

## Sumner County RFP Question Responses

### General Program Administration

#### 1. Who is the County's benefits broker or consultant?

Sumner County Schools- Arista Consulting Group  
Sumner County Government- ESP, Inc.

#### 2. Why are you seeking new bids at this time?

We are seeking bids at this time because our current contract is coming to an end and we have an interest in maintaining our onsite clinic services but in a slightly altered model. Our commitment to our employees is to utilize our health care funds to provide the most effective approach to care for their health and we are exploring our options.

#### 3. How long has the current vendor been in place?

The current vendor has been in place since July 2004.

#### 4. Is PEPM your current pricing structure? Would you consider other pricing formats?

The current pricing structure has a pepm for administration and then pass through costs for any expenses. Our preference would be that the onsite clinic vendor would take more responsibility for management of the staff and their efficiency. We would like to consider other pricing models.

#### 5. Eligible Population ( for both groups)

- **Will pediatric care be required?** Yes, for children 5 years and older, childhood vaccinations will not be provided onsite.
- **Will firefighters/police be included and are there special considerations for hours and services for this group?** *No*
- **What is the average age of the employees?**  
Sumner County Government-42  
Sumner County Schools- 49
- **What is the approximate ratio of male to female in the employee population? (Male : Female)**  
Sumner County Government-2:1  
Sumner County Schools- 1:3

#### 6. What services does County desire to be provided on site?

We are interested in providing the following services

- Primary care
- Acute/urgent care

- Wellness/disease management (i.e., screenings, health assessments, chronic care, etc.)
- Medication distribution and medication management

**7. How many employees participate in the HDHP plan?**

Sumner County Schools- 111 employees

Sumner County Government does not offer a HDHP

**8. How is the current clinic accommodating collections for HDHP participants?**

A small co-pay is collected at time of services for non-wellness visits.

**9. Is this a 5-year contract with annual renewals? If not, would you agree to a term of more than 1 year?**

This is a 1 year contract with up to 4 consecutive renewals. The contract will include performance guarantees.

## **Location/ Clinic Space / Services**

**1. What is the size/layout of the existing space (i.e., number of exam rooms, number of restrooms, etc.)?**

Floor plans for each of the locations will be posted in a few days.

**2. Does the County have flexibility with the current locations based on considerations of you population's home locations?**

This is something the County would consider but will not be part of the consideration in this RFP response.

**3. Will the County consider alternative hours?**

The County is always evaluating alternative hours and will need to improve after-hours access to resources for individuals who use the onsite clinics and consider how to keep utilization of resources most efficient.

**4. Will existing equipment/supplies be available to the selected vendor?**

All existing equipment and supplies will be available to the incoming vendor partner. A full equipment list by location will be posted in a few days. Equipment is owned by Sumner County Schools.

**5. Please describe the technology platform expectations.**

The technology platform must be provided by the vendor. Historical data files will be provided from the current vendor to the incumbent. All IT equipment will be provided by the vendor and owned by the vendor.

**6. Are any of the clinics quipped with radiology?**

The clinics do not provide imaging and the goal would be to refer to the most efficient imaging providers. That referral list will be provided to the onsite clinic vendor once awarded the contract.

**7. Are you retaining your current HRA or can the vendor suggest a new HRA?**

The County is not tied to any HRA nor do we find inclusion of an HRA a critical element to the provided service. If a vendor would like to include an HRA as part of their program, we would ask that in the response to this proposal you include why and how that data will be used and lead to improved success.

**8. If we have a disease management program, can we include in the response (with pricing) or does the County not desire a new DM vendor (as part of the RFP response)?**

The primary reason for this program is to improve disease management. Therefore, it is critical to address this in your response.

**9. What data resources are available now to determine risk scoring and stratification?**

The County utilizes a current data analytics system that utilizes Johns Hopkins risk indexing. That will be the system that provides outcomes reporting to the County. For the BOE, in the event of termination for any reason, Current Vendor agrees to electronically transfer all medical records to any successor clinic administrator selected by the Employer.

**10. What is the current relationship between the clinics and the local physicians and subspecialists?**

There is no existing relationship between current clinic providers and the specialists. Creating an improved model to reduce fragmentation of care would be of interest for consideration.

**11. Will you provide the BCBS medical claims information (visits, costs) in the following categories, for the past 5 years?**

No, for the purpose of responding to this proposal, our interest is in understanding how your company typically analyzes your impact. We are not interested in any examples specifically related to our current spend.

