



County of El Paso Purchasing Department
500 East San Antonio, Room 500
El Paso, Texas 79901
(915) 546-2048 / Fax: (915) 546-8180

ADDENDUM 4

To: All Interested Proposers

From: Linda Gonzalez, Bid Clerk/Buyer

Date: April 17, 2007

Subject: RFQ #07-029, (Re-bid) On-Site Medical Clinic for the County of El Paso

The Purchasing Department received questions relating to the above referenced proposal; the response to the following questions:

I. Demographics

1. Please complete the table below for all employees (whether insured or not):

Demographics specific to region serviced by proposed Medical Center				
	Actives		Retirees	
	Employees	Members	Contracts	Members
1/1/2007	2044	3433	97	106

Are any future changes in number of employees expected which could affect utilization at a proposed primary care medical center? No If yes, please indicate reason for change and number of employees which should be added/subtracted from current census
No anticipated substantial changes.

Please indicate percentage of population enrolled in medical benefit plan

93% of eligible employees are enrolled.

II. Group Health Insurance Plan(s)

Please provide certificates of coverage or a Summary of Benefits for all offered plans. If unable to provide, please complete the following:

The SPD will be provided on our web-site www.epcounty.com, under [Quick links](#) click on [Bids, RFQ's, etc...](#), locate [RFP #07-040](#) click on **attachment**

Define type of plan(s) (i.e. Indemnity, PPO, HMO):-

% of benefit enrollees in Plan(s): _____%

Co-pay for primary care office visits: \$_____/visit

Annual Deductible: Individual: \$ ____/yr Family: \$ ____/yr

Employee Cost-Share % after deductible met: _____%

Group Health Medical Costs

Group Health TPA: [Access Administrators](#)

1. Total Group Health Costs for most recent 12-month or YTD period (excluding pharmacy):
\$ [5,177,184 for CY 2006](#)
2. Please provide summary data depicting Inpatient Facility, Outpatient Facility, Primary Care, and Specialty Care claim costs. Summary data should include the following:
 - a. Number of Inpatient Facility Admissions [147](#)
 - b. Number of Inpatient Facility Hospital Days [621](#)
 - c. Number of Emergency Room Visits [241](#)
 - d. Number of Primary Care Physician Office Visits [3,800](#)
 - e. Number of Specialist Office Visits [5,400](#)
 - f. Claims Experience by Provider (Facility and Professional)

Primary Care	\$569,635
Specialty Care	\$2,635,371
Behavioral	\$85,120
Ancillary	\$1,099,116
Hospital	\$2,696,329
Prescription Drug	\$1,713,444

IV. Pharmacy Benefit Plan

Please complete the following tables: **The SPD** will be provided on our web-site www.epcounty.com, under [Quick links](#) click on [Bids, RFQ's, etc...](#), locate [RFP #07-040](#) click on **attachment**

Co-payments		
Brand		
Generic		
Utilization		
Brand- 2006		
Generic-2006		

<i>Historical Prescription Utilization</i>				
Year	Retail - Total \$ Ingredient Cost	Mail Order - Total \$ Ingredient Cost	Retail – # of Scripts	Mail Order - # of Scripts
2006	\$1,202,186	\$511,258	25,075	3,088

1. Please provide the pharmacy benefit manager name: [Aetna](#)
2. Are any pharmacy benefit changes expected in the next two years? ____If yes, please describe.

[None currently, but subject to change](#)

V. Miscellaneous Questions

1. Please define any current health and wellness programs currently provided to County employees and/or any current partners/companies for the provision of services.

[In the process of implementing an incentive for gym and exercise utilization](#)

2. Are there any thoughts or plans to integrate Occupational Health Services into the proposed Primary Care Health Center? ____If yes, please describe/list the desired services to be included.

[Not at this time, but would consider for future integration](#)