

RFP 26-007JO Direct Primary Care

Questions & Answers

1. Will PflSD include direct primary care to its entire population or only those enrolled on the PflSD medical plans?

The district will consider direct primary care models for the population enrolled in the medical plan. Direct Primary Care will not be offered to non-benefit eligible positions.

2. If DPC is only offered to those employees enrolled on medical plans, will all plans include DPC?

The district will consider direct primary care models for the population enrolled in the medical plan. All medical plans are included.

3. Will DPC be an optional add on or included for all employees (ie paid by employer)?

DPC will be included for the population enrolled in the medical plan paid for by the district.

4. Will dependents be covered?

It would be ideal to provide services to all members of the health plan.

5. On the questionnaire, direct primary care tab, row 37 asks about a clinic buildout. Is PflSD actively considering the creation of an onsite clinic? If so, are there operating hours, staffing, days of week preferences that should be considered in our response?

Yes, the district is considering the build of an onsite clinic, operating hours Monday – Friday 7:00 a.m. to 6:00 p.m. Saturday availability by appointment.

6. Anticipated start date is listed as January 1, 2027. Please confirm that is correct and the date is not 2026 as awards are noted November 2025.

Correct, the anticipated start date is January 1, 2027. Although awards are noted in November 2025, the effective start date for the program is not until 2027.

7. PflSD has considered implementing employer-owned health/DPC in recent years. What was the reason the initiative did not happen and/or what lessons have been learned?

PflSD has indeed considered implementing DPC solutions in recent years. However, the initiative has not yet moved forward as we continue to carefully monitor the district's budget, the evolving healthcare landscape, and the range of available solutions.

Key lessons learned include the importance of aligning any new healthcare model with the district's financial parameters and ensuring it meets the diverse needs of our employees. Additionally, we recognize the value of thoroughly evaluating vendor capabilities, member engagement strategies, and long-term sustainability before making a commitment.

8. What pain points or gaps in your current care delivery model (four EPO plans + pharmacy carve-out) are you seeking to improve? (e.g., engagement, mental health access, ER diversion).

Yes, the pain points you mentioned are some of the current challenges we are seeking to improve, including member engagement, mental health access, and ER diversion. In addition, we are also focused on addressing primary care provider (PCP) availability and timeliness, which remain significant gaps in our current care delivery model. Improving access to timely PCP appointments is critical to enhancing overall care coordination and reducing unnecessary emergency room visits

9. Will the DPC clinic be limited to employees, or will spouses and dependents also be eligible for access?

The DPC clinic would not be limited to just employees, it would be ideal to provide services to all members of the health plan.

10. What is the breakout of PfISD's self-funded vs. fully insured exposure?

The district medical plans are self-funded.

11. How will the District evaluate member engagement tools and communications—what has worked (or not) in past vendor relationships?

The district will evaluate member engagement tools and communications for Direct Primary Care (DPC) through a comprehensive, multi-faceted approach focused on effectiveness, member satisfaction, and measurable outcomes. Key evaluation criteria will include: Member Utilization Metrics, Member Feedback and Satisfaction, Impact on Health Outcomes and Engagement, Communication Reach and Responsiveness.

12. What has been the employee experience with mental health access (timeliness, provider availability)?

With the rise in mental health needs and increased utilization of the EAP, we have observed a growing demand for timely mental health access and expanded provider availability. Employees generally appreciate the availability of mental health resources; however, challenges remain in ensuring prompt access to providers, especially for specialized care.

13. Are there particular challenges in integrating wellness initiatives across multiple vendor partners (TPA, PBM, stop-loss, etc.)?

We do not foresee any significant challenges in integrating wellness initiatives across multiple vendor partners such as the TPA, PBM, and stop-loss providers. With effective communication and collaboration among all parties, we are confident that wellness programs can be seamlessly coordinated to support our overall benefits strategy and member engagement goals.

14. Are there specific goals tied to cost containment versus culture of health initiatives?

At this time, there are no additional funds allocated specifically for cost containment or culture of health initiatives. Our focus remains on optimizing existing resources to balance both cost management and the promotion of a healthy workplace culture. We continue to explore strategies that effectively support these goals within the current budget framework.

15. Given PflISD's membership in the Central Texas Purchasing Alliance (CTPA), does the District anticipate this contract being adopted by other school districts?

Under CTPA they would have the opportunity to adopt it.

16. Member-level claims detail for the last 2 years, both medical and pharmacy (Rx) claims
Please refer to attachment B. Medical Aggregate Reports. This is the extent of the claims data that will be shared at this time. The district reserves the right to share additional relevant details to selected finalists.

17. Top spend broken down by condition

This will not be provided at this time. The district reserves the right to share additional relevant details to selected finalists.

18. Pharmacy spend split between specialty and generic

Please refer to the Monthly Claims Experience report, which will be provided directly in response to this inquiry.

19. High-level spend summaries etc...

Please refer to the High-Cost Claimants reports, which will be provided directly in response to this inquiry.