



**LAKE COUNTY**  
FLORIDA

**REQUEST FOR PROPOSAL (RFP)**

**Medical Center Services for Participants of the Lake County Health Plan**

<b>RFP Number:</b>	<u>16-0209</u>	<b>Contracting Officer:</b>	<u>B. Schwartzman</u>
<b>Proposal Due Date:</b>	<u>February 24, 2016</u>	<b>Pre-Proposal Conference Date:</b>	<u>February 9, 2016</u>
<b>Proposal Due Time:</b>	<u>3:00 p.m.</u>	<b>RFP Issue Date:</b>	<u>January 28, 2016</u>

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<b>SPECIFIC SOLICITATION REQUIREMENTS ARE AS NOTED BELOW:</b>	
Proposal and/or Performance Bond:	Not applicable
Certificate of Competency/License:	As delineated in Scope of Work
Indemnification/Insurance:	See Section 1.8
Pre-Proposal Conference	See Section 1.4

**At the date and time specified above, all proposals that have been received in a timely manner will be opened, recorded, and accepted for consideration.** The names of the vendors submitting proposals will be read aloud and recorded. The proposals will be available for inspection during normal business hours in the Office of Procurement Services thirty (30) calendar days after the proposal due date. A separate contractual document will be signed by the County and the awarded firm.

**NO-RESPONSE REPLY**

If any vendor does not want to respond to this solicitation at this time, or, would like to be removed from Lake County's Vendor List, please mark the appropriate space, complete name below and return this page only.

Not interested at this time; keep our firm on Lake County's Vendors List for future solicitations for this product / service

Please remove our firm from Lake County's Vendor's List for this product / service.

**VENDOR IDENTIFICATION**

**Company Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Section 1.1: Purpose**

The Lake County Board of County Commissioners is soliciting competitive sealed proposals to provide for medical center services in support of personnel employed by Lake County itself and other public sector entity organizations located in Lake County that are current participants in the Lake County health benefit program. Current program participants include participating employees and their dependents from the Lake County Board of County Commissioners, Lake County Clerk, Lake County Tax Collector, Lake County Property Appraiser, Lake EMS, Lake County Water Authority, Lake-Sumter MPO, and the Lake County Supervisor of Elections. In addition, and with the prior approval of the County, the contract services may be accessed at any time during the term of the contract by other Lake County public entities subject to completion of a supportive inter-local agreement, and a bilateral modification to the basic contract resulting from this solicitation. The County will consider proposals based on the following models:

- operation and administration by a management company of an onsite health facility to be established by Lake County government, or
- provision of services by established local providers of medical services.

The County anticipates initial evaluation of proposals to be completed by April 2016, with any resulting recommendation to be considered by the Lake County Board of County Commissioners during May 2016. If the County elects to proceed with the provision of services, the effective date for commencement of services is October 1, 2016.

**Section 1.2: Designated Procurement Representative**

Questions concerning any portion of this solicitation shall be directed in writing [fax and e-mail accepted] to the below named individual who shall be the official point of contact for this solicitation. To ensure reply, questions should be submitted no later than five (5) working days before the proposal due date.

B. Schwartzman, Procurement Services Manager  
Lake County BCC  
Office of Procurement Services  
315 W. Main Street, Room 441  
PO BOX 7800  
Tavares, FL 32778-7800

Phone : 352-343-9839  
Fax : 352-343-9473  
e-mail: bschwartzman@lakecountyfl.gov

No answers given in response to questions submitted shall be binding upon this solicitation unless released in writing as an addendum to the solicitation by the Lake County Office of Procurement Services.

**Section 1.3: Method of Award – Considering Qualifications and Pricing**

Award will be made to the vendor who submits the overall proposal that is judged to provide the best value to the County. Proposing firm and its named key personnel shall have a minimum of three (3) years of direct experience in providing entity-specific medical services for medium (750+) to large public sector employers, such as, but not limited to, tax collector, county government, and clerk of court entities. Proposals will be evaluated based upon the following criteria, which are listed in order of descending importance:

1. Firm's qualifications, professional experience, expertise, and quality of similar work that has been provided for other public sector clients/customers.
2. Overall cost factors to include relative proposed costs, proposed/projected cost savings, and realism of vendor projections in that regard.
3. Qualifications of proposed personnel.
4. Degree and extent of geographic coverage provided for in the vendor's proposal.
5. Adequacy of proposed methodology for providing the required services.
6. Reports from direct and indirect references.
7. Responsiveness and completeness of the written proposal to these instructions with regard to the Scope of Services.
8. Other relevant criteria.

**Section 1.4: Pre-Proposal Conference (Mandatory)**

A **mandatory** pre-proposal conference will be held on February 9, 2016 at 10:00 AM in the conference room in Suite 430 of the County Administration Building located at 315 W. Main Street, Room 441, Tavares, FL 32778 to discuss the special conditions and specifications included within this solicitation. The discussion will include focus on completion of the Scope of Services Form/Worksheet included at Attachment 4 of this Request for Proposals. Participating vendors are requested to bring this document to the conference, as additional copies will not be available on-site.

**Section 1.5: Term of Contract – One Year**

This contract shall be effective immediately following the date of execution by the County and remain in effect for twelve (12) months of the opening of the Lake County employee medical center on October 1, 2016. The contract prices resultant from this solicitation shall prevail for the full duration of the initial contract term.

**Section 1.6: Option to Renew**

Prior to, or upon completion, of the initial term of this contract, the County shall have the option to renew this contract for four (4) additional twelve (12) month periods under the same terms and conditions. Continuation of the contract beyond the initial period, and any option subsequently exercised, is a County prerogative, and not a right of the vendor. This prerogative may be exercised only when such continuation is clearly in the best interest of the County.

**Section 1.7: Method of Payment - Monthly Invoices**

Billing processes will be definitized at the time the service provision structure of the effort is determined. All invoice reviews/approvals and associated payments associated with direct billings to the County, to include charges associated with all participating entities, will be processed on a centralized basis by the Lake County Board of County Commissioners. The vendor(s) shall submit monthly invoices by the tenth (10th) calendar day of each month. These invoices shall be submitted to the Lake County Human Resources department. The itemized invoices shall reflect the reimbursement of services, the administrative and/or management costs, and the type of service provided to the County in the prior month.

All invoices shall contain the contract and/or purchase order number, the date and location of delivery or service provided, and any other information needed to enable formal acceptance of the services and authorization for payment by the County. Failure to submit invoices in the prescribed manner will delay payment, and the vendor may be considered in default of contract and its contract may be terminated. Payments shall be tendered in accordance with the Florida Prompt Payment Act, Part VII, Chapter 218, Florida Statutes.

**Section 1.8: Insurance**

Each vendor shall include in its solicitation response package proof of insurance capabilities, including but not limited to, the following requirements: [This does not mean that the vendor must have the coverage prior to submittal, but, that the coverage must be in effect prior to a purchase order or contract being executed by the County.]

An original certificate of insurance, indicating that the awarded vendor has coverage in accordance with the requirements of this section, shall be furnished by the vendor to the Contracting Officer within five (5) working days of such request and must be received and accepted by the County prior to contract execution and/or before any work begins.

The vendor shall provide and maintain at all times during the term of any contract, without cost or expense to the County, policies of insurance, with a company or companies authorized to do business in the State of Florida, and which are acceptable to the County, insuring the vendor against any and all claims, demands or causes of action whatsoever, for injuries received or damage to property relating to the performance of duties, services and/or obligations of the vendor under the terms and provisions of the contract. The vendor is responsible for timely provision of certificate(s) of insurance to the County at the certificate holder address evidencing conformance with the contract requirements at all times throughout the term of the contract.

Such policies of insurance, and confirming certificates of insurance, shall insure the vendor is in accordance with the following minimum limits:

General Liability insurance on forms no more restrictive than the latest edition of the Occurrence Form Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

**SECTION 1 – SPECIAL TERMS AND CONDITIONS**

RFP Number: 16-0209

Each Occurrence/General Aggregate	\$1,000,000/2,000,000
Products-Completed Operations	\$2,000,000
Personal & Adv. Injury	\$1,000,000
Fire Damage	\$50,000
Medical Expense	\$5,000
Contractual Liability	Included

Automobile liability insurance, including owned, non-owned, and hired autos with the following minimum limits and coverage:

Combined Single Limit	\$1,000,000
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Workers' compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc). If not required by law to maintain workers compensation insurance, the vendor must provide a notarized statement that if he or she is injured; he or she will not hold the County responsible for any payment or compensation.

Employers Liability insurance with the following minimum limits and coverage:

Each Accident	\$1,000,000
Disease-Each Employee	\$1,000,000
Disease-Policy Limit	\$1,000,000

Professional liability and/or specialty insurance (to specifically include medical malpractice, errors and omissions, and any other relevant coverages) with minimum limits of \$2,000,000 Occurrence and \$4,000,000 Aggregate) with coverage be placed with an A rated carrier by AM Best Rating Co.

The following additional coverage must be provided if a dollar value is inserted below:

Loss of Use at coverage value:	\$ _____
Garage Keepers Liability at coverage value:	\$ _____

Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, shall be named as additional insured as their interest may appear on all applicable liability insurance policies.

The certificate(s) of insurance, shall provide for a minimum of thirty (30) days prior written notice to the County of any change, cancellation, or nonrenewal of the provided insurance. It is the vendor's specific responsibility to ensure that any such notice is provided within the stated timeframe to the certificate holder.

If it is not possible for the Vendor to certify compliance, on the certificate of insurance, with all of the above requirements, then the Vendor is required to provide a copy of the actual policy endorsement(s) providing the required coverage and notification provisions.

Certificate(s) of insurance shall identify the applicable solicitation (ITB/RFP/RFQ) number in the Description of Operations section of the Certificate.

Certificate holder shall be:

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF  
FLORIDA, AND THE BOARD OF COUNTY COMMISSIONERS.  
P.O. BOX 7800  
TAVARES, FL 32778-7800

Certificates of insurance shall evidence a waiver of subrogation in favor of the County, that coverage shall be primary and noncontributory, and that each evidenced policy includes a Cross Liability or Severability of Interests provision, with no requirement of premium payment by the County.

The Vendor shall be responsible for subcontractors and their insurance. Subcontractors are to provide certificates of insurance to the prime vendor evidencing coverage and terms in accordance with the Vendor's requirements.

All self-insured retentions shall appear on the certificate(s) and shall be subject to approval by the County. At the option of the County, the insurer shall reduce or eliminate such self-insured retentions, or the vendor or subcontractor shall be required to procure a bond guaranteeing payment of losses and related claims expenses.

The County shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible or self-insured retention in any insurance policy. The payment of such deductible or self-insured retention shall be the sole responsibility of the vendor and/or subcontractor providing such insurance.

Failure to obtain and maintain such insurance as set out above will be considered a breach of contract and may result in termination of the contract for default.

Neither approval by the County of any insurance supplied by the vendor or Subcontractor(s), nor a failure to disapprove that insurance, shall relieve the vendor or Subcontractor(s) of full responsibility for liability, damages, and accidents as set forth herein.

**Section 1.9: Bonds**

Not applicable

**Section 1.10: Delivery**

See scope of work in Section 2 of this Request for Proposal.

**Section 1.11: Acceptance of Services**

The services rendered as a result of an award from this solicitation shall not be deemed complete, until accepted by the County and shall be in compliance with the terms herein, fully in accord with the specifications and of the highest quality.

In the event that the service does not conform to the specifications, the County reserves the right to terminate the contract and will not be responsible to pay for any such service.

**Section 1.12: Warranty**

Not applicable

**Section 1.13: Delivery of Solicitation Response**

Unless a package is delivered by the vendor in person, all incoming mail from the U.S. Postal Service and any package delivered by a third party delivery organization (FedEx, UPS, DHL, private courier, etc.) will be opened for security and contamination inspection by the Lake County Clerk of the Circuit Court Mail Receiving Center in an off-site secure controlled facility prior to delivery to any Lake County Government facility, which includes the Lake County Office of Procurement Services.

To be considered for award, a bid or proposal must be received and accepted in the Office of Procurement Services prior to the date and time established within the solicitation. A response will not be considered for award if received in the Office of Procurement Services after the official due date and time regardless of when or how it was received by the Lake County Clerk of Court Mail Receiving Center. Allow sufficient time for transportation and inspection.

Each package shall be clearly marked with the applicable solicitation number, title, and company name. Ensure that your bid or proposal is securely sealed in an opaque envelope/ package to provide confidentiality of the bid or proposal prior to the due date for the solicitation.

If you plan on submitting your bid or proposal **IN PERSON**, please bring it to:

LAKE COUNTY PROCUREMENT SERVICES  
315 W. MAIN STREET  
4TH FLOOR, ROOM 441  
TAVARES, FLORIDA

If you submit your bid or proposal by the **UNITED STATES POSTAL SERVICE, (USPS)** please mail it to:

LAKE COUNTY PROCUREMENT SERVICES  
PO BOX 7800  
TAVARES, FL 32778-7800

If you submit your bid or proposal by a **THIRD PARTY CARRIER** such as FedEx, UPS, or a

private courier, please send it to:

LAKE COUNTY PROCUREMENT SERVICES  
MAIL RECEIVING CENTER  
32400 COUNTY ROAD 473  
LEESBURG, FL 34788

Facsimile (fax) or electronic submissions (e-mail) will not be accepted.

#### **Section 1.14: Completion Requirements for Request For Proposal (RFP) – Professional Services**

**An original and six (6) complete hard copies, and an electronic copy (via CD, thumb drive, or other similar media) of the proposal sealed and delivered to the Office of Procurement Services no later than the official proposal due date and time. Any proposal received after this time will not be considered and will be returned unopened to the submitter.** The County is not liable or responsible for any costs incurred by any vendor in responding to this RFP including, without limitation, costs for product and/or service demonstrations if requested. When you submit your proposal, you are making a binding offer to the County.

