



PURCHASING DEPARTMENT

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Addendum #1A--- Questions and Answers--Wellness Clinic RFP # 17-0406

Questions # 15,# 16 and #17 were not addressed on addendum #1. Please note that answers to questions #15, #16, #17 are contained within this document. Also, please note that the answer to question #6 has been modified.

1. What are the top 3 reasons the County wants to implement an onsite health and wellness center?

#1- To lower health care costs.

#2- To provide a convenient, cost effective, benefit.

#3- To improve the quality of life for Floyd County employees.

2. How would you describe your corporate culture and what important characteristics (demographic or otherwise) should we consider in developing a model for your organization? We are an organization with approximately 665 full time employees with a median age of 47 and approximate median income of 30,000. Women constitute 61% of workforce. The organization is diverse and at times are slow to accept change but willing to engage when a level of trust is established.

3. Are any healthcare services currently provided onsite such as biometric screening, pre-employment drug testing, etc. If so, who is the vendor(s)? We provide biometric screenings, lab work, HRAs, mammograms and angio screens on site. We also provide smoking cessation classes. The vendor is primarily Floyd Medical Center and Redmond Regional Medical Center.

4. Can you provide a brief overview of medical plan options or provide us with a new hire kit to see the medical plan choices offered from a total program design perspective? Yes, that can be provided.

5. Is there a single claims administrator (or multiple claims administrators) supporting the medical program. Please identify each vendor? Yes, Blue Cross Blue Shield.

6. Do these vendors currently provide disease management and other health intervention services (please specify) to your organization or are these carved out to a specialty vendor? Blue Cross Blue Shield does provide disease management on an as needed basis, telephonically. Floyd Medical does the HRA and disease management.

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7. What was your employee annual turnover rate for 2015 and 2016? 6.05 in 2015
8. What vendors administer your Short Term Disability/Long Term Disability/FMLA programs? Do you have formal Return to Work policies to guide employee return from disability? Mutual of Omaha for Short Term and Long Terms; FMLA is administered internally.
9. Do you use a Pharmacy Benefits Manager (PBM) separate and apart from your medical plan vendor or is this embedded with that vendor? It's impeded with the medical plan vendor.
10. What is your healthcare data warehousing strategy and do you use a vendor independent from your claims administrator? Yes, we use an independent vendor and our warehousing strategy is to maintain data in a secure, confidential, and easily accessible manner.
11. Can you provide us with reports detailing the disease prevalence/cost for your population or Disease Management program ROI? Can you provide basic health plan utilization data for your current plan so we can accurately define the ROI using the county's actual data? Yes, that data can be provided with a little notice.
12. Do you currently provide (or will you consider) incentives/disincentives to employees for participating in health care intervention services, wellness, etc.? What are the current (or contemplated) rewards/incentives/disincentives? We currently provide non-smoking incentives and wellness incentives in the form of premium discounts.
13. Do you know what the risk profile of your population is? If so, what toolsets do you use? (HRA; biometric screening, data mining) Yes, we use HRA and biometric screening.
14. Do you have the data you need to document how the program or your service vendor is performing with respect to improving population health status, reducing disease prevalence in your population or achieving other health/condition improvements? Yes, we have year to year data to determine trends.
15. What is your "per employee per month" (Per Employee Per Month) medical spend now? 2016 = \$253.27 pmpm, 2015 = \$268.48 pmpm, 2014 = \$287.26 pmpm .
16. PEPM for primary care now? 2016 = \$120.01, 2015 = \$109.67, 2014 = \$129.82
17. For what medical conditions does your current Disease Management program apply? Asthma, pulmonary disease, congestive heart failure, coronary artery disease and disease. What is the PEPM cost for the Disease Management services? It is built in to the administration fee. The cost is \$3 to \$4 pmpm.

18. In developing a model for group we will need more specificity on the headcounts please:

- # of Employees Eligible--- 665
- # of Spouses Eligible--- 361
- # of Children 6 years ---Unknown

19. Where are your primary interests in terms of onsite solutions? (#1 MOST IMPORTANT TO LEAST):

- 1 Onsite primary care
- 5 Onsite personalized coaching
- 4 Onsite Pharmacy
- 2 Onsite Occupational Health
- 6 Onsite absence management services
- 9 Integrator of multiple vendors/programs
- 7 Individually tailored health improvement programs that recognize the unique health history, profile and risks uniquely by patient
- 8 Personal Health Record (integrated with HHRA and auto-populated)
- 12 Electronic Medical Record (for better clinician interactions)
- 3 Risk Identification/stratification services (HHRA, biometrics, data mining)
- 13 Health content, ePortal, incentive tracking tools
- 14 Employee Communication Services
- 10 Executive Dashboard/Performance Reporting
- 11 Promoting greater adherence to evidence-based medicine for your population

20. Is the February 14th meeting mandatory for responding firms? The meeting is not mandatory. All questions and answers generated by the meeting will be posted on the county website, www.romefloyd.com.

**21. Will there be an opportunity for written questions and answers after the pre-proposal conference?
Yes, All questions should be directed via email to Bill Gilliland, gillilandb@floydcountyga.org . All questions and answers will be posted on the county website, www.romefloyd.com**