month at different departments. What staff members are pulled from the center staff to perform the physicals and blood draws? Can you estimate the number of days these events are at each department?

Response: Generally, the LPN does all of the blood draws. The number of days depends on the department. If for example, she comes to the City County Building, we block off around 10 days or so and have employees sign up for a 10-minute slot between the hours of 7am and 10am.

**Question #10:** Does BCBS TN and your other medical and RX partners share data back with your center vendor to enable the providers at the Center to have a total picture of each patient?

Response: No, but we would be interested in this should we move to a PCP/ PCMH model.

**Question #11:** Can you provide an estimate of the number of allergy shots, Depo-Provera, and testosterone that are administered by the Center providers?

**Response:** See attached reporting package.

**Question #12:** Please clarify the statement that these are also provided from orders by providers outside the clinic given they are cleared by the onsite medical service provider. Does this mean that eligible members can receive orders from community providers that are carried out by providers in the Center?

Response: For allergy shots, yes. Eligible members can have a prescription from their physician for allergy shots, and choose to have them administered at the Center for \$10 instead of incurring additional office visit charges at their physician every month.

**Question #13:** What will be the determining factors in the Center provider also offering primary care/chronic disease management to employees age 18+ on the insurance plan beginning in 2022?

Response: We believe there is capacity to add this for a nominal increase. Price would be the determining factor.

**Question #14:** Please provide any data on the number and type of acute care and health & wellness services provided at the Center in the last two years.

Response: See attached reporting package.

**Question #15:** At the top of page 6 the RFP states “ The City is also interested in providing personal physical therapy services to employees on the insurance plan. We are interested in the medical service provider’s response to this proposal regarding feasibility, functionality, additional cost for supplies, and required staff to manage volume. “ The RFP there are staff members that are Physical Therapist. Please clarify what their responsibilities are versus what you are requesting on page 6 of the RFP. In addition can you share data on the number of personal Physical Therapy claims that have been incurred by your carriers to assist in providing a precise feasibility in this area.

Response: The current model allows for physical therapy in a workers' compensation capacity. Over the last two years, there were 1,394 visits based on the following CPT codes: 97110, 97140, 97112, 97530, 97010, 97014, 97035, 97161, 97162, 97116, 97535, 97032, 97164, 97012, 97124

**Question #16:** Can you provide details on the Implementation standards you describe on page 12 and how they are measured?

Response: We are open to how this can be interpreted, but one idea is after each implementation call we can provide a rating of our satisfaction and a combined rating of x would be a percentage of the dollar amount described. But we welcome any suggestions that a prospective vendor may have.

**Question #17:** Please provide the actual square footage of the primary facility that you so kindly provided a blue print.

Response: The square footage of the PT area is 991 and the clinic is 3,566 as denote on the additional attached floor plans.

**Question #18:** Please provide the location of the offsite location described in the City County Building for wellness coaching, influenza administration and phlebotomy. It would also be helpful to know the square footage and outline of this space

Response: Room 575 of the City County Building has 663 square feet including the closet and Room L217 has 1,263 square feet.

**Question #19:** What do you like most about your current Center?

Response: The staff is knowledgeable and has developed a rapport with employees. They are innovative and always looking for efficiencies or ways to assist our employees. They work as a team with our other onsite vendors for our employees' best interest.

**Question #20:** What would you like to change about your Center?

Response: Better consolidation of data across all platforms (from onsite vendor and City; i.e. EPIC, OHM, RiskMaster, PeopleSoft, and the new wellness vendor, Asset Health, starting on 1/1/2022), which would help in developing key performance indicators.

**Question #21:** If the City elects to change to a new partner for the Center what would the desired date of the transition be?

Response: January 1, 2022

**Question #22:** In addition to BCBS TN who are the City partners you would like the health center provider to share data and interact with?

Response: Our PBM (contract currently out to market), and Innovu (our data warehouse)

**Question #23:** What City partners will the Health Center provider receive data from?

Response: BCBST

**Question #24:** How do you currently collect the \$10 co-pay mentioned in the RFP for certain urgent care/wellness visits? Do you prefer to continue to handle it that way or are you looking for alternatives?

Response: They can pay with cash, debit/credit card or FSA/HRA card.

**Question #25:** Has the same vendor been in place during the entire time the Center has been open? If not who were the other vendors?

**Response:** Premise Health has been the vendor since November of 2016. Prior to that, Summit Medical Group, a local physician practice, was the vendor.

