



**CITY OF MEMPHIS**

**REQUEST FOR PROPOSAL**

**#110773**

**Addendum Two (2)**

**Answers to Questions**

Except to remove vendor names and addresses, questions are provided exactly as submitted.

#	Section	Question	Answer
1	1.3 Organizational Overview	Is 15,000 total lives including Employees, Retirees, Dependents & Spouses? Can you please provide the breakout of the number of eligible lives in each of these groups?	<p>Active Employees - Approximately 8,000 (FT &amp; PT)  Active Spouses and Dependents - Approximately 8,000  (it is difficult to know the number of dependents since employees and their spouses/dependents do not have to be health plan enrolled to access the health center)</p> <p>Retirees - Approx. 1,800  Retiree Spouses and Dependents - Approximately 1,800 (again the spouses and dependents are a rough estimate)</p>
2	2.1 Clinic Management Requested Scope of Services	Based on our understanding there will be no occupational health services included in this proposal. If that understanding is correct, would the City want more information about the occupational health services that we can provide the City? And if that understanding is incorrect, please specify which services the City would like included with estimated annual volumes of each desired service (e.g. PFT Physical, Police & Fire physicals, pre-employment physicals).	<p>While it is not a requirement, the City would like more information on the occupational services that vendors can provide.</p> <p>Please quote based on your recommended approach (defer to vendors on whether this is on an FTE or hourly basis) on the "Proposed Clinic Model" tab of Attachment H. Please identify which services are part of the core offering (clinic management, primary and acute care) vs. available add-ons and expanded services (condition management, PT, etc.).</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
3	1.5 Current Clinic Programs	Can the City provide current utilization, in terms of annual primary care and acute care visit volumes, for the existing health centers?	<p>Currently only acute care is provided through the existing health centers. The intent is to expand services in 2024 to include primary care.</p> <p>We have provided the available clinic experience in Attachments K and L.</p>
4	2.1 Clinic Management Requested Scope of Services	Do the current sites provide virtual care with the onsite staff? What is the annual virtual care visit volume?	Currently, virtual care is minimally available. There is no additional information available regarding current volume.

5	2.1 Clinic Management Requested Scope of Services	Are there specific goals related to Public Safety Employees being eligible to use the City's Wellness Centers? (e.g. recruitment/retention tool; cost containment related to the Healthcare Trust, improving core health and reducing workplace injuries; reducing overall risk/liability costs).	The City does not currently have any formal goals related to Public Safety Employees and the clinics but would be interested in formalizing in the future.  All goals mentioned are of interest to the City in improving the health of all City employees and managing treatment costs.
6	2.1 Clinic Management Requested Scope of Services	Are there specific health related metrics or reporting related to Public Safety Employees to measure outcomes and effectiveness of the Health Center operation? (For example, analysis of Public Safety Employee workplace injury rates, analysis of third-party liability claims.)	This type of reporting or metrics is not currently available. The City would be interested in receiving reporting on these metrics with their clinic vendor.
7	2.1 Clinic Management Requested Scope of Services	Does the City have any specific utilization targets for Firefighters and Police Officers and their dependents?	The City does not currently have any formal goals related to these employees and the clinics but would be interested in formalizing in the future.
8	2.1 Clinic Management Requested Scope of Services	Does the clinic currently provide Public Safety Physicals, either pre-employment, annual, or otherwise? If so, please describe type and volume. If not, is this something the City would like to consider?	While it is not a requirement, the City welcomes information on the additional services that vendors can provide.  Note this is not included in the current clinic services, so these should not be included in the "Current Clinic Model" tab of Attachment H - Pricing Form.  Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.
9	3.4 Questionnaire	Does the Health Center perform targeted outreach to specific types of employees such as fire, police, EMS, public works that is different than general outreach to the employee population? If so, please describe.	The City does not currently have any targeted clinic communications related to Public Safety Employees but would be interested in developing a targeted approach in the future.
10	3.4 Questionnaire	Does the Health Center provide targeted programming or services to support the health issues that can arise from specific types of occupations such as fire, police, EMS, public works, etc.? If so, please describe.	The City does not currently have any targeted clinic communications related to specific groups of employees but would be interested in developing a targeted approach in the future.