Each proposal shall be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the conditions and requirements of this RFP. Fancy bindings, colored displays, and promotional material are not desired. The County emphasizes that the proposer concentrate on accuracy, completeness, and clarity of content.

To facilitate analysis of its proposal, the proposer shall prepare its proposal in accordance with the instructions outlined in this section. If the proposal deviates from these instructions, such proposal may, in the County's sole discretion, be rejected.

Page Size and Format: Page size shall be 8.5 x 11 inches, not including foldouts. The text size shall be 11 point or larger.

#### **Section 1.14.1: Proposal Submittal**

The following items shall be included and submitted with your proposal:

Tab A. RFP Coversheet completed.

Tab B. Statement of Interest – to be submitted on the firm's letterhead and include the following:

1. Concisely state the firm's understanding of the services required by the County. The vendor may include any additional relevant information not requested elsewhere in the RFP under this tab.

2. The signature on the statement shall be that of a person authorized to represent and bind the firm.

Tab C. Scope of Services Response Form

1. Complete the applicable questions on the Scope of Services Form that will provide a concise description of the personnel, the services, the approach, the cost and performance guarantees, and process the vendor will employ to successfully complete the work to be performed to include any specific staffing or equipment resources that will be employed by the vendor as requested in the Scope of Work. **Vendors are to ensure that the completed form contained in the electronic media response copy is provided in Word format to support completion of the County's evaluation process.**
2. Exceptions – clearly describe in the Scope of Services Form any exceptions the vendor may have in regards to any requirements stated in the RFP document or associated addendums.

Tab D. Firm Profile Form (copy attached). Attach proof of license to practice in Florida.

Tab E. Certifications/Signature Forms. Complete and provide Section 4 of this solicitation with all entries completed.

Tab F. Proof of Insurance. Provide either a completed Accord form or a signed letter from your insurance agency on its letterhead stating that you have or can get the required insurance coverage.

Tab G. Sub-Contractors. Provide a list of any proposed sub-contractors or joint venture arrangements that may be used on the project.

Tab H. Financial Stability. Each proposer shall certify and provide a statement that it is financially stable and have the necessary resources, human and financial, to provide the services at the level required by County. Each proposer shall be prepared to supply a financial statement upon request. If a subcontractor or joint venture arrangement is being proposed, provide similar information for those participants in the proposal. Provide clear and succinct information that will provide insight to the County about the financial qualifications, fitness and stability of the proposer.

Tab I. Other Materials/Documentation: Vendor may submit other materials or documentation not specially addressed in the other Tabs listed above.

**Section 1.15: Public Records/ Copyrights**

All electronic files, audio and/or video recordings, and all papers pertaining to any activity performed by the contractor for or on behalf of the County shall be the property of the County and will be turned over to the County upon request. In accordance with Chapter 119, Florida Statutes, each file and all papers pertaining to any activities performed for or on behalf of the County are public records available for inspection by any person even if the file or paper resides in the contractor's office or facility. The vendor shall maintain the files and papers for not less than three (3) complete calendar years after the project has been completed or terminated, or in accordance with any grant requirements, whichever is longer. Prior to the close out of the contract, the contractor shall appoint a records custodian to handle any records request and provide the custodian's name and telephone number(s) to the Contracting Officer.

Any copyright derived from any agreement derived from this solicitation shall belong to the author. The author and the contractor shall expressly assign to the County nonexclusive, royalty free rights to use any and all information provided by the contractor in any deliverable and/or report for the County's use which may include publishing in County documents and distribution as the County deems to be in the County's best interests. If anything included in any deliverable limits the rights of the County to use the information, the deliverable shall be considered defective and not acceptable and the contractor will not be eligible for any compensation.

**Section 1.16: Special Notice to Vendors Regarding Federal and/or State Requirements**

Upon award of a contract resulting from this solicitation, the vendor shall utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing use of the system to confirm the employment eligibility of:

- 1) All persons employed by the vendor during the term of the contract to perform employment duties within Lake County; and
- 2) All persons, including subcontractors, assigned by the vendor to perform work pursuant to the contract.

## SCOPE OF SERVICES

### **General**

The Lake County Board of County Commissioners is soliciting competitive sealed proposals to provide for medical center services in support of personnel employed by Lake County itself and other public sector entity organizations located in Lake County that are current participants in the Lake County health benefit program. The County will consider proposals from onsite clinic management companies of a health facility to be established by Lake County government, and proposals from established local providers of medical services.

It is specifically noted and confirmed that the County intends no control over the clinic operations, and will in fact refrain from any direct involvement in physical treatments or the hiring of any clinic personnel. Nevertheless, the County does retain the right to fully address any appropriately documented notice or concern regarding performance of the vendor as an entity, or the services provided by specific personnel employed by the vendor.

It is specifically noted that County personnel work and live throughout Lake County, and a wide range of geographic coverage for provision of services is highly desired to support employee and eligible dependent participation. Under the facility management approach described above, Lake County intends to initially establish a single facility in the Tavares area. Vendors are encouraged to identify prospective locations for such a facility within their proposal. In addition, vendors proposing on that basis are specifically encouraged to clearly express in their proposal their capability and plan to provide for additional service locations/facilities. Vendors are to note that geographic coverage will be a specific point of consideration during evaluation of proposals (see Section 1.4). Vendors proposing on an established local provider medical services model shall specifically confirm locations of such facilities with proposed geographic coverage therefrom.

The County anticipates initial evaluation of proposals to be completed during March 2016, with any resulting recommendation to be considered by the Lake County Board of County Commissioners during April, 2016. If the County elects to proceed with the provision of services, the effective date for commencement of services is October 1, 2016.

### **Minimum Qualifications and Experience**

Proposing firm and its named key personnel shall have a minimum of three (3) years of direct experience in providing entity-specific medical services for medium (750+) to large public sector employers, such as, but not limited to, tax collector, county government, and clerk of courts entities.

### **Key Contractor Personnel**

In submitting a proposal, the Proposer is representing that each person listed or referenced in the proposal shall be available to perform the services described for the Lake County Board of County Commissioners, barring illness, accident, or other unforeseeable events of a similar nature in which case the Proposer must be able to promptly provide a qualified replacement. In

the event the Proposer wishes to substitute personnel, the Proposer shall propose a person with equal or higher qualifications and each replacement person is subject to prior written County approval. In the event the requested substitute person is not satisfactory to the County and the matter cannot be resolved to the satisfaction of the County, the County reserves the right to cancel the contract for cause.

In addition, the County reserves the option to require substitution of key vendor personnel by the vendor as long as such action is not demanded in an arbitrary or capricious manner. The substitution process described above applies equally to this circumstance.

### **Company Background and Administration**

1. One company will be selected to operate the Lake County employee medical center (clinic).
2. The proposer is to have experience in operating patient centered types of clinics, which may either be a management company onsite clinic model or a local provider patient centered model.
3. An experienced local account manager, with experienced support staff, is to be assigned.
4. The proposer must have procedures in place to secure data that are HIPAA compliant.
5. The proposer is to assume the legal liability for their actions and inactions regarding the clinic.
6. The proposer is to have the capability to accept member co-pays and fees for services rendered.
7. The clinic is to have a system in place to follow best practices and evidence based medicine guidelines. The proposer is to utilize electronic medical records that are accessible at all employee medical centers.
8. Clinics must be capable of accepting member eligibility electronically.
9. The County's members are to have the ability to schedule appointments online.
10. Clinic visits, medical encounters and medication dispensing are to interface with the health plan. Claims are to be processed through the County's health plan, or claims information is to be electronically transferred to the health plan on a weekly basis. The encounter information pertinent to the visit is to be transferred to the health plan.
11. The clinics are to have ePrescribing capabilities.
12. The Company will conduct an annual member satisfaction survey, specific to the County.
13. Assuming an April 2016 decision by the County, the proposer will have the clinic open and operational on October 1, 2016.

### **Scope of Work**

The proposer selected as a result of this RFP will provide services including, but are not necessarily limited to, the following:

**Services**Primary Care Medical Services:

1. Conduct periodic comprehensive physical examinations.
2. Provide follow up care for abnormal screening results.
3. Provide medical services to members for acute conditions.
4. Provide medical services for members with chronic conditions.
5. Provide follow up medical care for acute and chronic conditions.
6. Provide medical care for urgent conditions.

Ancillary Medical Services:

1. Provide laboratory specimen collection.
2. Provide biometric screenings for blood glucose levels, cholesterol levels, blood pressure, and BMI calculations.
3. Provide radiology services through a convenient and cost effective network provider.
4. Provide occupational health services for impacted County employees.
5. Provide employment related services for County employees to include pre-employment physicals and employment related physicals.
6. The discount arrangements, utilization, and dispensing of prescription drugs will be administered in accordance with the County's health plan's pharmacy benefit manager, currently Prime Therapeutics. As an alternative, the proposer's discount arrangement may be used if the County determines that the proposer's discount arrangement is more cost effective for the County.
7. Provide for the dispensing of common medications at the clinic, or as an alternative, provide for the dispensing of common medications at a convenient location in a timely manner.
8. Provide for the dispensing of other medications at convenient locations in a timely manner.

**Program Management**Health Management Services:

1. Conduct biometric screenings and ensure the completion of health risk assessments.
2. Promote the completion and track compliance with identified age and gender specific screenings.
3. Conduct periodic screenings in areas such as skin cancer, hypertension, vision and hearing.
4. Act as a health advocate for members by assisting them with improved access to care, improved understanding of health conditions, and improved healthcare compliance.
5. Implement health management initiatives (i.e. diabetes, weight, hypertension, cholesterol management, and wellness programs).
6. The proposer is to be able to identify and make improvements in medical and medication care compliance.

7. The proposer is to contact members following medical encounters to discuss compliance and conditions.
8. The proposer may dispense common acute medications, or as an alternative, provide the filling of medications at a pharmacy convenient to the member.
9. The proposer will manage medication adherence for patients with chronic medical conditions.
10. The proposer will interface with prescribing attending physicians to improve generic and formulary compliance.
11. The proposer will assist with the initial program roll-out campaign to the employees, to include employee health education, distribution of educational materials that will introduce the services to the employee and support an initial wellness screening campaign (CBC with metabolic panel) for all covered employees by providing blood draws, analysis and feedback to any employee or covered dependent that participates.

#### Network Referrals:

1. The proposer is to identify and when appropriate, utilize a high performance provider network for care not available at the clinic.
2. The proposer is to identify and when appropriate, utilize a high performance facilities network.

#### Communications and Reporting:

1. The proposer is to market the services provided through the clinic to the County's members.
2. The proposer is to communicate with regional providers regarding the clinic capabilities and is to communicate with regional providers on specific member follow up issues.
3. The proposer is to provide the County with monthly reports on utilization and reports on referrals outside the clinics.

### **Cost of Services**

#### Management Company Model:

1. The proposer is to design, open, and operate a clinic in Lake County in a location that is convenient for the County's members. The proposer is to secure all necessary clinic facility and clinic provider licenses. As the clinic usage increases, additional clinics throughout Lake County may be added.
2. The proposer will manage and equip the clinic facility.
3. Facilities are to include laboratory services, and limited medication dispensing, if financially feasible.
4. Hours of operation are to be flexible and set to meet the needs of the members.
5. Staff members are to be contracted (full time and regular part time) employees of the proposer and include a Board certified physician. The County reserves the right to review and approve all staff during the term of the contract.

6. The proposer will perform the administrative and management services as outlined in the Scope of Services.
7. Estimated cost information is to be calculated for a three (3) year period and include: all startup costs, facility leases, clinic administration and supplies, and company management fees. Facility design and projected build out costs are to be included.

Local Provider Model:

1. The proposer is to operate a clinic(s) in Lake County in a location or locations that will be convenient for the County's members. As the clinic usage increases, additional clinics throughout Lake County may be added.
2. The proposer will use existing medical facilities and providers located in Lake County if appointment times are expanded and dedicated for the exclusive use of the County's members. Visits will be billed as a claim through the County's health plan.
3. Hours of operation are to be expanded beyond the normal 9:00 am to 5:00 pm Monday through Friday schedule, and set to meet the needs of the County's members.
4. Facilities are to include laboratory services, and limited medication dispensing, if financially feasible.
5. Physicians are to be contracted through the County's health plan provider network.
6. The proposer will perform the administrative and management services as outlined in the Scope of Services.
7. Estimated cost information is to be calculated for a three (3) year period and include: the billed office visit charges, clinic administration fees, company administrative fees as applicable, and outcome based incentive payments.

**Savings and Guarantees**

1. Estimated savings information is to be calculated for a three (3) year period and include:
  - a. Redirected primary care visits
  - b. Reductions in specialty care visits
  - c. Reductions in emergency room and urgent care visits
  - d. Increases in generic drug utilization
  - e. Redirection of outpatient services to the most cost effective care for outpatient surgeries and radiology services
  - f. Redirection of occupational health visits, and employment related physical examinations
2. Estimated cost avoidance is to be calculated for a three (3) year period and include:
  - a. Increased compliance with age and gender specific screenings
  - b. Increased medication adherence
  - c. Increased movement toward normal condition specific screening results for blood pressure, cholesterol, BMI, and glucose levels.

3. Increased health plan satisfaction of County and members.
4. The proposer is encouraged to assume risk in the development and implementation of the clinic.
5. Expected costs and savings are to include guarantees.
6. Guarantees on other changes in medical utilization are encouraged.

**Special Provisions**

All materials and/or documents produced as a result of this proposal shall become the property of Lake County. Unless restricted under HIPAA, the County Manager, County Attorney, and the Human Resources Director shall have access to all related documents upon request.

**3.1 DEFINITIONS**

**Addenda:** A written change to a solicitation.

**Contract:** The agreement to perform the services set forth in this document signed by both parties with any addenda and other attachments specifically incorporated.