**Question #26:** What are the biggest challenges the City experiences in providing health center services to employees?

Response: The City's biggest challenge is communication, due to diverse workforce, multiple locations, and platform availability.

**Question #27:** How do you currently measure and calculate patient satisfaction? In what ways would you like to improve in this area?

Response: Both The Center and the City provide surveys.

**Question #28:** What percentage of eligible employees/members completed an HRA? Biometric screening

Response: Everyone who participates in the Wellness program is required to complete both the biometric screening and a health risk assessment. Our wellness participation is around 70% of employees.

**Question #29:** How do you currently define Center participation? What is your Center participation?

Response: Total number of employees and dependents that use the center. We have had a change in systems and this information is not readily available for me to compare from old to new.

**Question #30:** We would like to provide a sample implementation plan for your consideration. What dates would you like to be used for decision date and Center open with new partner?

Response: January 1, 2022

**Question #31:** Is the Center responsible for COVID-19 protocols and management for City employees? If so what is being done in the Center or by Center staff?

Response: Yes. All employees with COVID symptoms are expected to report to the center and the center determines the path forward--work from home, quarantine, removed from premises and when they can return.

**Question #32:** Can you provide reporting from your current Health Center vendor?

Response: See attached reporting package.

**Question #33:** How are appointments scheduled by patients today? If by phone and online, do patients call the Center directly to schedule with someone on site or are calls answered at another location?

Response: Employees can log in through the website and make an appointment or call the Center where the receptionist will make the appointment for them.

**Question #34:** Please provide the estimated number and type of imaging done in the Center and referrals that are currently sent from the Health Center.

Response: See attached reporting package.

**Question #35:** Are behavioral health services currently being offered by the Center? If not would you like to add these services?

Response: No

**Question #36:** Can you share what the current top 10 reasons are for provider visits?

Response: See attached reporting package.

**Question #37:** What is the average age of your employee population?

Response: 44

**Question #38:** In order to provide a ROI projection, create Performance Guarantees and put fees at risk is it possible for the City to provide annual insurance summary reports from BCBS TN? Or can the City provide the following statistical information and/or data sets: Claims utilization (2 years) PBM – Pharmacy utilization (2 years), Health and Wellness Activity, Number of visits broken down by chronic, episodic, and wellness care on average monthly for 2 years or at least 2019 and 2020, Employee

participation and utilization of the Health and Wellness Center vs. dependent participation monthly for the same time period.

Response: This information is now available. See attached Exhibit C updated with medical and pharmacy annual numbers.

**Question #39:** Is this RFP required by City statute or is there consideration being given to changing partners?

Response: The term of contracts is determined by City policy and we are nearing the end of our five year agreement.

**Question #40:** When will response to vendor questions be released?

Response: As soon as all responses are gathered.

**Question #41:** Does the City of Knoxville have any non-compete / non-solicitation in place?

Response: As it relates to the current center staff, no. They are not our employees.

**Question #42:** It is stated that the City of Knoxville's "goal would be to retain current Center staff with no limitations on their contracts (non-compete clause)" – please provide which staff do / do not have non-competes in place.

Response: It is our understanding only the providers are subject to a non-compete based on our last RFP, but we do not have specifics on the agreements between our current vendor and the staff.

**Question #43:** What are the top 3 reasons your organization wants to transition the onsite centers to another provider?

Response: We don't know that we want to but the contract term limitation dictates the need for competing the service. We need to have a compelling proposal to make us want to make the change.

**Question #44:** How would you describe your corporate culture, and what important characteristics (demographic or otherwise) should we consider in developing a transition plan for your organization?

Response: We are a municipality and strong contracts with other municipalities would be important.

**Question #45:** What are the main areas of your current model of care that you wish to improve?

Response: Going forward, we would like to focus on patient health. Hence the request for primary care and chronic care services.

**Question #46:** Please provide the volume of biometric screenings and the typical time periods when these services would be delivered.

Response: See attached reporting package.

**Question #47:** What is your employee annual turnover rate for 2019? 2020?

Response: Approximately 5%.

**Question #48:** Can you provide us with reports detailing the disease prevalence/cost for your population and your Lifestyle Management and Disease Management program ROI thus far in the current onsite center?

Response: See attached reporting package.

**Question #49:** Please provide the year-end health plan summary report, showing utilization and unit cost performance.

Response: See attached reporting package.

**Question #50:** Top 20 diagnoses and/or meds prescribed via the center?

Response: See attached reporting package.