11	3.4 Questionnaire	Does the health center have a care philosophy for integrating occupational health, behavioral health, and primary care services generally and, in particular, for first responders? If so, please describe.	<p>The City does not currently have a specific care philosophy related to Public Safety Employees but would be interested in developing a tailored approach in the future.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
12	3.4 Questionnaire	Do the Health Center staff participate in new employee orientation?	Not currently, but this is something the City would like to do at the launch of the clinic vendor partnership to engage new employees.
13	3.4 Questionnaire	Does the current Health Center operation help patients navigate medical care when services are needed outside of the health center (i.e. subspecialty care) or other health and wellness resources such as an EAP program?	Yes.
14	3.4 Questionnaire	Does the current health center operation provide reporting on referrals to third-party providers?	Yes.
15	3.4 Questionnaire	Have you seen an increase in use of the medical benefits and EAP programs since the health center has been open?	No, the clinic currently only offers acute care services (similar to a minute clinic).
16	3.4 Questionnaire	Does the City currently receive reporting on referrals made by the health center for patients?	Yes.
17	1.5 Current Clinic Programs	Does the City own the furniture (medical and non-medical furniture) at the Union Ave health center location? If not, should bidders need to include the cost of furniture in their proposed fees?	<p>Union Avenue: Baptist owns all technology, equipment and furniture</p> <p>City Hall: Baptist owns all technology and IT equipment, the City owns the phones and furniture</p> <p>At this time, the City is not requesting the cost of furniture in proposed fees.</p>
18	Exhibit 3 Price Form	Does the City currently pay for their onsite health center services on an annual fixed fee basis or does the City have a different payment structure in place?	The City currently pays for services on an incurred basis.
19	Exhibit 3 Price Form	Where should bidders provide the pricing for their optional services for consideration, such as Physical Therapy and Behavioral Health Services?	Bidders should include this pricing in the "Proposed Clinic Model" tab of Attachment H. Please add rows as needed.

20	Exhibit 3 Price Form	Attachment H – Clinic RFP – Pricing Form: Current Clinic Model tab, under the Fixed Clinic Fees Staffing for the 1 Medical Director, is this position a staff allocation for a Collaborating Physician doing oversight of the Nurse Practitioners and not a full-time Medical Director dedicated to the City?	Please see Attachment K, “Staffing” tab for more details about the current staffing model. The Medical Director is part-time and performs medical supervision of NPs.
21	Exhibit 3 Price Form	Attachment H – Clinic RFP – Pricing Form: Current Clinic Model tab, does the City expect the sum of each category on the Pricing Form will to add the total proposed annual fee for this clinic model?	The fees on the “Current Clinic Model” tab should total what the proposed fees would be for the current operating model. Please add rows if needed to make your pricing as clear as possible. The “Current Clinic Model” tab is intended to demonstrate the basis for pricing on an apples-to-apples basis knowing that vendors will differ in their proposed approach. This tab should form the basis of the “Proposed Clinic Model” which will reflect the bidder’s proposed approach and fees.
22	Exhibit 3 Price Form	Attachment H – Clinic RFP – Pricing Form: Proposed Clinic Model tab, there is not an “Other Costs” section on this sheet tab like there is on the Current Clinic Model tab. Was this section intentionally left off the Proposed Clinic Model tab?	Please add rows as needed.
23	4.3 Schedule of Activities	Should vendors include contract redlines (Attachment F) with our final proposals in addition to submitting to the City separately by 3/15?	Yes.
24	Eligible Population	Can you please provide the number of dependents for grandfathered retirees as well as the breakdown between EE and Dependents in the total 13,200 provided EE and Dependent count?	See response to question 1.
25	Scope of Services	Please confirm what is meant by “potential for differing treatment focus by clinic location”. Does this mean certain services will only be offered at each individual location? If so, please clarify the City’s preference of scope of services per location.	<p>The City is open to differentiating care options between locations as clinic services are enhanced. The City does not have a preference of services by location. For example, City hall may remain acute care/primary care focused while a second location focuses on musculoskeletal treatments.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>