**Contractor:** The vendor to whom award has been made.

**County:** Shall refer to Lake County, Florida.

**Modification:** A written change to a contract.

**Proposal:** Shall refer to any offer(s) submitted in response to a Request for Proposal.

**Proposer:** Shall refer to anyone submitting an offer in response to a Request for Proposal.

**Request for Proposal (RFP):** Shall mean this solicitation documentation, including any and all addenda. An RFP involves evaluation of proposals, and award may be made on a best value basis with price, technical, and other factors considered.

**Solicitation:** The written document requesting either bids or proposals from the marketplace.

**Vendor:** a general reference to any entity responding to this solicitation or performing under any resulting contract.

The County has established for purposes of this Request for Proposal (RFP) that the words “shall”, “must”, or “will” indicate an essential requirement or condition which may not be waived.

**3.2 INSTRUCTIONS TO PROPOSERS****A. Proposer Qualification**

It is the policy of the County to encourage full and open competition among all available qualified vendors. All vendors regularly engaged in the type of work specified in the solicitation are encouraged to submit proposals. Vendors may enroll with the County to be included on a mailing list for selected categories of goods and services. To be recommended for award the County requires that vendors provide evidence of compliance with the requirements below upon request:

1. Disclosure of Employment
2. Disclosure of Ownership.
3. Drug-Free Workplace.
4. W-9 and 8109 Forms – The vendor must furnish these forms as required by the Internal Revenue Service.
5. Social Security Number – The vendor must provide a copy of the primary owner’s social security card if the social security number is being used in lieu of the Federal Identification Number (F.E.I.N.)
6. Americans with Disabilities Act (A.D.A.)
7. Conflict of Interest
8. Debarment Disclosure Affidavit.
9. Nondiscrimination
10. Family Leave
11. Antitrust Laws – By acceptance of any contract, the vendor agrees to comply with all applicable antitrust laws.

**B. Public Entity Crimes**

Pursuant to Section 287.133(2)(a) of the Florida Statutes, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 of the Florida Statutes, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

**C. Request for Additional Information**

Any communication or inquiries, except for clarification of process or procedure already contained in the solicitation, are to be made in writing to the attention of the procurement representative identified in the solicitation no later than five (5) working days prior to the proposal due date. Such inquiries or request for information shall be submitted to the procurement representative in writing and shall contain the requester’s name, address, and telephone number. The Procurement Services office may issue an addendum in response to any inquiry received, which changes or clarifies the terms,

provisions, or requirements of the solicitation. The proposer should not rely on any representation, statement or explanation whether written or verbal, other than those made in this solicitation document or in any addenda issued. Where there appears to be a conflict between this solicitation and any addenda, the last addendum issued shall prevail. It is the proposer’s responsibility to ensure receipt of all addenda and any accompanying documentation. Failure to acknowledge each addendum may prevent the proposal from being considered for award.

**D. Contents of Solicitation and Proposers’ Responsibilities**

The proposer shall become thoroughly familiar with the requirements, terms, and conditions of this solicitation. Pleas of ignorance of these matters by the proposer of conditions that exist or may exist will not be accepted as a basis for varying the requirements of the County, or the compensation to be paid.

**E. Restricted Discussions**

From the date of issuance of this solicitation until final County action, vendors should not discuss the solicitation or any part thereof with any employee, agent, or any other representative of the County except as expressly authorized by the designated procurement representative. The only communications that shall be considered pertinent to this solicitation are appropriately signed written documents from the vendor to the designated procurement representative and any relevant written document promulgated by the designated procurement representative.

**F. Change or Withdrawal of Proposals**

1. Changes to Proposal- Prior to the scheduled due date, a proposer may change its proposal by submitting a new proposal specified in the solicitation with a letter on the firm’s letterhead, signed by an authorized agent stating that the new submittal replaces the original submittal. The new submittal shall contain the letter and all information as required for submitting the original proposal.

2. Withdrawal of Proposal – A proposal shall be irrevocable unless the proposal is withdrawn as provided herein. A proposal may be withdrawn, either physically or by written notice, at any time prior to the proposal due date. If withdrawn by written notice, that notice must be addressed to, and received by, the designated procurement representative prior to the designated receipt date and time. A proposal may also be withdrawn after expiration of the designated acceptance period, and prior to award, by submitting a letter to the designated procurement representative. The letter must be on company letterhead and signed by an authorized agent of the proposer.

**G. Conflicts within the Solicitation**

Where there appears to be a conflict between the General Terms and Conditions, Special Conditions, the Technical Specifications, the Pricing Section, or any addendum issued, the order of precedence shall be: the last addendum issued, the Proposal Price Section, the Technical Specifications, the Special Conditions, and then the General Terms and Conditions. It is incumbent upon the vendor to identify such conflicts to the designated procurement representative prior to the proposal due date.

**H. Prompt Payment Terms**

It is the policy of the County that payment for all purchases by County agencies shall be made in a timely manner and that interest payments will be made on late payments in accordance with Part VII, Chapter 218, Florida Statutes, known as the Florida Prompt Payment Act. The proposer may offer cash discounts for prompt payments; however, such discounts will not be considered in determining the lowest price during proposal evaluation.

**3.3 PREPARATION OF PROPOSALS**

- A. The Pricing Section of this solicitation defines requirements of items to be purchased, and must be completed and submitted with the proposal. Use of any other form or alteration of the form may result in rejection of the proposal
- B. The proposal submitted must be legible. Bidders shall use typewriter, computer or ink. All changes must be crossed out and initialed in ink. Failure to comply with these requirements may cause the bid to be rejected.
- C. An authorized agent of the proposers firm must sign the proposal. **FAILURE TO SIGN THE PROPOSAL MAY**

**BE CAUSE TO REJECT THE PROPOSAL.**

- D. The proposer may submit alternate proposal(s) for the same solicitation provided that such offer is allowable under the terms and conditions. The alternate proposal must meet or exceed the minimum requirements and be submitted as a separate proposal marked "Alternate Proposal".
- E. When there is a discrepancy between the unit prices and any extended prices, the unit prices will prevail.
- F. Any proposal received after the designated receipt date through no fault or error of the County will be considered late, and, except under the most exceptional circumstances, may not be considered for award

**3.4 COLLUSION**

Where two (2) or more related parties, as defined herein, each submit a proposal for the same contract, such proposals shall be presumed to be collusive. Related parties shall mean proposer or the principals thereof which have a direct or indirect ownership interest in another proposer for the same contract or in which a parent company or the principals thereof of one proposer have a direct or indirect ownership interest in another proposer for the same contract. Furthermore, any prior understanding, agreement, or connection between two (2) or more corporations, firms, or persons submitting a proposal for the same materials, supplies, services, or equipment shall also be presumed to be collusive. Proposals found to be collusive shall be rejected. Proposers which have been found to have engaged in collusion may be considered non-responsible, and may be suspended or debarred. Any contract resulting from collusive bidding may be terminated for default.

**3.5 PROHIBITION AGAINST CONTINGENT FEES**

The vendor warrants that they have not employed or retained any company or person, other than a bona fide employee working solely for the vendor to solicit or secure the contract and that they have not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the vendor, any consideration contingent upon or resulting from the award or making of the contract.

**3.6 CONTRACTING WITH COUNTY EMPLOYEES**

Any County employee or member of his or her immediate family seeking to contract with the County shall seek a conflict of interest opinion from the County Attorney prior to submittal of a response to contract with the County. The affected employee shall disclose the employee's assigned function within the County and interest or the interest of his or her immediate family in the proposed contract and the nature of the intended contract.

**3.7 INCURRED EXPENSES**

This RFP does not commit the County to make an award nor shall the County be responsible for any cost or expense which may be incurred by any proposer in preparing and submitting a proposal, or any cost or expense incurred by any proposer prior to the execution of a purchase order or contract.

**3.8 COUNTY IS TAX-EXEMPT**

When purchasing on a direct basis, the County is generally exempt from Federal Excise Taxes and all State of Florida sales and use taxes. The County will provide an exemption certificate upon request by the seller for such purchases. Except for item(s) specifically identified by the vendor and accepted by the County for direct County purchase under the Sales Tax Recovery Program, Contractors doing business with the County are not exempt from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any contractor be authorized to use any of the County's Tax Exemptions in securing such materials.

**3.9 PROPRIETARY/CONFIDENTIAL INFORMATION**

Proposers are hereby notified that all information submitted as part of a proposal will be available for public inspection in compliance with Chapter 119 of the Florida Statutes (the "Public Record Act"). The proposer should not submit any information in response to this RFP which the proposer considers proprietary or confidential. The submission of any information to the County in connection with this solicitation shall be deemed conclusively to be a waiver from release of the submitted information unless such information is

exempt or confidential under the Public Records Act.

**3.10 CANCELLATION OF SOLICITATION**

The County reserves the right to cancel, in whole or in part, any solicitation when doing so reflects the best interest of the County.

**3.11 AWARD**

- A. The contract resulting from this solicitation may be awarded to the responsible proposer which submits a proposal determined to provide the best value to the County with price, technical, and other applicable factors considered. The County reserves the right to reject any and all proposals, to waive irregularities or technicalities and to re-advertise for all or any part of this solicitation as deemed in its best interest. The County shall be the sole judge of its best interest.
- B. When there are multiple line items in a solicitation, the County reserves the right to award on an individual item basis, any combination of items, total low bid or in whichever manner deemed in the best interest of the County. This provision specifically supersedes any method of award criteria stated in the solicitation when such action is clearly necessary to protect the best interests of the County.
- C. The County reserves the right to reject any and all proposals if it is determined that prices are excessive or determined to be unreasonable, or it is otherwise determined to be in the County's best interest to do so.
- D. Award of this solicitation will only be made to firms that satisfy all necessary legal requirements to do business with the County. The County may conduct a pre-award inspection of the proposer's site or hold a pre-award qualification hearing to determine if the proposer is capable of performing the requirements of this solicitation.
- E. The proposer's performance as a prime contractor or subcontractor on previous County contracts shall be taken into account in evaluating the responsibility of a proposer that submitted a proposal under this solicitation.
- F. Any tie situations will be resolved in consonance with current written procedure in that regard.
- G. Award of the contract resulting from this solicitation may be predicated on compliance with and submittal of all required documents as stipulated in the solicitation.
- H. A vendor wishing to protest any award decision resulting from this solicitation shall do so as set forth in the County's Purchasing Procedure Manual.

**3.12 GENERAL CONTRACT CONDITIONS**

The contract shall be binding upon and shall inure to the benefit of each of the parties and of their respective successors and permitted assigns. The contract may not be amended, released, discharged, rescinded or abandoned, except by a written instrument duly executed by each of the parties hereto. The failure of any party hereto at any time to enforce any of the provisions of the contract will in no way constitute or be construed as a waiver of such provision or of any other provision hereof, nor in any way affect the validity of, or the right thereafter to enforce, each and every provision of the contract. Any dispute arising during the course of contract performance that is not readily rectified by coordination between the vendor and the County user department shall be referred to Procurement Services office for resolution.

**3.13 OTHER AGENCIES**

With the consent of the vendor, other agencies may make purchases in accordance with the contract. Such purchases shall be governed by the same terms and conditions as stated herein with the exception of the change in agency name.

**3.14 CONTRACT EXTENSION**

The County has the unilateral option to extend a contract for up to ninety (90) calendar days beyond the current contract period. In such event, the County will notify the vendor(s) in writing of such extensions. The contract may be extended beyond the initial ninety (90) day extension upon mutual agreement between the County and the vendor(s). Exercise of the above options requires the prior approval of the Procurement Services Manager.

**3.15 WARRANTY**

All warranties express and implied, shall be made available to the

County for goods and services covered by this solicitation. All goods furnished shall be fully guaranteed by the vendor against factory defects and workmanship. At no expense to the County, the vendor shall correct any and all apparent and latent defects that may occur within the manufacturer's standard warranty period. The special conditions of the solicitation may supersede the manufacturer's standard warranty.

### **3.16 ESTIMATED QUANTITIES**

Estimated quantities or dollars are for vendor's guidance only. No guarantee is expressed or implied as to quantities or dollar value that will be used during the contract period. The County is not obligated to place any order for a given amount subsequent to the award of this solicitation. The County may use estimated quantities in the award evaluation process. Estimated quantities do not contemplate or include possible additional quantities that may be ordered by other entities that may utilize this contract. In no event shall the County be liable for payments in excess of the amount due for quantities of goods or services actually ordered.

### **3.17 NON-EXCLUSIVITY**

It is the intent of the County to enter into an agreement that will satisfy its needs as described within this solicitation. However, the County reserves the right to perform, or cause to be performed, all or any of the work and services herein described in the manner deemed to represent its best interests. In no case will the County be liable for billings in excess of the quantity of goods or services actually provided under this contract.

### **3.18 CONTINUATION OF WORK**

Any work that commences prior to, and will extend, beyond the expiration date of the current contract period shall, unless terminated by mutual written agreement between the County and the vendor, continue until completion without change to the then current prices, terms and conditions.

### **3.19 LAWS, RULES, REGULATIONS AND LICENSES**

The vendor shall comply with all federal, state, and local laws and regulations applicable to provision of the goods and/or services specified in this solicitation. During the term of the contract the vendor assures that it is in compliance with Title VII of the 1964 Civil Rights Act, as amended, and the Florida Civil Rights Act of 1992, in that the vendor does not on the grounds of race, color, national origin, religion, sex, age, disability or marital status, discrimination in any form or manner against the end/or employees or applicants for employment. The vendor understands that any contract is conditioned upon the veracity of this statement.

### **3.20 SUBCONTRACTING**

Unless otherwise stipulated herein, the vendor shall not subcontract any portion of the work without the prior written consent of the County. Subcontracting without the prior consent of the County may result in termination of the contract for default.