**Question #51:** Please provide the hours and days for each staff member listed in Exhibit B – Current Staffing.

Response: All staff works 40 hours per week (M-F 7am – 4pm) , with the exception of the DPT who works 32 hours/week.

**Question #52:** Are any of your current staff members 1099 or Contract employees?

Response: No. All are employed by Premise Health.

**Question #53:** Please provide current health center utilization reports by day, hour, appointment, and by provider?

Response: See attached reporting package.

**Question #54:** We noted that an LPN is listed as “LPN, Limited X-Ray Scope” in “Exhibit B – Current Staffing.” What is the limited scope is that they are performing? Also, does the city own x-ray equipment? We do not see that detailed on the equipment list.

Response: The PDF is missing several rows--see updated equipment list Exhibit H attached. The X-ray is a Summit CMP-200 HF Medical X-ray System with Deluxe Heavy Duty High/Low Four Way Float Top Table. Limited Scope is chest, extremities, spine, and skull.

**Question #55:** What is the x-ray volume?

Response: See attached reporting package.

**Question #56:** What is the current claims spend for users of the clinics vs. non-users?

Response: We are unable to determine this number due to the multiple platforms in use.

**Question #57:** What is your current definition of participation?

Response: The RFP addresses participation specifically in the METS program, which is not relevant to all services at the Clinic. We use the terms participation and engagement interchangeably and want to see more dependent (spouses and children) using the clinic.

**Question #58:** How is participation being tracked?

Response: By visits

**Question #59:** What is your current definition of an engaged patient?

Response: See the response to Question 57.

**Question #60:** What % of engaged patients are making clinical progress towards their goals?

Response: This is difficult to obtain because information lives on different platforms. (Example: a uniform body could have hypertension, but take that medication under the workers' comp plan, which is not reported to the health plan, so it looks like there is a gap, but there is not one.)

**Question #61:** What % of the engaged patients are at the standard of care?

Response: The same response for Question #60 applies.

**Question #62:** What % of the eligible population is at the standard of care?

Response: The same response for Question #60 applies.

**Question #63:** What are your current protocols for closing gaps in care?

Response: We receive reporting from our medical provider regarding gaps and these are shared with the Center as well as the Care Navigator onsite.

**Question #64:** How are you assessing gaps in care?

Response: We receive reporting from our medical provider regarding gaps and these are shared with the Center as well as the Care Navigator onsite. Some gaps are not being closed but we know the individual is compliant with the gap being filled through workers' compensation. This is an area we need to fix and have plans to work with the WC PBM vendor to see how we can get that data into our RMIS and then to Innovu.

**Question #65:** Describe your current patient navigation workflows when someone needs an in-market referral?

Response: It is unclear if this is occupational or health plan related. Occupational: The employee is given a panel for any outside referral. Health plan: we are very fortunate to have a Health Center

Manager and WC Case Manager will strong community ties in health care coupled with a Care Navigator from our Health plan to find the best provider based.

**Question #66:** How are you determining low cost and high quality when making the referral?

Response: It is unclear if this is occupational or health plan related. Occupational: The employee is given a panel for any outside referral. Health plan: we are very fortunate to have a Health Center Manager and WC Case Manager will strong community ties in health care coupled with a Care Navigator from our Health plan to find the best provider based.

**Question #67:** Does the City have a hearing booth on-site?

Response: Yes

**Question #70:** Is the inclusion of KAT a requirement of the OCC Health program? If so, is KAT interested in pursuing primary care services as well?

Response: No, they will not be included with primary care.

**Question #71:** How large is the space dedicated to performance of PT services?

Response: See new layout - 991 sq ft.

**Question #70:** What equipment do they currently have to deliver PT services and PT services related to Occupational Health (i.e. Lift shelf, push pull sled, lift box, weights)

Response: See Exhibit H

**Question #71:** What is the volume of FCE's (functional capacity evaluation) that they do on an annual basis?

Response: We do not perform FCEs. The scope of services mentions determination of need. There's a description of what an FCE as part of an information to describe the process.

**Question #72:** Do you perform pre-employment lift tests?

Response: All physicals get the same head to toe exam, which includes range of motion of all body parts, full squats, shoulder extensions, rotator cuff screen (empty-can testing), neck and spine movement, deep tendon reflexes, straight leg raises, hip rotation, push pulls of upper and lower extremity, plantar flexion, dorsiflexion, etc.

**Question #73:** The RFP states that there is currently an offsite center that is offering wellness services, is the intent to keep this location? Is the desire to continue the same services or expand services?