**12. When will you decide if you will maintain all 6 clinics?**

That has not been determined at this time, but is under consideration. The decision will be made prior to the final bid from the top candidates.

**13. If you consolidate, would you look to expand any of the current clinics? Size? Hours of Operation? Scope of Service?**

Yes, if consolidation can deliver better resources for our people, we would consider those suggestions.

**14. Are students from the school district eligible for care?**

No

**15. Are the clinics that are located at a school expected to be first responders in a medical emergency at the school?**

No

**16. Does the school district contract with CareHere or with the County for utilizing the clinic services**

Both entities would have separate contracts with the clinic vendor.

**17. Do they offer after hours on-call service? If so, who is responsible? Nurse line or MD line?**

Currently there are no after-hours call services. The intent is the new provider will have a plan to handle after hours calls for any persons who utilize the onsite clinic services.

**18. How are sick v. well visits currently scheduled?**

20 minutes are allotted for sick visits and 40 for well visit physicals.

**19. How are walk-ins handled?**

Persons are asked to call or schedule online, but clinics are asked to schedule to accommodate visit needs on a daily basis within reason.

**20. Is there a pharmacy on site at any of the 6 locations**

No, but medications are distributed at each location by providers.

**21. Please provide the following information with regards to your wellness program: (will need this for both entities)**

The wellness program for Sumner County Schools is described in the RFP. Current participation is 54% for primary care services and 5% for coaching services.

The County Government wellness program is handled thru on-site clinic. Individuals must have HRA (employee and spouses on insurance); complete any programs where benchmarks not met; all must participate and complete by due dates or drop to Standard Plan.

The goal is that the vendor recommends a total population health program that is integrated in the onsite clinic program.

## Staffing

### **1. What are the current staffing models for each location? Are these satisfactory?**

The current staffing models are heavy on provider utilization for lab draws and chronic condition management. Our goal is to improve the quality and efficiency of care by providing more services but utilizing professionals, other than providers to deliver services that do not require providers. Our goal is for respondents to provide their interpretation of the most efficient staffing model and explain how you would determine what FTE equivalent would be needed to each location based on parameters that you would typically use in your models.

### **2. Is incumbent staff available for hire?**

These professionals are hired by CareHere and that would have to be handled outside of this RFP.

### **3. Does the employer have any rights to remove staff from the clinic – if so, is there a cure period prior to dismissal of individuals?**

This will be dependent on our contract with you, but yes, the employer will have the right to request dismissal, but there will always be a cure period unless the violation would escalate to the level of concern that dismissal is imperative.

## Utilization

### **1. May we have utilization data by each clinic for the last 12 months and a breakdown of visits by reason?**

For the purpose of this RFP please respond with how you would determine the number of FTE's at each professional level in order to provide services.

### **2. May we have copies of recent vendor-issued clinic summary reports?**

No, that information is confidential.

## Worker's Compensation/Occupational Medicine

1. **Does the County desire occupational related services (physicals, drug screens, surveillance testing, DOT exams) to be directed to the on-site clinic?**

This is not part of the scope of this contract

## Finance/Billing

1. **Would the County please outline the budgeted dollar amount for all on-site clinics and wellness program?**

There are no budgets set for future years at this time. Our interest is to learn more about what services different vendors can provide and at what price point.

2. **Is there an incentive/steerage for employees to utilize the clinics?**

At this time the incentive is for participation in our wellness program which would be getting a physical or biometric screen and then working to improve those values to reach specific objective goals.

There is also an incentive in that there is no fee to utilize the onsite primary care and medications are of no cost to the employee or family member.

3. **Do the clinics currently file claims with BCBS? Are there any costs that are a pass through to the employer?**

The incoming vendor will need to have the ability to send claims for those on the HDHP to the carrier.

4. **What are the specific performance guarantee metrics and benchmarks that Sumner County will apply to the services described in the RFP?**

Those performance guarantees are being considered but will include the following:

- Improvement of biometric risk for those individuals engaged in the program.
- Reduction in ER utilization
- Reducing lab spend
- Improvement of population risk migration

5. **In the General Requirements and Conditions section (page 2), the RFP states:**

*“13. The awarded bidder will be required to post a performance and payment bond in the amount of 25% of the contract price if it exceeds \$100,000 as stated by State of Tennessee Code Annotated 12-4-201.”*

*“14. If the project cost in excess of \$25,000 a performance bond must be secured by the requesting party in an amount equal to the market improvement value.”*

**Please define “market improvement value”. What will the benchmarks/calculations/metrics be for the performance bond?**