26	Scope of Services	"X-Ray is only available at Union Avenue" is called out in the utilization report. Please confirm if X-Ray should be included in proposed scope for Union Avenue.	<p>X-ray services are preferred for the long term musculoskeletal services.</p> <p>Please include all current clinic services in your proposal for informational purposes or identify if unavailable.</p>
27	Implementation Plan	Please confirm if requested "Effective/Go-Live" date of October 2023 is correct. The RFP calls out the implementation process to <u>begin</u> August 1, 2023.	<p>These dates are a rough estimate of implementation and effective/go-live. The City is flexible based on the timing of the close of the RFP and other factors. The drop-dead go-live date is 1/1/2024.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
28	Staffing	Would you like to retain the existing staff? If yes, are you aware of any non-competes in place for the individual staff members?	<p>The City does not have a preference to retain current clinic staff. The City is not aware of any non-competes in place for staff members.</p>
29	Pricing	Should we assume all equipment/supplies will remain at each site should a vendor transition occur?	<p>The expectation is that the vendor will provide supplies on an ongoing basis.</p> <p>As specified in Attachment F, we are not requesting pricing information on expenses for the physical location (rent and furniture) at this time.</p> <p>Pricing information on available technology, medical equipment, and supplies are welcome.</p>
30	Scope of Services	Are there any wellness incentive programs tied to clinic services (annual physicals, targeting biometric goals, etc.)?	<p>Not at this time but potentially in the future.</p>

31	Scope of Services	Will providers be expected to perform Fitness for duty or return to work evaluations?	<p>While it is not a requirement, the City welcomes information on the additional services that vendors can provide. Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
32	Scope of Services	Are fire fighter or law enforcement exams in-scope for site?	<p>While it is not a requirement, the City welcomes information on the additional services that vendors can provide. Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
33	Scope of Services	Are DOT exams a required/requested service?	<p>While it is not a requirement, the City welcomes information on the additional services that vendors can provide. Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>

34	Scope of Services	Does the city expect clinic to manage and treat chronic pain?	<p>While it is not a requirement, the City welcomes information on the additional services that vendors can provide.</p> <p>Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City would like to see this and other chronic condition management programs in the first phase of expansions (as early as possible). The City will look to the vendor to help them develop the phased service expansion approach.</p>
35	Scope of Services	Please confirm what is meant by “Services the City is interested in adding include...musculoskeletal disorders (including broad care coordination and treatment such as prevention, decision support, physical therapy, chiropractic care, pain management, etc.)” Is the city looking for both Physical Therapy and Chiropractic care?	<p>The City is interested in the availability of Physical Therapy and Chiropractic Care.</p> <p>Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
36	Regarding physical therapy & chiropractic	Does Memphis solely want clinical treatment of members by a PT and/or chiropractor, or is Memphis interested in some preventative services such as office ergonomic assessments?	<p>While it is not a requirement, the City welcomes information on the additional services that vendors can provide.</p> <p>Note this is not included in the current clinic services, so these should not be included in the “Current Clinic Model” tab of Attachment H - Pricing Form.</p>



37	Regarding equipment needs for musculoskeletal services	<p>Equipment needs is largely driven by the number of team members we staff the clinic with as well as the square footage of the musculoskeletal space within the center. Can you clarify the total eligible lives and potential space available for this?</p> <p>Also, does Memphis want to differentiate services offerings between the two locations (i.e., will PT and/or chiropractic only at one location, or will they be at both, or split time between two locations)?</p>	<p>See response to question 1 regarding eligible population.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach, including identifying a location for a potential musculoskeletal space.</p> <p>The City is open to differentiating care options between locations as clinic services are enhanced. Please identify your recommended approach.</p>
38	3.8	Please clarify the M/WBE participation goal target (%) for this RFP.	The goal is 0%.
39	Section 3.6 Relevant Experience	<p>The RFP states our relevant experience will be assessed through our response to the RFP questionnaire. Section 3, Proposal Response, states that vendors “shall include each of the sections referenced in the table below.” The table includes Section 6 – Relevant Experience. Please clarify the information vendors shall provide in Section 6 – Relevant Experience. Additionally, will that same section be required in RFP360?</p>	In your printed/physical proposal, please state “our relevant experience is provided in our questionnaire responses.”
40	1.5 Current Clinic Programs	Who owns the technology, medical equipment, and furniture at both sites? Would all equipment/supplies remain at the health centers should a vendor transition occur? Please provide a current inventory list of equipment.	<p>Union Avenue: Baptist owns all technology, equipment and furniture</p> <p>City Hall: Baptist owns all technology and IT equipment, the city owns the phones and furniture</p> <p>As specified in Attachment F, we are not requesting pricing information on expenses for the physical location (rent and furniture) at this time.</p> <p>The expectation is that the vendor will provide supplies on an ongoing basis.</p> <p>Pricing information on available technology, medical equipment, and supplies are welcome.</p>