### **3.21 ASSIGNMENT**

The vendor shall not assign or transfer any contract resulting from this solicitation, including any rights, title or interest therein, or its power to execute such contract to any person, company or corporation without the prior written consent of the County. This provision specifically includes any acquisition or hostile takeover of the awarded vendor. Failure to comply in this regards may result in termination of the contract for default.

### **3.22 RESPONSIBILITY AS EMPLOYER**

The employee(s) of the vendor shall be considered at all times its employee(s), and not an employee(s) or agent(s) of the County. The contractor shall provide employee(s) capable of performing the work as required. The County may require the contractor to remove any employee it deems unacceptable. All employees of the contractor may be required to wear appropriate identification.

### **3.23 INDEMNIFICATION**

To the extent permitted by law, the vendor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from

the performance of the agreement by the vendor or its employees, agents, servants, partners, principals or subcontractors. The vendor shall pay all claims and losses in connection therewith, and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may be incurred thereon. The vendor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by the vendor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

### **3.24 MODIFICATION OF CONTRACT**

Any contract resulting from this solicitation may be modified by mutual consent of duly authorized parties, in writing through the issuance of a modification to the contract and/or purchase order as appropriate. This presumes the modification itself is in compliance with all applicable County procedures.

### **3.25 TERMINATION FOR CONVENIENCE**

The County, at its sole discretion, reserves the right to terminate this contract upon thirty (30) days written notice. Upon receipt of such notice, the vendor shall not incur any additional costs under this contract. The County shall be liable only for reasonable costs incurred by the vendor prior to notice of termination. The County shall be the sole judge of "reasonable costs."

### **3.26 TERMINATION DUE TO UNAVAILABILITY OF CONTINUING FUNDING**

When funds are not appropriated or otherwise made available to support continuation of performance in a current or subsequent fiscal year, the contract shall be cancelled and the vendor shall be reimbursed for the reasonable value of any non-recurring costs incurred amortized in the price of the supplies or services/tasks delivered under the contract.

### **3.27 TERMINATION FOR DEFAULT**

The County reserves the right to terminate this contract, in part or in whole, or affect other appropriate remedy in the event the vendor fails to perform in accordance with the terms and conditions stated herein. The County further reserves the right to suspend or debar the vendor in accordance with the County ordinances, resolutions and/or administrative orders. The vendor will be notified by letter of the County's intent to terminate. In the event of termination for default, the County may procure the required goods and/or services from any source and use any method deemed in its best interest. All re-procurement cost shall be borne by the vendor.

### **3.28 FRAUD AND MISREPRESENTATION**

Any individual, corporation or other entity that attempts to meet its contractual obligations through fraud, misrepresentation or other material misstatement, may be debarred for up to five (5) years. The County as a further sanction may terminate or cancel any other contracts with such individual, corporation or entity with such vendor held responsible for all direct or indirect costs associated with termination or cancellation, including attorney's fees.

### **3.29 RIGHT TO AUDIT**

The County reserves the right to require the vendor to submit to an audit by any auditor of the County's choosing. The Contractor shall provide access to all of its records, which relate directly or indirectly to this Agreement at its place of business during regular business hours. The vendor shall retain all records pertaining to this Agreement and upon request make them available to the County for a minimum of three (3) years, or as required by Florida law, whichever is longer, following expiration of the Agreement. The vendor agrees to provide such assistance as may be necessary to facilitate the review or audit by the County to ensure compliance with applicable accounting and financial standards. Additionally, CONTRACTOR agrees to include the requirements of this provision in all contracts with subcontractors and material suppliers in connection with the work performed hereunder. If an audit inspection or examination pursuant to this section discloses overpricing or overcharges of any nature by the CONTRACTOR to the COUNTY in excess of one percent (1%) of the total contract

billings, in addition to making adjustments for the overcharges, the reasonable actual cost of the COUNTY's audit shall be reimbursed to the COUNTY by the CONTRACTOR. Any adjustments and/or payments which must be made as a result of any such audit or inspection of the CONTRACTOR's invoices and/or records shall be made within a reasonable amount of time, but in no event shall the time exceed ninety (90) days, from presentation of the COUNTY's audit findings to the CONTRACTOR.

### 3.30 PUBLIC RECORDS/ COPYRIGHTS

Pursuant to Section 119.0701, Florida Statutes, the awarded contractor shall comply with the Florida Public Records' laws, and shall:

1. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the services identified herein.
2. Provide the public with access to public records on the same terms and conditions that the County would provide the records and at a cost that does not exceed the cost provided for by law.
3. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law.

4. Meet all requirements for retaining public records and transfer, at no cost, to the County all public records in possession of the contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. All records stored electronically must be provided to the County in a format that is compatible with the information technology systems of the County. Failure to comply with this section shall be deemed a breach of the contract and enforceable as set forth in Section 119.0701, Florida Statutes.

Any copyright derived from this Agreement shall belong to the author. The author and the CONSULTANT shall expressly assign to the COUNTY nonexclusive, royalty free rights to use any and all information provided by the CONSULTANT in any deliverable and/or report for the COUNTY's use which may include publishing in COUNTY documents and distribution as the COUNTY deems to be in the COUNTY's best interests. If anything included in any deliverable limits the rights of the COUNTY to use the information, the deliverable shall be considered defective and not acceptable and the CONSULTANT will not be eligible for any compensation.

### 3.31 GOVERNING LAWS

The interpretation, effect, and validity of any contract(s) resulting from this solicitation shall be governed by the laws and regulations of the State of Florida, and Lake County, Florida. Venue of any court action shall be in Lake County, Florida. In the event that a suit is brought for the enforcement of any term of the contract, or any right arising there from, the parties expressly waive their respective rights to have such action tried by jury trial and hereby consent to the use of non-jury trial for the adjudication of such suit.

### 3.32 STATE REGISTRATION REQUIREMENTS

Any corporation submitting a bid in response to this RFP shall either be registered or have applied for registration with the Florida Department of State in accordance with the provisions of Chapter 607, Florida Statutes. A copy of the registration/ application may be required prior to award of a contract. Any partnership submitting a bid in response to this RFP shall have complied with the applicable provisions of Chapter 620, Florida Statutes. For additional information on these requirements, please contact the Florida Secretary of State's Office, Division of Corporations, 800.755.5111 (<http://www.dos.state.fl.us>).

### 3.33 PRIME CONTRACTOR

The vendor awarded the contract shall act as the prime contractor and shall assume full responsibility for the successful performance under the contract. The vendor shall be considered the sole point of contact with regard to meeting all requirements of the contract. All subcontractors will be subject to advance review by the County in regards to competency and security concerns. After the award of the contract no change in subcontractors will be made without the consent of the County. The vendor shall be responsible for all insurance, permits, licenses, and related matters for any and all subcontractors. Even if the subcontractor is self-insured, the

County may require the contractor to provide any insurance certificates required by the work to be performed.

### 3.34 FORCE MAJEURE

The parties will exercise every reasonable effort to meet their respective obligations hereunder, but shall not be liable for delays resulting from force majeure or other causes beyond their reasonable control, including, but not limited to, compliance with revisions to Government law or regulation, acts of nature, acts or omissions of the other party, fires, strikes, national disasters, wars, riots, transportation problems and/or any other cause whatsoever beyond the reasonable control of the parties. Any such cause may be cause for appropriate extension of the performance period.

### 3.35 NO CLAIM FOR DAMAGES

No claim for damages or any claim other than for an extension of time shall be made or asserted against the County because of any delays. No interruption, interference, inefficiency, suspension, or delay in the commencement or progress of the Work shall relieve the vendor of duty to perform, or give rise to any right to damages or additional compensation from the County. The vendor's sole remedy shall be the right to seek an extension to the contract time. However, this provision shall not preclude recovery of damages by the vendor for hindrances or delays due solely to fraud, bad faith, or active interference on the part of the County.

### 3.36 TRUTH IN NEGOTIATION CERTIFICATE

For each contract that exceeds One Hundred Ninety Five Thousand dollars (\$195,000.00), any organization awarded a contract must execute a truth-in-negotiation certificate stating that the wage rates and other factual unit costs are accurate, complete, and current, at the time of contracting. Any contract requiring this certificate shall contain a provision that the original contract price and any additions shall be adjusted to exclude any significant sums by which the County determines the contract price was increased due to inaccurate, incomplete, or non-current wage rates and other factual unit costs. All such contract adjustments shall be made within one (1) year following the end of the contract.

### 3.37 GRANT FUNDING

In the event any part of the contract is to be funded by federal, state, or other local agency monies, the vendor hereby agrees to comply with all requirements of the funding entity applicable to the use of the monies, including full application of requirements involving the use of minority firms, women's business enterprises, and labor surplus area firms. Vendors are advised that payments under the contract may be withheld pending completion and submission of all required forms and documents required of the vendor pursuant to the grant funding requirements. .

**RFP TITLE:** Medical Center Services for Participants of the Lake County Health Plan

NOTES:

- When purchasing on a direct basis, Lake County is exempt from all taxes (Federal, State, Local). A Tax Exemption Certificate will be furnished upon request for such purchases. **However, the vendor will be responsible for payment of taxes on all materials purchased by the vendor for incorporation into the project (see provision 3.8 for further detail).**
- The vendor shall not alter or amend any of the information (including, but not limited to stated units of measure, item description, or quantity) stated in the Pricing Section. If any quantities are stated in the pricing section as being “estimated” quantities, vendors are advised to review the “Estimated Quantities” clause contained in Section 3 of this solicitation.
- Any bid containing a modifying or “escalator” clause not specifically allowed for under the solicitation will not be considered.
- Unit prices shall govern for all services priced on that basis as requested under this solicitation.
- All pricing shall be FOB Destination unless otherwise specified in this solicitation document.
- All pricing submitted shall remain valid for a 90 day period. By signing and submitting a response to this solicitation, the vendor has specifically agreed to this condition.
- **Vendors are advised to visit our website at <http://www.lakecountyfl.gov> and register as a potential vendor. Vendors that have registered on-line receive an e-mail notice when the County issues a solicitation matching the commodity codes selected by a vendor during the registration process.**

**ACKNOWLEDGEMENT OF ADDENDA**

**INSTRUCTIONS:** Complete Part I or Part II, whichever applies

**Part I:**

The bidder must list below the dates of issue for each addendum received in connection with this RFP:

Addendum #1, Dated: \_\_\_\_\_

Addendum #2, Dated: \_\_\_\_\_

Addendum #3, Dated: \_\_\_\_\_

Addendum #4, Dated: \_\_\_\_\_

**Part II:**

No Addendum was received in connection with this RFP.

**PRICING SECTION**

See pricing tables and related cost and guarantee information in the Scope of Services Form to this Request for Proposals.

**Other Items for Completion by Vendor:**

**By Signing This Proposal the Proposer Attests and Certifies That:**

- It satisfies all legal requirements (as an entity) to do business with the County.
- The undersigned vendor acknowledges that award of a contract may be contingent upon a determination by the County that the vendor has the capacity and capability to successfully perform the contract.
- The proposer hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this proposal document and any related contract(s).

**Purchasing Agreements with Other Government Agencies**

This section is optional and will not affect contract award. If Lake County awarded you the proposed contract, would you sell under the same terms and conditions, for the same price, to other governmental agencies in the State of Florida? Each governmental agency desiring to accept to utilize this contract shall be responsible for its own purchases and shall be liable only for materials or services ordered and received by it.  Yes  No (Check one)

**Certification Regarding Felony Conviction**

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years?  Yes  No (Check one)

**Certification Regarding Acceptance of County Electronic Payable Process**

Vendor will accept payment through the County’s VISA- based electronic payment system:  Yes  No

**Reciprocal Vendor Preference:**

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

1. Primary business location of the responding vendor (city/state): \_\_\_\_\_
2. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted:  Yes  No If “yes” is checked, provide supporting detail:

\_\_\_\_\_  
\_\_\_\_\_

**Conflict of Interest Disclosure Certification**

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Exceptions: \_\_\_\_\_

DUNS Number (Insert if this action involves a federal funded project): \_\_\_\_\_

**General Vendor Information and Proposal Signature:**

Firm Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 FEIN No. \_\_\_\_\_ - \_\_\_\_\_ Prompt Payment Terms: \_\_\_\_\_ % \_\_\_\_\_ days, net \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Award of Contract by the County: (Official Use Only)**

By signature below, the County confirms award to the above-identified vendor under the above identified solicitation. A separate purchase order will be generated by the County to support the contract.

**Vendor awarded as:**

- Sole vendor
- Pre-qualified pool vendor (spot bid)
- Secondary vendor for items: \_\_\_\_\_
- Pre-qualified pool vendor based on price
- Primary vendor for items: \_\_\_\_\_
- Other status: \_\_\_\_\_

Signature of authorized County official: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE ATTACHED**

**Attachment 1:** Firm Profile Form

**Attachment 2:** Scope of Services Form\*

**Attachment 3:** Medical and Pharmacy Utilization Report

**Attachment 4:** Employee and Member Census\*\*

\* To support completion of this document by vendors, this attachment is also included as a separate downloadable and interactive document on the webpage for this action. Vendors may download this separate attachment and complete it for return within the vendor's proposal. Vendors are not to change any of the existing narrative on this form in any shape or manner. **Vendors are to ensure that the completed form contained in the electronic media response copy is provided in Word format to support completion of the County's evaluation process.**

\*\* This attachment is provided as a separate download document on the webpage for this action due to its size, but remains a formal attachment to this solicitation. It has been provided in Excel format to support analysis by a responding vendor.