Response: Pre-pandemic, we had two locations that health coaches could see patients more conveniently and it would be the desire to continue. However, some of this is contingent upon available space.

**Question #74:** What are the key factors behind the City’s decision to now include primary and chronic care into The Center’s services?

Response: Convenience and cost to employees.

**Question #75:** Exhibit B – Current Staffing: Please provide the hourly rate for each of the current staff members.

Response: Because the staff of The Center are not employees of the City, we do not have the hourly rate for each of the current staff.

**Question #76:** Form S-3 Clinic Cost Comparison: Please confirm the “Estimated Annual Cost” of \$2,254,306 currently paid to Premise Health does not include primary care or chronic care services. Is the current annual cost for the Occupational Health Services only?

Response: The current annual cost includes all of the services that the Center currently performs, which includes occupational health, acute care, and wellness services. It does not include the services we do not provide yet, such as primary care or chronic care services.

**Question #77:** Form S-3 Clinic Cost Comparison: Should bidders include the cost of primary care and chronic care services in their proposed annual fees?

Response: We would prefer you mimic our current model and give a separate optional price if you included primary care and chronic care services.

**Question #78:** Form S-3 Clinic Cost Comparison: Please confirm bidders should assume in their proposed pricing the hours per week by position listed under the “On-site Clinic Cost Components”.

Response: Yes

**Question #79:** Does the City desire the implementation period to begin 11/1/2021 or the go-live program start date to begin on that date?

Response: Should the City select a new vendor, we would need the services to start 11/1. However, we may be able to negotiate with our current vendor to extend, but that is not readily known.

**Question #80:** Ref: Page 6 (paragraph 1) “The City is also interested in providing personal physical therapy services to employees on the insurance plan. We are interested in the medical service provider’s response to this proposal regarding feasibility, functionality, additional cost for supplies, and required staff to manage volume.” In order to prepare a response to this portion of the request, please provide at least 12 months of utilization data for personal physical therapy claims for covered employees and dependents.

Response: See attached reporting package.

**Question #81:** Ref: Page 12 “If selected, our goal would be to retain current Center staff with no limitations on their contracts (non-compete clause).” To price the model with the existing staff, please provide an approximate hourly salary rate and approximate tenure for each position listed on Exhibit B.

Response: Two LPNs, WC Case Manager, and one Health Coach were with the vendor prior to Premise. Most of the remaining staff came on with Premise in 2016 with the exception of the providers. They are not our employees so we do not have rates.

**Question #82:** Ref: Page 13 “Staffing must include x-ray certification for a minimum of limbs, chest, and abdomen.” Does the City facility have x-ray capabilities onsite? If yes, please describe the system in place as it does not seem to be included in the Equipment List on Exhibit H (vendor/digital?).

Response: Yes, we do have x-ray on site. There was an error in the equipment attachment. See updated Exhibit H attached. Also, the Limited Scope is chest, extremities, skull and spine.

**Question #83:** Please provide the volume of non-occupational health services outlined in the scope of services on pages 13-14 and Exhibit F.

Response: See updated Exhibit C attached.

**Question #84:** Please provide the current FTE % for each of the positions listed on Exhibit B.

Response:

- Doctor Rate (40 hr/wk)
- Mid-Level Provider (40 hr/wk)
- RN - Site Manager (40 hr/wk)
- LPNs (40 hr/wk)
- Health Risk Condition RN (40 hr/wk)
- Case Manager (40 hr/wk)
- Medical Assistant (40 hr/wk)
- RN (40 hr/wk)
- Health Coach (2) (40 hr/wk)
- Physical Therapist (20 hr/wk)
- Assistant Physical Therapist (40 hr/wk)
- Admin Assistant (40 hr/wk)

**Question #85:** Does the City require a “Certified Health Coach” to provide health and wellness coaching?

Response: Yes.

**Question #86:** Does the City require any of the positions to be backfilled during staff absences? If yes, please identify which positions from Exhibit B would require backfill.

Response: All provider positions would require backfill. We have relationships with other PTs that can assist in this area, but would need an MD/DO/NP/PA backup at all times.

**Question #87:** Will the City allow the bidder to offer an alternative staffing model for consideration in the proposal response?

Response: Yes, we are open to other models in addition to our current one.

**Question #88:** Why is the City going out to bid this time?

Response: The City has procurement requirements for certain contracts. The requirements of most of the employee benefit contracts is 3-5 years.

**Question #89:** What about the current onsite clinic does the City value?

Response: The relationship and their passion for our employees.

