

Board of Health

Request for Proposal  
for  
LABORATORY SERVICES  
No. 22-0251-RFP54-1

Addendum No. 1

Vendor Questions & Answers

Answers to each question posed is posted below in blue

1. What is your annualized utilization?  
a. Annual Estimate = 21,000 (CY 2019)
2. Total Utilization within a calendar year, we understand that Covid may have had an impact on these so if you have 2019 numbers that would be pre-pandemic that may be helpful.  
a. See #1 above
3. Provide annual utilization by location  
a. See # 1 above
4. In-house Lab Utilization by location annually
 

Clifton-	6446 tests
East --	3844 tests
North -	1068 tests
Vinson	4588 tests
Richardson	4855 tests
5. Insurance Payer Mix with detail of the Managed MEDICAID Plans you service within your communities as we know there are several Managed MEDICAID Plans in Georgia.  
a. 60/40 insurance during COVID  
b. 75/25 Medicaid before COVID
6. Do you currently have a phlebotomist and lab tech in each location or are these combined positions?  
a. 3 phlebotomists and one tech. at Vinson and Richardson  
b. One tech rotates to Clifton, East and North. The techs also know to draw blood (phlebotomy)

7. May we please have a utilization report of tests
  - a. [See above](#)
  
8. May we please be provided with the insurance mix?
  - a. [See above](#)
  
9. Do we need to provide phlebotomists? If so, how many are currently working, and what is their current schedule?
  - a. [One phlebotomist per center \(5\). Please note if one calls out or goes on leave, you will need to provide a back-up or fill-in person](#)
  - b. [DCBOH hours of operation can be found on our website: <http://www.dekalbhealth.net>](#)
  
10. Regarding the Submission Instructions at the beginning of page 2, please confirm the correct email address for submission is [dph-dcbohpurchasing@dph.ga.gov](mailto:dph-dcbohpurchasing@dph.ga.gov).
  - a. [This email address is correct](#)
  
11. Regarding Section 3.4 On Site Laboratory Equipment on page 4, may you please describe in more detail the equipment that is currently in operation at each of the five (5) DCBOH clinics?
  - a. [See Exhibit 1](#)
  
12. Regarding Section 4.0 Laboratory Tests to be Performed beginning on page 4, may you please provide the estimated annual volumes per test as listed in the column headers? Also, may you please include a breakdown of the volumes for each of the five DCBOH locations? Lastly, may you please provide your 2019 12-month test utilization with a breakdown of each of the five DCBOH locations?
  - a. [See answers 1 and 4 above](#)
  
13. Regarding Section 5.4 Staffing on page 7, may you please describe in more detail the staffing that is currently required/needed at all five (5) DCBOH clinics?
  - a. [1 phlebotomist per center. Please note if one calls out or goes on leave, you will need to provide a back-up or fill-in person.](#)

## **Dekalb County Board of Health**

**Addrenna Gilchrist, GCPM  
Procurement & Contracts Supervisor  
Issuing Officer**