**ATTACHMENT 1: FIRM PROFILE FORM**

<p>1. Firm (or joint venture) Name &amp; Address:</p>	<p>1e. Licensed to do business in the State of Florida?          _____ Yes _____ No</p>
<p>1a. FEIN #          _____</p>	<p>1f. Name, Title &amp; Telephone Number of Principal to Contact</p>
<p>1b. Year Firm was established _____</p> <p>1c. Are you a "Not for Profit" 501(c)(3) organization?          Yes _____ No _____</p> <p>If you answered yes, please provide proof.</p> <p>1d. Firm is a Certified Minority Business Enterprise          Yes _____ No _____</p>	<p>1g. Address of office to perform work, if different from Item 1.</p>
<p>2. Please list number of people by discipline that your firm/joint venture will commit to the County's project.</p>	
<p>3. If submittal is by joint venture, list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) for each firm:</p> <p>3a. Has this joint venture previously worked together? Yes _____ No _____</p>	

## **Attachment 2:**

### **Scope of Services Form**

Note: This attachment is also included as a separate downloadable and interactive document on the webpage for this action. **Vendors are to ensure that the completed form contained in the electronic media response copy is provided in Word format to support completion of the County's evaluation process.**

**LAKE COUNTY EMPLOYEE MEDICAL CENTER**  
**RFP NUMBER: 16-0209**  
**SCOPE OF SERVICES FORM**

**A. Company Background and Administration**

1. Provide the following information about your company:

Company Name
Company Address
Primary Contact for RFP
E-mail Address
Telephone

2. List the Employee Medical Center (Clinic) model your Company is proposing. Place an "X" in the Model that applies.

Model	Proposal
Management Company Model	
Local Provider Model	

3. List the personnel your company will assign to help administer the County's clinics.

	Name	Location	Years with Company	Clinic Experience
Account Manager				
Implementation Manager				
Medical Director				
Other				

4. Respond to the following background and administrative questions by placing an "X" to acknowledge the statement. If your response has some limitations or exceptions, list it. Be as brief as possible.

	Acknowledgement	Limitations or Exceptions
1. One company will be selected to operate the Lake County employee medical center (clinic).		
2. The proposer is to have experience in operating patient centered types of clinics, which may either be a management company onsite clinic model or a local provider patient centered model.		
3. An experienced local account manager, with experienced support staff, is to be assigned.		
4. The proposer must have procedures in place to secure data that are HIPAA compliant.		
5. The proposer is to assume the legal liability for their actions and inactions regarding the clinic.		

**Company:**

6. If the County determines to charge member co-pays or fees, the proposer is to have the capability to accept member co-pays and fees for services rendered.		
7. The clinic is to have a system in place to follow best practices and evidence based medicine guidelines.		
8. The proposer is to utilize electronic medical records that are accessible at all employee medical centers.		
9. Clinics must be capable of accepting member eligibility electronically.		
10. The County's members are to have the ability to schedule appointments online.		
11. Clinic visits, medical encounters and medication dispensing are to interface with the health plan. Claims are to be processed through the County's health plan, or claims information is to be electronically transferred to the health plan on a weekly basis. The encounter information pertinent to the visit is to be transferred to the health plan.		
12. The clinic is to have ePrescribing capabilities.		
13. The Company will conduct an annual member satisfaction survey, specific to the County.		
14. Assuming a May 2016 decision by the County, the proposer will have the clinic open and operational on October 1, 2016.		

5. References: Proposer must have a proven track record that demonstrates success in providing services similar to those requested in this RFP. List at least **three** current or recent clients where services similar to those requested in this RFP have been or are being provided. Please list clients most similar in size to the County and services most similar in scope to those outlined in this RFP.

Current Clients	Contact Name	Contact Title	Contact Telephone	Years as Client
1.				
2.				
3.				

**B. Services to be Provided**

Respond to the following list of services to be provided by placing an "X" to acknowledge the statement. If your response has some limitations or exceptions, list it. Be as brief as possible.

Issue	Acknowledgement	Limitations or Exceptions
1. Conduct periodic comprehensive physical examinations.		
2. Provide follow up care for abnormal screening results.		
3. Provide medical services to members for acute conditions.		
4. Provide medical services for members with chronic conditions.		
5. Provide follow up medical care for acute and chronic conditions.		
6. Provide medical care for urgent conditions.		
7. Provide laboratory specimen collection.		
8. Provide biometric screenings for blood glucose levels, cholesterol levels, blood pressure, and BMI calculations.		
9. Provide radiology services through a convenient and cost effective network provider.		
10. Provide occupational health services for impacted County employees.		
11. Provide employment related services for County employees to include pre-employment physicals and employment related physicals.		
12. The discount arrangements, utilization, and dispensing of prescription drugs will be administered in accordance with the County's health plan's pharmacy benefit manager, currently Prime Therapeutics. As an alternative, the proposer's discount arrangement may be used if the County determines that the proposer's discount arrangement is more cost effective for the County.		
13. Provide for the dispensing of common medications at the clinic.		
14. Provide for the dispensing of common medications at a convenient location in a timely manner.		
15. In addition to 13 and/or 14 above, provide for the filling of member medications at convenient locations in a timely manner.		

Company:

**C. Program Management**

1. **Health Management Services:** Describe how your Company will perform the following services. Be as brief as possible.

Issue	Description Response
1. Conduct biometric screenings and ensure the completion of health risk assessments.	
2. Promote the completion and track compliance with identified age and gender specific screenings.	
3. Conduct periodic screenings in areas such as skin cancer, hypertension, vision and hearing.	
4. Act as a health advocate for members by assisting them with improved access to care, improved understanding of health conditions, and improved healthcare compliance.	
5. Implement health management initiatives (i.e. diabetes, weight, hypertension, cholesterol management, and wellness programs).	
6. The proposer is to be able to identify and make improvements in medical and medication care compliance.	
7. The proposer is to contact members following medical encounters to discuss compliance and conditions.	
8. The proposer may dispense common acute medications, or as an alternative, provide the filling of medications at a pharmacy convenient to the member.	
9. The proposer will manage medication adherence for patients with chronic medical conditions.	
10. The proposer will interface with prescribing attending physicians to improve generic and formulary compliance.	

2. **Network Referrals:** Describe how your Company will perform the following services. Be as brief as possible.

Issue	Description Response
1. The proposer is to identify and when appropriate, utilize a high performance provider network for care not available at the clinic.	
2. The proposer is to identify and when appropriate, utilize a high performance facilities network.	

**Company:**

3. **Communication and Reporting:** Describe how your Company will perform the following services. Be as brief as possible.

Issue	Description Response
1. The proposer is to market the services provided through the clinic to the County's members.	
2. The proposer is to communicate with regional providers regarding the clinic capabilities and is to communicate with regional providers on specific member follow up issues.	
3. The proposer is to provide the County with monthly reports on utilization and reports on referrals outside the clinics.	

**G. Cost of Services**

**Average Monthly Plan Membership**

Please note that "Employee" includes Active Employee subscribers, COBRA subscribers, and Retiree subscribers. Members include covered lives.

Lake County	Subscribers	Members
<b>PPO Plan</b>		
Employee Only	161	161
Employee and Family)	169	525
<b>Subtotal</b>	<b>330</b>	<b>686</b>
<b>HMO Plan</b>		
Employee Only	318	318
Employee and Family)	516	1,737
<b>Subtotal</b>	<b>834</b>	<b>2,055</b>
<b>Total</b>	<b>1,164</b>	<b>2,741</b>

**1. Management Company Model:**

**A. Cost and Services Information**

Issue	Acknowledge	Details on Response as Requested
1. The proposer is to design, open, and operate a clinic in Lake County in a location that is convenient for the County's members. The proposer is to secure all necessary clinic facility and clinic provider licenses. As the clinic usage increases, additional clinics throughout Lake County may be added		
2. The proposer will manage and equip the clinic facility.		
3. Facilities are to include laboratory services, and limited medication dispensing, if financially feasible. If proposer desires to provide dispensing of medications, provide the details and complete the medication costing sheet.		
4. Hours of operation are to be flexible and set to meet the needs of the members. Provide details on the proposed days and hours of operation for Year 1, Year 2, And Year 3.		
5. Staff members are to be contracted (full time and regular part time) employees of the proposer and include a Board certified physician. The County reserves the right to review and approve all staff during the term of the contract.		

**Company:**

6. The proposer will perform the administrative and management services as outlined in the Scope of Work		
7. Estimated cost information is to be calculated for a three (3) year period and include: all startup costs, facility leases, clinic administration and supplies, and company management fees. Facility design and projected build out costs are to be included. Details are to be listed below under B. Services and Cost		

**B. Services and Cost**

**Proposed Clinic Location and Staffing**

Complete the charts below using the assumptions that your Company used for the facility costing of the clinics.

**Clinic Location**

Proposed Clinic Location
--------------------------

**Projected Services per Year**

Complete the chart below using the assumptions your Company used for the number of visits expected

Annual Clinic Visits	2016-2017	2017-2018	2018-2019
Annual Physicals			
Primary Care			
Urgent Care			
Lab Work			
Screenings			
Worker's Compensation			
Employment Physicals			
Disease/Condition Management			
<b>Total Expected Visits per Year</b>			

Staffing	2016-2017		2017-2018		2018-2019	
	Number	Hrs per Week	Number	Hrs per Week	Number	Hrs per Week
Physician						
ARNP or PA						
RN/ Med. Asst						
Clerical						
Health Advocate						
Other						
<b>Total Clinic Staff and Hours Open per Week</b>						

**Company:**

Complete the following cost estimating sheets using the location, staffing, and utilization assumptions indicated above to determine the cost to the County (include all costs-fees and expenses).

**Start Up Costs**

Start Up Costs (All Facilities)	Cost to County	
	Estimated	Guaranteed Maximum
Facility Design		
Facility Build Out		
Facility Furnishings		
Facility Equipment		
Facility Supplies		
Information System Hardware		
Information System Software		
Licenses and fees		
Administrative		
Other (list category)		
<b>Total Aggregate Cost</b>		

**Annual Operating Costs**

Annual Fees and Cost Annual Cost to County	2016-2017		2017-2018		2018-2019	
	Estimated	Guaranteed Maximum	Estimated	Guaranteed Maximum	Estimated	Guaranteed Maximum
Facility Costs (2,000 sq. ft. Facility)						
Utilities						
Staffing						
Medical Supplies						
Office Supplies						
Licenses and Professional Fees						
Management Fee						
Other Administrative Costs						
Other (list category)						
<b>Total Annual Aggregate Cost</b>						
<b>Number of Anticipated Clinic Office Visits</b>						

**Company:**

2. Local Provider Model:  
A. Cost and Services Information

Issue	Acknowledgement	Details on Response as Requested
1. The proposer is to operate a clinic(s) in Lake County in a location or locations that will be convenient for the County's members. As the clinic usage increases, additional clinics throughout Lake County may be added.		
2. The proposer will use existing medical facilities and providers located in Lake County if appointment times are expanded and dedicated for the exclusive use of the County's members. Visits will be billed as a claim through the County's health plan.		
3. Hours of operation are to be expanded beyond the normal 9:00 am to 5:00 pm Monday through Friday schedule, and set to meet the needs of the County's members. Provide details on the days and hours of operation being proposed.		
4. Facilities are to include laboratory services, and limited medication dispensing, if financially feasible. If proposer desires to provide dispensing of medications, provide the details and complete the medication costing sheet.		
5. Physicians are to be contracted through the County's health plan provider network.		
6. The proposer will perform the administrative and management services as outlined in the Scope of Work.		
7. Estimated cost information is to be calculated for a three (3) year period and include: the billed office visit charges, clinic administration fees, company administrative fees as applicable, and outcome based incentive payments. Details are to be listed below under B. Services and Cost		

Company:

**B. Services and Cost**

**Proposed Clinic Location and Staffing**

Complete the chart below using the assumptions that your Company used for the costing of the clinics.

**Clinic Locations and Hours per Clinic**

Proposed Clinic Locations Provider Office	Address	Normal Hours per Week			Additional Hours and Days per Week for County Use		
		Current			2016-2017	2017-2018	2018-2019

Will the "Additional Hours and Days per Week for County Use" be billed only for scheduled appointments or will it be billed as a dedicated block of time for the County's use? Please explain.

Method of Billing for Additional Hours	YES or NO	Explanation of Hours
For scheduled appointments?		
As a dedicated block of time?		

**Projected Services per Year**

Complete the chart below using the assumptions your Company used for the number of visits expected

Annual Clinic Visits	2016-2017	2017-2018	2018-2019
Annual Physicals			
Primary Care			
Urgent Care			
Lab Work			
Screenings			
Worker's Compensation			
Employment Physicals			
Disease/Condition Management			
<b>Total Expected Visits</b>			

**Company:**

Complete the following cost estimating sheets using the locations, hours of operation, staffing, and utilization assumptions to determine the cost to the County (include all costs-fees and expenses).

**Annual Costs**

**Assumptions for Costing**

Annual Fees and Cost Assumptions	2016-2017		2017-2018		2018-2019	
	Estimated	Estimated	Estimated	Estimated	Estimated	Estimated
Cost per Office Visit for Services in Scope of Work						
Number of Office Visits per Year						
List of Additional Staffing and Titles and Hours per Week for each Year						
1.						
2.						
3.						
% Incentive payment fee for exceeding performance guarantees						

**Annual Cost**

Annual Fees and Cost	2016-2017		2017-2018		2018-2019	
	Estimated	Guaranteed Maximum	Estimated	Guaranteed Maximum	Estimated	Guaranteed Maximum
Annual Cost to County						
Office Visit Costs						
Additional Staffing Cost						
Management Fee						
Other Administrative Costs						
Incentive payment for performance						
Other (list category)						
<b>Total Annual Aggregate Cost</b>						

**Company:**

**H. Savings and Guarantees**

**Performance Guarantees.** Please indicate the performance guarantees you are proposing regarding changes in utilization and reductions in health plan costs. Baseline data will be established in 2016-2017. Indicate the amount your Company will place at risk if the performance is not reached.