41	2.1 Scope of Services	With an expansion of scope of services – we are to include new equipment, furniture, and technology?	See response in question 39.
42	1.5 Current Clinic Programs	Please provide a listing of rooms in the health centers, e.g., reception area, number of exam rooms, office, lab, etc. And please provide the total size (sq ft.) at both locations? (please share floor plans for both locations)	<p>City Hall location:  Reception  Exam 1  Exam 2  Triage Room  Nurse/Provider office  Biohazard closet</p> <p>Union Avenue - Owned by the current vendor. The City will collaborate with the winning vendor to identify the location for the 2nd clinic.</p>
43	1.5 Current Clinic Programs	Are the medical facilities leased? If leased, who is responsible financially?	<p>City Hall Location - City owned</p> <p>Union Avenue - Owned by the City's current clinic administrator. The City will collaborate with the winning vendor to identify the location for the 2nd clinic. There are some City owned locations that are options.</p>
44	1.5 Current Clinic Programs	What EMR is used today? Is the same EMR(s) used at both sites?	Epic
45	1.5 Current Clinic Programs	Is there a separate system used for wellness programming? Is there a wellness portal?	Currently, wellness awards are administered through the health plan administrator BCBST. Currently, there are no wellness incentives tied to the clinics, however the City is open to wellness incentives tied to the clinics in the future.
46	3.10 Implementation Plan	Is your current vendor going to send historical data to the new vendor?	<p>Potentially. The Clinic vendor will receive a claims data feed from the health plan administrator, but a separate historical clinic claim data file may not be available.</p> <p>High level utilization reporting has been provided.</p>
47	3.5 Pricing	For the requested pricing for an apples-to-apples comparison – are we to break out both sites separately? In two documents? (as staffing and required equipment would be different based on utilization)	The pricing should all be contained in Attachment H. We are requesting you fill out the "Current Clinic Model" worksheet based on both clinics. Please add rows and specific individual costs if necessary.

48	2.1 Scope of Services	Would you be open to shared services between both sites – such as rotating PT, Chiro, etc.? Since this is an expansion in scope of services - should each location have the same staffing and scope and equipment?	<p>The City is open to differentiating care options between locations as clinic services are enhanced. Please identify your recommended approach.</p> <p>Clinic service expansion will be completed in a phased approach. Bidders can expect that day 1 services will include the services available today along with expanded preventive services such as annual physicals. The City will look to the vendor to help them develop the phased service expansion approach.</p>
49	3.5 Pricing	Included in the RFP pricing document – the current staff is listed - is this total staff for both locations or is it just for one location? Please break out staff by location.	Attachment K, “Staffing” tab shows the staff by location. The staff listed in Attachment H is total staff for both locations.
50	1.5 Current Clinic Programs	Would the City like to keep any of the existing current staff? If so, are there any non-competes in place for existing staff? (Please provide total current compensation packages if you would like to retain the current care team)	<p>See Attachment K, “Staffing” tab for current compensation practices.</p> <p>The City does not have a preference to retain current clinic staff. The City is not aware of any non-competes in place for staff members.</p>
51	2.1 Scope of Services	Please confirm – billing technology needed for claims billing requirements due to HDHP w/ HSA?	<p>The City does not offer a HDHP with HSA.</p> <p>The expectation is that zero dollar claims will be sent back to the medical administrator.</p>
52	Confirmations, #6	The RFP mentions that the Bidder agrees to share all utilization experience, case management reports, and pass through costs with the City and its designated vendors (i.e. consultants, data warehouse, etc) as requested at no additional charge. Please share additional details on what types of reports, requested data for data warehouse, and frequencies.	<p>To data warehouse (monthly):</p> <ul style="list-style-type: none"> <li>● Detailed Claims File</li> <li>● Referrals</li> <li>● Program enrollment/engagement</li> </ul> <p>To medical administrator (monthly):</p> <ul style="list-style-type: none"> <li>● Full zero-dollar detailed claims extract</li> </ul> <p>Summary utilization engagement reports to City &amp; Consultant (quarterly)</p>