**Question #90:** Are there any pain points with the existing onsite?

Response:

**Question #91:** How does the City think employee overall wellbeing impacts employee performance?

Response: The City has been on the forefront of wellbeing for several years and works hard to be innovating in our strategy and plan design. For example, for more than 8 years, we have offered financial classes because we recognize finances are a point of stress and we can offer resources. We also offer up to 10 visits on our EAP and cover behavioral health at 20% coinsurance, no deductible. Pre-pandemic, we offered exercise classes onsite.

**Question #92:** What is the approximate net increase in population size eligible for primary care services?

Response: We do not know. It may need to be rolled out to employees first until the vendor can get a better understanding of the volume.

**Question #93:** What is the approximate net increase in population size eligible for physical therapy services, broken down by adults and children under 18?

Response: This is unknown. A potential solution could be to offer primary care services to a smaller population to get a better understanding of the volume, and expand the program later.

**Question #94:** Could you provide member data regarding the frequency of physical therapy services used in the community at this time?

Response: See attached reporting package.

**Question #95:** How do you envision your wellness vendor and The Center partnering to complete portions of the My Health program?

Response: The City is revamping its wellness portal and has selected and awarded a new vendor on 8/10/2021. We are very excited about the collaboration of work that will be done with the new portal and our onsite clinic vendor.

**Question #96:** Will the wellness vendor create the personal health questionnaire?

Response: Yes.

**Question #97:** Will the personal health questionnaire and biometric report now include measurements for data entry and reporting to the member listed in your proposed performance guarantee wellness section? Example:

- i. Members answering “yes” to being a smoker are not currently penalized in point value for the overall personal health score.
- ii. Glucose does not currently have a point value in the personal health score.

Response: We recently selected a new vendor and are working through this process. We cannot give specifics to i and ii at this time but it should not impact the onsite clinic.

**Question #98:** Will The Center have administrative access to the site for manual entry of personal health questionnaires for individuals not loaded in the system?

Response: That is the goal

**Question #99:** Does the wellness vendor have agreements in place with Quest Laboratories for data interface?

Response: Unknown. The vendor has agreed to interfaces.

**Question #100:** Would the City allow a designated person at The Center to have a COK email to communicate wellness?

Response: We can ask IT if that is possible, however the wellness information can always be sent from one of the emails that Employee Benefits manages.

**Question #101:** The RFP indicates that, based on negotiations, certain services may be added for KAT positions. How many KAT employees would be added for:

Post-offer medical examinations?

DOT physical examinations?

Drug and alcohol testing?

How would randoms be collected for KAT positions (e.g., KAT station, The Center, etc.?)

Response: KAT has 300 employees. We would like to keep this option open but would do an amendment to the contract to exercise the option should these services be added.

**Question #102:** Please confirm that random/reasonable suspicion/post-accident/injury drug and alcohol testing is required 24/7/365.

Response: Yes. However, the center only responds during office hours. We utilize another service for after-hours drug testing.

**Question #103:** Form S-3 lists the Physical Therapist at 20 hr/wk. Please confirm this is correct, as the current Physical Therapist works 32 hr/wk.

Response: That was a typo. 32 hours per week is correct.

**Question #104:** Who is the City of Knoxville's current employee benefits brokerage firm and consultant?

Response: The city uses a consultant and that contract is separate from this contract. They do not receive funds from this contract.

**Question #105:** Please include your reason for going out to market for clinic services.

Response: The City is required to bid certain contracts periodically based on the term.

**Question #106:** Please include your total medical spend for 2019 and 2020.

Response: Data from Dec-2020 Dashboard:

2020 - \$11,064,977

2019 - \$11,231,505

**Question #107:** Please include your total Rx spend for 2019 and 2020.(katie does this include reduction of rebates?)

Response:

2020 - \$7,120,823

2019 - \$5,725,708

**Question #108:** Please include any available raw medical and Rx claims data for 2019 and 2020 plan years.

Response: Please see attached data available.

**Question #109:** Please include top 5 chronic conditions and attributed spend for 2019 and 2020 plan years.

Response: Not sure exactly where to find this, but I think it's fair to say 1) Diabetes, 2) Metabolic Disorder 3) Hyperlipidemia 4) Hypertension 5) Musculoskeletal

**Question #110:** Please include previous years and current engagement rate in clinic utilization, including breakdown of EE, SP, and Dep utilization as is available.

Response: 2019: 1,148 employees and 537 dependents. 2020: 1,275 employees and 554 dependents.