Issue/Service	Plan Year	Performance Guarantee	Estimated Annual Savings	Amount at Risk
1. Redirected primary care visits	2017-2018 2018-2019			
2. Reductions in speciality care visits	2017-2018 2018-2019			
3. Reductions in emergency room and urgent care visits	2017-2018 2018-2019			
4. Increases in generic drug utilization	2017-2018 2018-2019			
5. Redirection of outpatient services to the most cost effective care for outpatient surgeries and radiology services	2017-2018 2018-2019			
6. Redirection of occupational health visits, and employment related physical examinations	2017-2018 2018-2019			
7. Increased compliance with age and gender specific screenings	2017-2018 2018-2019			

**Company:**

8. Increased medication adherence	2017-2018			
	2018-2019			
9. Increased movement toward normal condition specific screening results for blood pressure, cholesterol, BMI, and glucose levels	2017-2018			
	2018-2019			
10. Increased health plan satisfaction of County and members	2017-2018			
	2018-2019			
11. Guarantees on other changes in medical utilization	2017-2018			
	2018-2019			
12. Indicate other performance guarantees your Company will propose.	2017-2018			
	2018-2019			

As an officer of the Company, I certify that the information contained in our proposal worksheet is accurate, and our Company will be bound by the contents of our proposal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Company:**

**Attachment 3:**

Medical and Pharmacy Utilization Report



**Quarterly Utilization Analysis (Paid)**  
**Lake County Board of County Commissioners**  
**Florida Blue**

**Service Dates: 10/01/2013 - 09/30/2015**

**Paid Dates: 10/01/2013 - 11/30/2015**

**Prepared By:**



**RobinsonBush**

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**Lake County Board of County Commissioners**  
**Florida Blue**

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Summary of Medical & Rx Expenses  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015

SUMMARY Provider Type	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014			PMPM % Change	
	Paid/ Visit	Visits/1000	PMPM	Paid/ Visit	Visits/1000	PMPM	Price Per Visit	Utilization

**Facility**

Inpatient	\$12,997.08	94.4	\$102.21	\$15,970.71	81.5	\$108.53	● -19%	● 16%
Outpatient	\$1,077.96	388.8	\$34.92	\$1,069.83	416.5	\$37.13	● 1%	● -7%
Emergent	\$855.57	552.0	\$39.36	\$762.85	574.1	\$36.50	● 12%	● -4%
<b>Total Facility</b>	<b>\$2,045.97</b>	<b>1,035.1</b>	<b>\$176.49</b>	<b>\$2,038.82</b>	<b>1,072.1</b>	<b>\$182.16</b>	● 0%	● -3%

**Ancillary**

Radiology	\$557.40	429.9	\$19.97	\$522.78	482.0	\$21.00	● 7%	● -11%
Laboratory	\$73.50	369.5	\$2.26	\$81.11	399.0	\$2.70	● -9%	● -7%
Durable Medical Equipment	\$229.81	49.6	\$0.95	\$181.48	53.9	\$0.81	● 27%	● -8%
Other	\$212.74	92.5	\$1.64	\$209.38	90.3	\$1.58	● 2%	● 3%
<b>Total Ancillary</b>	<b>\$316.39</b>	<b>941.5</b>	<b>\$24.82</b>	<b>\$305.34</b>	<b>1,025.2</b>	<b>\$26.09</b>	● 4%	● -8%

**Professional**

Primary Care	\$110.96	2,432.8	\$22.50	\$110.26	2,610.3	\$23.98	● 1%	● -7%
Specialist	\$167.38	3,842.8	\$53.60	\$176.58	3,811.7	\$56.09	● -5%	● 1%
Ancillary Professional	\$226.67	869.0	\$16.41	\$195.51	866.8	\$14.12	● 16%	● 0%
<b>Total Professional</b>	<b>\$155.38</b>	<b>7,144.6</b>	<b>\$92.51</b>	<b>\$155.08</b>	<b>7,288.8</b>	<b>\$94.20</b>	● 0%	● -2%

<b>Total Medical</b>	<b>\$386.56</b>	<b>9,121.2</b>	<b>\$293.82</b>	<b>\$386.67</b>	<b>9,386.1</b>	<b>\$302.44</b>	● 0%	● -3%
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**Pharmacy**

Generic	\$17.21	8,183.8	\$11.74	\$16.60	7,851.2	\$10.86	● 4%	● 4%
Brand	\$389.58	1,855.3	\$60.23	\$296.83	2,001.9	\$49.52	● 31%	● -7%

<b>Total Pharmacy</b>	<b>\$86.03</b>	<b>10,039.0</b>	<b>\$71.97</b>	<b>\$73.53</b>	<b>9,853.2</b>	<b>\$60.38</b>	● 17%	● 2%
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<b>Total Medical and Pharmacy</b>			<b>\$365.79</b>			<b>\$362.82</b>		
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Member Months

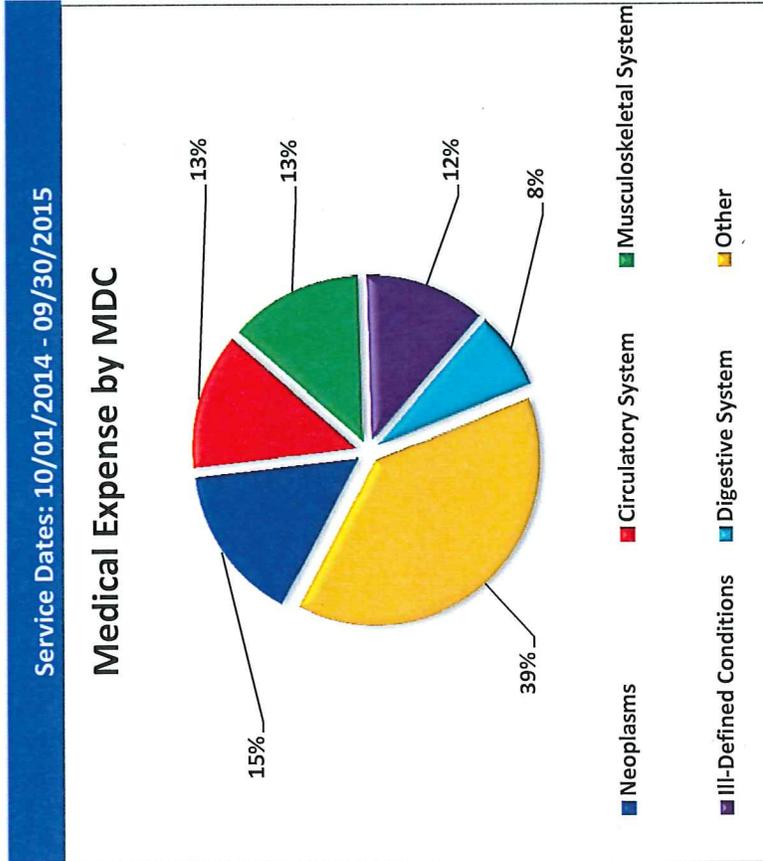
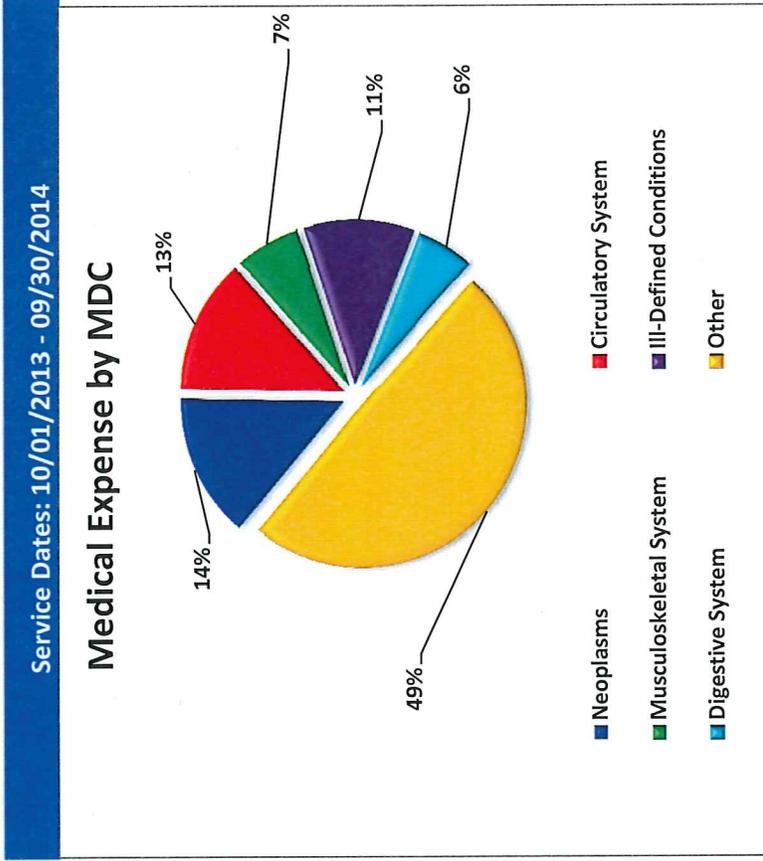
32,935

32,962



Summary of Medical Claims by Top 5 Major Diagnoses Categories  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015



\* Ill-Defined Conditions - This is related to symptoms where no specific diagnosis can be made.

Summary of Medical Claims by Age  
 Lake County Board of County Commissioners  
 Florida Blue  
 Paid Dates: 10/01/2013 - 11/30/2015

Age	Service Dates: 10/01/2014 - 09/30/2015				Service Dates: 10/01/2013 - 09/30/2014					
	Paid	Claimants	Paid/ Claimant	Paid PMPM	%	Paid	Claimants	Paid/ Claimant	Paid PMPM	%
<1	\$145,485	44	\$3,306.48	\$4.42	2%	\$890,319	52	\$17,121.52	\$27.01	9%
1 - 17	\$1,001,548	599	\$1,672.03	\$30.41	10%	\$1,782,784	643	\$2,772.60	\$54.09	18%
18 - 29	\$1,036,003	409	\$2,533.01	\$31.46	11%	\$906,318	385	\$2,354.07	\$27.50	9%
30 - 39	\$1,146,855	383	\$2,994.40	\$34.82	12%	\$1,071,818	403	\$2,659.60	\$32.52	11%
40 - 49	\$1,638,506	384	\$4,266.94	\$49.75	17%	\$1,589,568	410	\$3,877.00	\$48.22	16%
50 - 59	\$2,332,993	433	\$5,387.97	\$70.84	24%	\$1,621,172	439	\$3,692.88	\$49.18	16%
60 - 64	\$1,576,511	182	\$8,662.15	\$47.87	16%	\$1,273,585	189	\$6,738.55	\$38.64	13%
65+	\$799,133	82	\$9,745.52	\$24.26	8%	\$833,508	71	\$11,739.55	\$25.29	8%
<b>Total</b>	<b>\$9,677,034</b>	<b>2,516</b>	<b>\$3,846.20</b>	<b>\$293.82</b>	<b>100%</b>	<b>\$9,969,073</b>	<b>2,592</b>	<b>\$3,846.09</b>	<b>\$302.44</b>	<b>100%</b>

Member months

32,935

32,962



**Summary of Medical Claims by Relationship  
Lake County Board of County Commissioners  
Florida Blue**

**Paid Dates: 10/01/2013 - 11/30/2015**

Relationship	Service Dates: 10/01/2014 - 09/30/2015				Service Dates: 10/01/2013 - 09/30/2014					
	Paid	Paid PMPM	%	Paid PMPM for Relationship	Cost Ratio	Paid	Paid PMPM	%	Paid PMPM for Relationship	Cost Ratio
Subscriber	\$5,183,983	\$157.40	54%	\$373.14	1.00	\$4,215,380	\$127.89	42%	\$303.31	1.00
Spouse	\$2,769,489	\$84.09	29%	\$332.59	0.89	\$2,665,158	\$80.86	2.7%	\$322.89	1.06
Dependents	\$1,723,562	\$52.33	18%	\$160.86	0.43	\$3,088,536	\$93.70	3.1%	\$285.71	0.94
<b>Total</b>	<b>\$9,677,034</b>	<b>\$293.82</b>	<b>100%</b>	<b>\$293.82</b>		<b>\$9,969,073</b>	<b>\$302.44</b>	<b>100%</b>	<b>\$302.44</b>	

Member months

32,935

32,962



Summary of Facility Expenses  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015

FACILITY Provider Type	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014			PMPM % Change		
	Paid	Visits	Paid/ Visit	Visits/1000	Paid	Visits	Paid/ Visit	Utilization	
<b>Inpatient</b>									
Hospital (Admissions)	\$3,291,147	225	\$14,627.32	82.0	\$3,556,186	213	\$16,695.71	77.5	-12%
Skilled Nursing Facility	\$60,054	23	\$2,611.04	8.4	\$14,232	5	\$2,846.41	1.8	-8%
Mental Health/Substance Abuse	\$15,042	11	\$1,367.45	4.0	\$7,021	6	\$1,170.16	2.2	17%
<b>Total Inpatient</b>	<b>\$3,366,243</b>	<b>259</b>	<b>\$12,997.08</b>	<b>94.4</b>	<b>\$3,577,439</b>	<b>224</b>	<b>\$15,970.71</b>	<b>81.5</b>	<b>-19%</b>
<b>Outpatient</b>									
<b>Outpatient Surgery</b>									
Outpatient Surgery	\$562,288	107	\$5,255.02	39.0	\$685,127	116	\$5,906.27	42.2	-11%
Ambulatory Surgical Center	\$14,184	23	\$616.69	8.4	\$17,070	28	\$609.66	10.2	1%
<b>Total Outpatient Surgery</b>	<b>\$576,471</b>	<b>130</b>	<b>\$4,434.40</b>	<b>47.4</b>	<b>\$702,198</b>	<b>144</b>	<b>\$4,876.37</b>	<b>52.4</b>	<b>-9%</b>
Outpatient Other	\$573,709	937	\$612.28	341.4	\$521,693	1,000	\$521.69	364.1	17%
<b>Total Outpatient</b>	<b>\$1,150,181</b>	<b>1,067</b>	<b>\$1,077.96</b>	<b>388.8</b>	<b>\$1,223,890</b>	<b>1,144</b>	<b>\$1,069.83</b>	<b>416.5</b>	<b>1%</b>
<b>Emergent</b>									
Emergency Room	\$1,193,994	547	\$2,182.80	199.3	\$1,101,706	560	\$1,967.33	203.9	11%
Urgent Care	\$102,193	968	\$105.57	352.7	\$101,301	1,017	\$99.61	370.2	6%
<b>Total Emergent</b>	<b>\$1,296,187</b>	<b>1,515</b>	<b>\$855.57</b>	<b>552.0</b>	<b>\$1,203,007</b>	<b>1,577</b>	<b>\$762.85</b>	<b>574.1</b>	<b>12%</b>
<b>Total Facility</b>	<b>\$5,812,610</b>	<b>2,841</b>	<b>\$2,045.97</b>	<b>1,035.1</b>	<b>\$6,004,336</b>	<b>2,945</b>	<b>\$2,038.82</b>	<b>1,072.1</b>	<b>0%</b>