53	Section 3. Proposal Response	Vendors are being asked to include their entire proposal in hard copy format. The table on page 11 of the ORFP 110773 Clinic Management Services document provides a list of sections that must be included. Please confirm where vendors shall place redlines of Attachment F - Clinic RFP - CoM Standard Contract for Goods and or Services in the hard copy?	For the hard copy, follow the order in Section 3 of the RFP document entitled "PROPOSAL RESPONSE". If an attachment is not specifically called out in the "Sections and Topics" table, please include it along with your questionnaire section.
54	Section 3. Proposal Response	Vendors are being asked to include their entire proposal in hard copy format. The table on page 11 of the ORFP 110773 Clinic Management Services document provides a list of sections that must be included. Please confirm where vendors shall place Attachment S – Clinic RFP - References in the hard copy?	For the hard copy, follow the order in Section 3 of the RFP document entitled "PROPOSAL RESPONSE". If an attachment is not specifically called out in the "Sections and Topics" table, please include it along with your questionnaire section.
55	RFP360	Please clarify where vendors should put reference documents that are referred to in a response but requested in the RFP as a specific attachment.	For the hard copy, follow the order in Section 3 of the RFP document entitled "PROPOSAL RESPONSE". If an attachment is not specifically called out in the "Sections and Topics" table, please include it along with your questionnaire section.
56	RFP360	Please clarify where vendors shall place an Executive Summary within RFP360.	Please attach along with your Cover Letter in Question 9.6.1.
57	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	Our practice is to not provide copies of policies unless required by local regulation/law. As such, we are requesting the modification or removal of statements that reference providing copies of the insurance policies from Attachment E – Clinic RFP – CoM Insurance and Risk Loss (statements are within the first and last paragraph of Attachment E).	COIs are no longer required at this time. Only confirmation of compliance in question 2.1.12 of the questionnaire. The City is not accepting redlines as they pertain to insurance.
58	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	We provide a broker letter for Cyber/E&O/Professional liability. The letter is widely accepted by our clients. We would like to modify the following statement in the first paragraph: The Company shall furnish the Risk Manager a Certificate of Insurance <del>and/or policies documents</del> <b>evidencing coverage</b> attested by a duly authorized representative of the insurance carrier evidencing that the insurance required hereunder is in effect.	See response to question 57.

59	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	<p>We would like to modify the following statement within the first paragraph:  All insurance companies must be acceptable to the City of Memphis and licensed in the state of Tennessee with a Best Insurance Rating of <del>A A- (Minus) VIII and Class VII</del> or better and authorized to do business in the state where the work is performed.</p>	See response to question 57.
60	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	<p>The following wording requires the City to rely upon our indemnity obligation which includes acts of our contractors. As such, we would like to modify the following statement with the third paragraph:  The Company shall indemnify, defend, save and hold harmless the City, its officers, employees, and agents, from and against any and all claims, demands, suits, actions, penalties, damages, settlements, costs, expenses, or other liabilities of any kind and character arising out of or in connection with the breach of this Agreement by Company, its employees, subcontractors, or agents, or any negligent act or omission of Company, its employees, subcontractors, or agents, which occurs pursuant to the performance of this Agreement, <del>and this indemnification shall survive the expiration or earlier termination of this Agreement.</del></p>	See response to question 57.
61	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	<p>We would like to modify the following sentence in the fifth paragraph:  Company shall provide notice to the City within <del>three (3) thirty</del> (30) business days following receipt of any notice of cancellation or material change in Company’s insurance policy from Company’s insurer.</p>	See response to question 57.

62	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	<p>It is not standard practice for our organization to add clients as additional insured on policies. We have blanket additional insured endorsements which apply based on contract wording. As such, we would like to follow our use our blanket additional insured endorsements in lieu of the following paragraph.</p> <p>The Certificate of Insurance shall state the following: “The City of Memphis, its officials, agents, employees and representatives shall be named as additional insured on all liability policies.” The additional insured endorsements shall be attached to the Certificate of Insurance and the Certificate of Insurance shall also state: “The additional insured endorsement is attached to the Certificate of Insurance.”</p> <p>We would like to modify the following statement:</p> <p><b>COMMERCIAL GENERAL LIABILITY:</b>  Commercial General Liability Insurance, including Premises and Operations, Contractual Liability, Independent Contractor’s Liability, and Broad Form Property Damage Liability Coverage <u>per as per CG 00 01 or equivalent</u> with Minimum Limits of:</p>	See response to question 57.
63	Attachment E – Clinic RFP – CoM Insurance and Risk Loss	<p>Our coverage is for Technology Errors and Omissions and our policies are on a per claim basis. Additionally, we would like to discuss our standard approach to coverage following termination or expiration of this agreement. As such, we would like to modify the following section:</p> <p><del>PHARMACIST/DRUGGIST PROFESSIONAL LIABILITY / ERRORS &amp; OMISSIONS:</del></p> <p>The Company shall maintain such coverage <del>for at least three (3) years from the termination or</del> expiration of this agreement with Minimum Limits of:</p>	See response to question 57.

		\$2,000,000 <del>Each Occurrence</del> <u>Per claim</u> / \$2,000,000 Aggregate	
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