**Question #111:** Please include utilization data at the service/procedure level for all health center services outside of occupational health service (well visits, acute visits, PT, health coaching, etc.).

Response: This was erroneously left off the PDF. See update to Exhibit C.

**Question #112:** Is there interest in retaining current staff? If so, which staff members? Do they have non-competes?

Response: Yes there is interest in retaining staff. It is our understanding only the providers are subject to a non-compete based on our last RFP, but do not have specifics on the agreements between our current vendor and the staff.

**Question #113:** Include previous years and current engagement rate in wellness program (incentive completion rates for each option to earn), including breakdown of EE and SP utilization as is available.

Response: On average, our participation rate has been 76%. This number can change monthly as participants miss the various requirements of the plan. We did change the program to allow them to receive a credit for completing a biometric screening. A participant can receive a credit and HRA dollars by meeting all program requirements. Full participation and credit participation are approximately 60% and 16%, respectively.

**Question #114:** Please include population demographic information for employee, spouse, and dependent populations, including but not limited to: average age, male to female distribution, socioeconomic information.

Response: See attached Demographic breakdown of members report.

**Question #115:** Is the Physical Therapist only doing Occ Health PT?

Response: Currently, yes.

**Question #116:** What is their capacity level?

Response: We do believe there is capacity and are prepared to start with a smaller population.

**Question #117:** How does the City define engagement?

Response: See response to Question #57

**Question #118:** Do the staff have non-competes with the current vendor? if yes, is there a buy out?

Response: It is our understanding only the providers are subject to a non-compete based on our last RFP, but do not have specifics on the agreements between our current vendor and the staff.

**Question #119:** If yes, please provide information on compensation levels.

Response: We do not know if there are non-competes.

**Question #120:** What are the expectations (hour time frame) for 24/7 suspicion and post-accident testing? Are current center staff performing this testing?

Response: The Center only responds during office hours. We utilize another service for after-hours drug testing.

**Question #121:** Please outline the scope of services available to patients ages 2 - 17.9 versus 18+.

Response: Dependent children can be seen for acute care.

**Question #122:** What are the parameters of the data/reporting to the outside portal vendor?

Response: Unknown at this time as we have a new vendor.

**Question #123:** When does the center transition to a new vendor?

Response: If a new vendor is chosen, the date of contract will be 11/1/2021.

**Question #124:** Should we follow up with a hardcopy version if we submit our proposal electronically?

Response: No. Hardcopy is not necessary if submitting electronically.

**Question #125:** When does the current vendor's onsite center contract actually end? There is a reference to a change in the Medical Service provider in the beginning of 2022.

Response: October 31, 2021.

**Question #126:** Is the City working with an external benefits consulting group to review RFP responses?

Response: Yes, the city uses a consultant and that contract is separate from this contract. They do not receive funds from this contract.

**Question #127:** Does the City currently provide fitness programs onsite to their members? If so, where are these held?

Response: Not on a regular basis. Prior to the pandemic, the exercise physiologist was offering free classes to employees in the City County Building twice a week, in addition to other fitness instructors who offered yoga and strength training, as well as some instructor-led video classes. However, since the pandemic started, there have been no classes.

**Question #128:** What vaccinations (beyond Hepatitis B and Td) are currently administered at the Onsite Center?

Response: The Center currently administers Hep A, Hep B, and Tdap.

**Question #129:** What fees for what services and in what circumstances do members provide copayments?

Response: The copay is \$10. Members pay this fee for any acute care. It is not charged for a wellness visit.

**Question #130:** Can you provide primary care, prescription drug and other health care services (e.g. visits) delivered at the Onsite Center in a manner similar to exhibit C?

Response: See Updated attachment C

**Question #131:** Please detail the scope and services of Risk Master.

Response: Risk Master is our Risk Management Information Systems and the tool we use to track all workers' compensation, liability, vehicle accident and property claims for the City.

**Question #132:** What are the number of hours per week for each staff member?

Response:

- Doctor Rate (40 hr/wk)
- Mid-Level Provider (40 hr/wk)
- RN - Site Manager (40 hr/wk)
- LPNs (40 hr/wk)
- Health Risk Condition RN (40 hr/wk)
- Case Manager (40 hr/wk)
- Medical Assistant (40 hr/wk)
- RN (40 hr/wk)
- Health Coach (2) (40 hr/wk)
- Physical Therapist (20 hr/wk)
- Assistant Physical Therapist (40 hr/wk)
- Admin Assistant (40 hr/wk)

**END OF ADDENUM NO. 2**