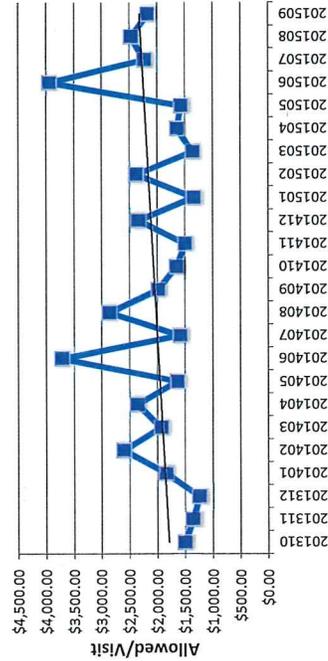
Member Months



Summary of Facility Expenses  
 Lake County Board of County Commissioners  
 Florida Blue  
 Paid Dates: 10/01/2013 - 11/30/2015

Service Dates: 10/01/2014 - 09/30/2015

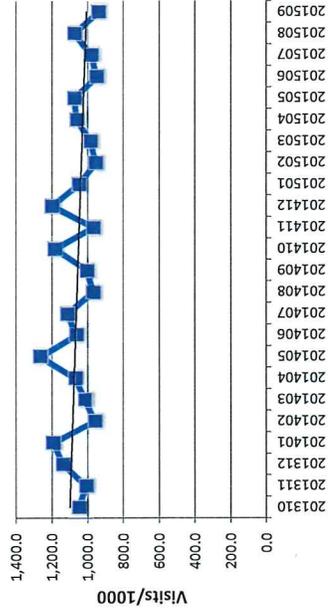
Facility Paid/Visit by Month



32,935

Service Dates: 10/01/2013 - 09/30/2014

Facility Visits/1000 by Month



32,962



Inpatient Payments by Top Providers  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015

Provider	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014		
	Paid	Admits	Paid/Admit	Paid	Admits	Paid/Admit
Florida Hospital	\$2,034,827	105	\$19,379	\$2,232,811	115	\$19,416
Orlando Health	\$411,196	47	\$8,749	\$866,458	47	\$18,435
Leesburg Regional Medical Center	\$282,878	42	\$6,735	\$261,733	35	\$7,478
Central Florida Regional Hospital	\$161,731	5	\$32,346	\$58,369	2	\$29,184
Promise Hospital of Florida at The Vill	\$59,655	2	\$29,827	\$44,679	1	\$44,679
<b>Total Top Providers</b>	<b>\$2,950,287</b>	<b>201</b>	<b>\$14,678</b>	<b>\$3,464,050</b>	<b>200</b>	<b>\$17,320</b>
Other	\$340,860	24	\$14,203	\$92,137	13	\$7,087
<b>Total</b>	<b>\$3,291,147</b>	<b>225</b>	<b>\$14,627</b>	<b>\$3,556,186</b>	<b>213</b>	<b>\$16,696</b>

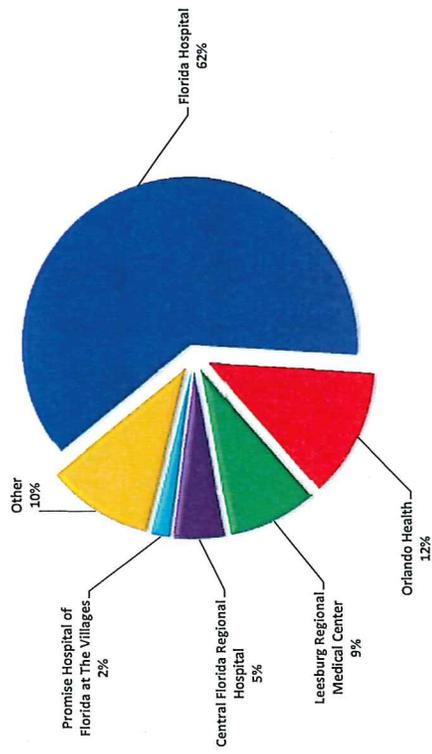
Member months



Inpatient Payments by Top Providers  
 Lake County Board of County Commissioners  
 Florida Blue  
 Paid Dates: 10/01/2013 - 11/30/2015

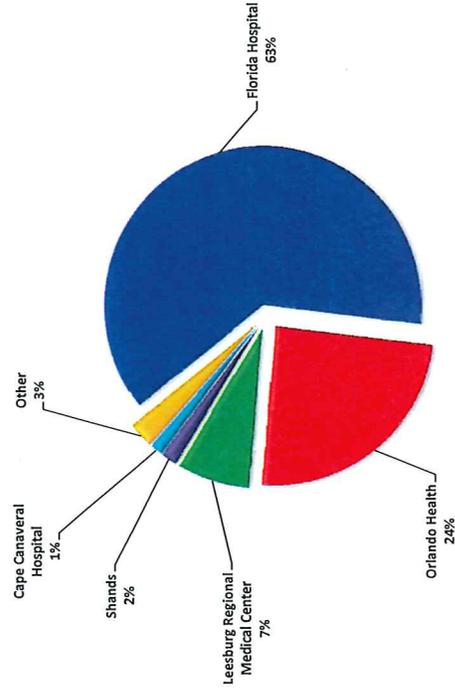
Service Dates: 10/01/2014 - 09/30/2015

Inpatient Top Providers by Paid



Service Dates: 10/01/2013 - 09/30/2014

Inpatient Top Providers by Paid



Emergency Room Payments by Top Providers  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015

Service Dates: 10/01/2014 - 09/30/2015			
Provider	Paid	Visits	Paid/ Visit
Florida Hospital	\$723,667	290	\$2,495.40
Orlando Health	\$229,259	114	\$2,011.04
Leesburg Regional Medical Center	\$131,503	63	\$2,087.35
The Villages Regional Hospital	\$21,983	11	\$1,998.45
Osceola Regional Medical Center	\$9,561	5	\$1,912.10
<b>Total</b>	<b>\$1,115,972</b>	<b>483</b>	<b>\$2,310.50</b>
<b>Other</b>	<b>\$78,022</b>	<b>64</b>	<b>\$1,219.09</b>
<b>Total</b>	<b>\$1,193,994</b>	<b>547</b>	<b>\$2,182.80</b>

Member months

Service Dates: 10/01/2013 - 09/30/2014			
Provider	Paid	Visits	Paid/ Visit
Florida Hospital	\$758,754	319	\$2,378.54
Orlando Health	\$165,832	107	\$1,549.83
Leesburg Regional Medical Center	\$72,872	52	\$1,401.39
The Villages Regional Hospital	\$24,817	17	\$1,459.80
Central Florida Regional Hospital	\$10,496	7	\$1,499.43
<b>Total</b>	<b>\$1,032,771</b>	<b>502</b>	<b>\$2,057.31</b>
<b>Other</b>	<b>\$68,934</b>	<b>58</b>	<b>\$1,188.53</b>
<b>Total</b>	<b>\$1,101,706</b>	<b>560</b>	<b>\$1,967.33</b>



**Emergency Room Payments by Major Diagnostic Category  
Lake County Board of County Commissioners  
Florida Blue**

**Paid Dates: 10/01/2013 - 11/30/2015**

MDC Description	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014		
	Paid	Visits	Paid/ Visit	Paid	Visits	Paid/ Visit
Ill-Defined Conditions	\$445,126	140	\$3,179.47	\$437,685	149	\$2,937.48
Genitourinary System	\$150,163	45	\$3,336.95	\$148,696	49	\$3,034.61
Injury/Poisoning	\$129,332	112	\$1,154.75	\$123,037	117	\$1,051.60
Digestive System	\$123,188	34	\$3,623.18	\$107,066	35	\$3,059.02
Musculoskeletal System	\$52,977	43	\$1,232.03	\$30,516	24	\$1,271.49
Endocrine/Metabolic	\$50,304	15	\$3,353.58	\$28,958	10	\$2,895.85
Circulatory System	\$48,199	17	\$2,835.24	\$81,331	18	\$4,518.41
Nervous System/Sense Organ	\$42,906	25	\$1,716.25	\$28,990	30	\$966.34
Mental Disorders	\$37,963	17	\$2,233.09	\$7,505	5	\$1,500.93
Respiratory System	\$35,733	34	\$1,050.98	\$38,497	45	\$855.50
Pregnancy/Childbirth	\$22,892	20	\$1,144.62	\$39,425	31	\$1,271.78
Infectious/Parasitic	\$18,991	16	\$1,186.94	\$5,909	11	\$537.19
Blood/Blood Organs	\$10,372	5	\$2,074.37	\$13,919	4	\$3,479.64
Skin & Subcutaneous Tissue	\$9,595	14	\$685.35	\$7,222	19	\$380.11
Neoplasms	\$8,902	3	\$2,967.21	\$0	-	\$0.00
Other Conditions	\$7,351	7	\$1,050.12	\$2,305	11	\$209.52
Perinatal Period	\$0	-	\$0.00	\$644	2	\$322.03
<b>Total</b>	<b>\$1,193,994</b>	<b>547</b>	<b>\$2,182.80</b>	<b>\$1,101,706</b>	<b>560</b>	<b>\$1,967.33</b>

Member months



**Urgent Care Payments by Top Providers and MDC**  
**Lake County Board of County Commissioners**  
**Florida Blue**

**Paid Dates: 10/01/2013 - 11/30/2015**

Provider	Service Dates: 10/01/2014 - 09/30/2015		Service Dates: 10/01/2013 - 09/30/2014	
	Paid	Visits	Paid	Visits
Florida Hospital Centra Care	\$52,148	367	\$58,164	415
Lake Regional Urgent Care	\$22,358	248	\$19,440	213
Leesburg Regional Medical Center Urgent	\$4,742	88	\$4,146	150
Paramount Urgent Care	\$4,728	56	\$3,124	36
Docs In Ergent Care	\$4,415	31	\$5,175	35
<b>Total</b>	<b>\$88,391</b>	<b>790</b>	<b>\$90,048</b>	<b>849</b>
Other	\$13,802	178	\$11,253	168
<b>Total</b>	<b>\$102,193</b>	<b>968</b>	<b>\$101,301</b>	<b>1,017</b>

MDC Description	Service Dates: 10/01/2014 - 09/30/2015		Service Dates: 10/01/2013 - 09/30/2014	
	Paid	Visits	Paid	Visits
Respiratory System	\$40,446	377	\$43,297	441
Ill-Defined Conditions	\$11,782	111	\$9,250	81
Injury/Poisoning	\$11,130	91	\$11,568	105
Musculoskeletal System	\$9,378	93	\$7,569	77
Nervous System/Sense Organ	\$9,337	90	\$10,187	107
Genitourinary System	\$5,404	44	\$4,207	42
Infectious/Parasitic	\$4,827	65	\$4,761	57
Skin & Subcutaneous Tissue	\$3,326	34	\$3,745	41
Endocrine/Metabolic	\$2,415	27	\$3,120	31
Digestive System	\$1,957	17	\$2,623	23
Circulatory System	\$874	8	\$403	4
Other Conditions	\$619	5	\$105	2
Mental Disorders	\$240	2	\$45	1
Blood/Blood Organs	\$240	2	\$360	3
Congenital Anomalies	\$137	1	\$0	-
Neoplasms	\$80	1	\$0	-
<b>Total</b>	<b>\$102,193</b>	<b>968</b>	<b>\$101,241</b>	<b>1,015</b>

Member months

Summary of Ancillary Expenses  
Lake County Board of County Commissioners  
Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015

ANCILLARY Provider Type	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014			PMPM % Change	
	Paid	Visits	Paid/Visit   Visits/1000	Paid	Visits	Paid/Visit   Visits/1000	Price	Utilization
<b>Radiology</b>								
<b>CT/MRI</b>								
Outpatient Hospital	\$172,604	87	\$1,983.95 31.7	\$199,338	112	\$1,779.80 40.8	11%	22%
Free Standing Facility	\$58,769	156	\$376.73 56.8	\$45,379	131	\$346.41 47.7	9%	19%
<b>Total CT/MRI</b>	<b>\$231,373</b>	<b>243</b>	<b>\$952.15 88.5</b>	<b>\$244,717</b>	<b>243</b>	<b>\$1,007.07 88.5</b>	<b>-5%</b>	<b>0%</b>
<b>Other Radiology</b>								
Outpatient Hospital	\$314,827	356	\$884.35 129.7	\$331,452	477	\$694.87 173.7	27%	25%
Free Standing Facility	\$111,534	581	\$191.97 211.7	\$115,990	604	\$192.04 219.9	0%	4%
<b>Total Other Radiology</b>	<b>\$426,361</b>	<b>937</b>	<b>\$455.03 341.4</b>	<b>\$447,442</b>	<b>1,081</b>	<b>\$413.92 393.5</b>	<b>10%</b>	<b>-13%</b>
<b>Total Radiology</b>	<b>\$657,734</b>	<b>1,180</b>	<b>\$557.40 429.9</b>	<b>\$692,159</b>	<b>1,324</b>	<b>\$522.78 482.0</b>	<b>7%</b>	<b>-11%</b>
<b>Laboratory</b>	\$74,529	1,014	\$73.50 369.5	\$88,896	1,096	\$81.11 399.0	-9%	7%
<b>Durable Medical Equipment</b>	\$31,254	136	\$229.81 49.6	\$26,859	148	\$181.48 53.9	27%	-8%
<b>Other</b>								
Ambulance	\$45,114	86	\$524.58 31.3	\$33,828	64	\$528.56 23.3	-1%	34%
Birth Center	\$0	-	\$0.00 0.0	\$3,251	1	\$3,251.29 0.4	-100%	0%
Dialysis	\$0	-	\$0.00 0.0	\$0	-	\$0.00 0.0	0%	0%
Home Health	\$106	1	\$105.90 0.4	\$1,432	8	\$178.99 2.9	-41%	-87%
Hospice	\$1,431	2	\$715.57 0.7	\$788	1	\$788.22 0.4	-9%	100%
Rehab	\$7,385	165	\$44.76 60.1	\$12,626	174	\$72.56 63.3	-38%	-5%
Other	\$0	-	\$0.00 0.0	\$0	-	\$0.00 0.0	0%	0%
<b>Total Other</b>	<b>\$54,036</b>	<b>254</b>	<b>\$212.74 92.5</b>	<b>\$51,926</b>	<b>248</b>	<b>\$209.38 90.3</b>	<b>2%</b>	<b>3%</b>
<b>Total Ancillary</b>	<b>\$817,553</b>	<b>2,584</b>	<b>\$316.39 941.5</b>	<b>\$859,839</b>	<b>2,816</b>	<b>\$305.34 1,025.2</b>	<b>4%</b>	<b>-8%</b>

Member Months



**Summary of Professional Expenses**  
**Lake County Board of County Commissioners**  
**Florida Blue**

Paid Dates: 10/01/2013 - 11/30/2015

PROFESSIONAL	Provider Type	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014			PWPM % Change		
		Paid	Visits	Paid/ Visit	Visits/1000	Paid	Visits	Paid/ Visit	Utilization	
<b>Primary Care</b>										
PCP Office Visits		\$346,840	4,127	\$84.04	1,503.7	\$403,728	4,597	\$87.82	1,673.6	-4%
Preventive Office Visits		\$185,413	960	\$193.14	349.8	\$198,804	976	\$203.69	355.3	-5%
Other PCP		\$208,634	1,590	\$131.22	579.3	\$188,045	1,597	\$117.75	581.4	11%
<b>Total Primary Care</b>		<b>\$740,887</b>	<b>6,677</b>	<b>\$110.96</b>	<b>2,432.8</b>	<b>\$790,577</b>	<b>7,170</b>	<b>\$110.26</b>	<b>2,610.3</b>	<b>1%</b>
<b>Specialist</b>										
Allergy/Immunology		\$24,807	345	\$71.90	125.7	\$28,204	331	\$85.21	120.5	-16%
Audiology		\$0	-	\$0.00	0.0	\$0	-	\$0.00	0.0	0%
Cardiology		\$174,721	843	\$207.26	307.2	\$184,995	995	\$185.92	362.2	0%
Chiropractor		\$11,373	695	\$16.36	253.2	\$20,147	870	\$23.16	316.7	11%
Dermatology		\$91,851	689	\$133.28	251.0	\$81,359	652	\$124.78	237.4	-29%
Endocrinology/Diabetes/Metabolism		\$30,815	272	\$113.29	93.6	\$28,418	257	\$110.58	93.6	7%
Geriatrics		\$186	3	\$61.84	1.1	\$414	3	\$138.13	1.1	2%
Internal Medicine		\$161,318	991	\$164.44	357.4	\$174,716	979	\$178.46	356.4	-5%
Medical Genetics		\$238	1	\$238.04	0.4	\$1,960	5	\$392.06	1.8	-8%
Neurological Surgery		\$32,168	50	\$643.37	18.2	\$35,879	42	\$806.65	15.3	-39%
Neurology		\$24,758	166	\$149.14	60.5	\$29,011	168	\$172.68	61.2	-20%
Obstetrics/Gynecology		\$219,213	989	\$221.65	360.3	\$353,927	1,135	\$311.83	413.2	-14%
Oncology (Cancer)		\$221,940	445	\$498.74	162.1	\$130,661	343	\$380.94	124.9	-29%
Ophthalmology		\$58,488	501	\$116.74	182.5	\$55,720	459	\$121.39	167.1	31%
Orthopedics		\$67,239	543	\$125.67	197.8	\$72,754	530	\$137.27	192.9	-4%
Otolaryngology		\$57,855	464	\$124.62	169.1	\$54,815	452	\$121.27	164.6	14%
Pediatrics		\$5,617	26	\$216.03	9.5	\$112,671	92	\$1,224.69	33.5	21%
Physical Medicine & Rehab		\$17,027	119	\$143.09	43.4	\$16,118	92	\$175.20	33.5	-82%
Plastic Surgery		\$21,019	53	\$396.58	19.3	\$16,185	39	\$415.01	14.2	-18%
Podiatry		\$17,860	227	\$78.68	82.7	\$25,417	317	\$80.18	115.4	-4%
Preventive Medicine		\$0	-	\$0.00	0.0	\$0	-	\$0.00	0.0	0%
Psychiatry		\$28,098	457	\$61.48	166.5	\$24,409	424	\$57.57	154.4	0%
Surgery		\$112,723	291	\$387.36	106.0	\$89,102	228	\$390.80	83.0	7%
Urgent Care		\$0	-	\$0.00	0.0	\$0	-	\$0.00	0.0	-1%
Urology		\$38,368	235	\$163.27	85.6	\$58,351	284	\$205.46	103.4	0%
Other		\$319,705	2,152	\$148.56	784.1	\$255,584	1,773	\$144.15	645.5	-21%
<b>Total Specialist</b>		<b>\$1,765,367</b>	<b>10,547</b>	<b>\$167.38</b>	<b>3,842.8</b>	<b>\$1,848,819</b>	<b>10,470</b>	<b>\$176.58</b>	<b>3,811.7</b>	<b>-5%</b>
<b>Ancillary Professional</b>										
Anesthesiology		\$201,828	425	\$474.89	154.9	\$209,473	444	\$471.79	161.6	1%
Emergency Medicine		\$113,532	399	\$284.54	145.4	\$99,775	403	\$247.58	146.7	15%
Pathology		\$38,068	237	\$160.82	86.4	\$46,109	225	\$204.93	81.9	-22%
Radiology		\$187,189	1,324	\$141.38	482.4	\$110,145	1,309	\$84.14	476.5	68%
<b>Total Ancillary Professional</b>		<b>\$540,617</b>	<b>2,385</b>	<b>\$226.67</b>	<b>869.0</b>	<b>\$465,501</b>	<b>2,381</b>	<b>\$195.51</b>	<b>866.8</b>	<b>16%</b>
<b>Total Professional</b>		<b>\$3,046,870</b>	<b>19,609</b>	<b>\$155.38</b>	<b>7,144.6</b>	<b>\$3,104,898</b>	<b>20,021</b>	<b>\$155.08</b>	<b>7,288.8</b>	<b>0%</b>

\* Internal Medicine - Includes Gastroenterology, Pulmonary Medicine, Infectious Diseases Medicine, Nephrology, and Rheumatology.

Member Months



Pharmacy Cost Utilization by Tier  
 Lake County Board of County Commissioners  
 Florida Blue  
 Paid Dates: 10/01/2013 - 11/30/2015

Provider Type	Service Dates: 10/01/2014 - 09/30/2015			Service Dates: 10/01/2013 - 09/30/2014			PWIPM \$ Change	PWIPM % Change	
	Paid	Num Rx	% of Total	Paid	Num Rx	% of Total		Price	Utilization
<b>Retail</b>									
Generic	\$335,322	21,637	78.5%	\$319,526	20,810	76.9%	\$0.49	1%	4%
Brand	\$1,763,774	4,744	17.2%	\$1,423,942	5,147	19.0%	\$10.35	34%	-8%
<b>Total Retail</b>	<b>\$2,099,096</b>	<b>26,381</b>	<b>95.7%</b>	<b>\$1,743,468</b>	<b>25,957</b>	<b>95.9%</b>	<b>\$10.84</b>	<b>18%</b>	<b>2%</b>
<b>Mail</b>									
Generic	\$51,205	824	3.0%	\$38,435	756	2.8%	\$0.39	22%	9%
Brand	\$219,992	348	1.3%	\$208,317	352	1.3%	\$0.36	7%	-1%
<b>Total Mail</b>	<b>\$271,196</b>	<b>1,172</b>	<b>4.3%</b>	<b>\$246,753</b>	<b>1,108</b>	<b>4.1%</b>	<b>\$0.75</b>	<b>4%</b>	<b>6%</b>
<b>All</b>									
Generic	\$386,526	22,461	81.5%	\$357,962	21,566	79.7%	\$0.88	4%	4%
Brand	\$1,983,766	5,092	18.5%	\$1,632,259	5,499	20.3%	\$10.71	31%	-7%
<b>Total</b>	<b>\$2,370,292</b>	<b>27,553</b>	<b>100.0%</b>	<b>\$1,990,221</b>	<b>27,065</b>	<b>100.0%</b>	<b>\$11.59</b>	<b>17%</b>	<b>2%</b>

Member Months



Top Pharmacy by Paid and Utilization  
 Lake County Board of County Commissioners  
 Florida Blue

Paid Dates: 10/01/2013 - 11/30/2015  
 Service Dates: 10/01/2014 - 09/30/2015

Sorted By Paid Amount

Drug Name	Drug Class	Paid
HUMIRA PEN	Analgesics - Anti-inflammatory	\$88,860
ENBREL SURECLICK	Analgesics - Anti-inflammatory	\$71,900
GILENYA	Psychotherapeutic And Neurological Agents - Misc.	\$64,082
AVONEX PEN	Psychotherapeutic And Neurological Agents - Misc.	\$62,433
NORDITROPIN NORDIFLEX PEN	Endocrine And Metabolic Agents - Misc.	\$61,005
TECFIDERA	Psychotherapeutic And Neurological Agents - Misc.	\$53,646
ENBREL	Analgesics - Anti-inflammatory	\$45,760
NOVOLOG	Antidiabetics	\$43,909
LANTUS SOLOSTAR	Antidiabetics	\$42,893
CRESTOR	Antihyperlipidemics	\$42,781
NEXIUM	Ulcer Drugs	\$42,589
JANUVIA	Antidiabetics	\$41,863
HUMIRA	Analgesics - Anti-inflammatory	\$40,434
JANUMET	Antidiabetics	\$34,827
NEUPOGEN	Hematopoietic Agents	\$33,480
VYVANSE	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	\$32,577
LANTUS	Antidiabetics	\$31,495
VICTOZA	Antidiabetics	\$30,610
TRUIMEQ	Antivirals	\$28,793
ANDROGEL PUMP	Androgens-Anabolic	\$28,145
ATRIPLA	Antivirals	\$26,099
METHYLPHENIDATE HCL ER	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	\$25,913
NOVOLOG FLEXPEN	Antidiabetics	\$25,877
WELCHOL	Antihyperlipidemics	\$22,997
OXYCONTIN	Analgesics - Opioid	\$20,463
<b>Total Top 25</b>		<b>\$1,042,828</b>
<b>Other</b>		<b>\$1,327,464</b>
<b>Total</b>		<b>\$2,370,292</b>

Sorted By Number of Scripts

Drug Name	Drug Class	Num Rx
LISINAPRIL	Antihypertensives	725
LEVOTHYROXINE SODIUM	Thyroid Agents	523
AZITHROMYCIN	Macrolides	523
HYDROCODONE/ACETAMINOPHEN	Analgesics - Opioid	497
AMOXICILLIN	Penicillins	494
FLUTICASON PROPRIONATE	Nasal Agents - Systemic And Topical	464
OMEPRAZOLE	Ulcer Drugs	451
ATORVASTATIN CALCIUM	Antihyperlipidemics	426
SIMVASTATIN	Antihyperlipidemics	370
PREDNISONE	Corticosteroids	364
METFORMIN HCL	Antidiabetics	355
AMLODIPINE BESYLATE	Calcium Channel Blockers	322
SERTRALINE HCL	Antidepressants	315
ALPRAZOLAM	Antianxiety Agents	314
AMOXICILLIN/CLAVULANATE POTASSIUM	Penicillins	313
ZOLPIDEM TARTRATE	Hypnotics/Sedatives/Sleep Disorder Agents	299
MONTELUKAST SODIUM	Antialsthmatic And Bronchodilator Agents	293
METOPROLOL TARTRATE	Beta Blockers	290
TRAMADOL HCL	Analgesics - Opioid	284
HYDROCHLOROTHIAZIDE	Diuretics	282
OXYCODONE/ACETAMINOPHEN	Analgesics - Opioid	281
LOSARTAN POTASSIUM	Antihypertensives	268
AMPHETAMINE/DEXTRAMPHETAMINE	Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	256
MELOXICAM	Analgesics - Anti-inflammatory	253
ESCITALOPRAM OXALATE	Antidepressants	248
<b>Total Top 25</b>		<b>9,210</b>
<b>Other</b>		<b>18,343</b>
<b>Total</b>		<b>27,553</b>



**Attachment 4:**

Employee and Member Census

Note: This attachment is provided as a separate download document on the webpage for this action due to its size, but remains a formal attachment to this solicitation. It has been provided in Excel format to support analysis by a responding vendor.