

**REQUEST FOR PROPOSAL  
FOR  
ONSITE MEDICAL CLINIC SERVICES**

**Request for Proposal #FY150021**

**December 23, 2014**

The Interlocal Health Benefits Plan Asset Trust Agreement (IHBPATA) on behalf of the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland are requesting proposals from qualified proposers to provide three (3) Onsite Medical Clinics for employees and retirees of Arlington Community Schools, Bartlett City Schools, Collierville Schools, Lakeland School System, and Millington Municipal Schools City of Bartlett, Town of Collierville, and City of Lakeland. Clinics are to be located in Collierville, Bartlett, and one (1) TBD. General Conditions, Conditions to Bid, Scope of Service, and Background for this proposal are contained on the following pages.

Proposals are due no later the 2:00 P.M., Central Time, Friday, January 16, 2015, in Purchasing Shared Services, Bartlett City Schools Administration Offices, 5650 Woodlawn, Bartlett, Tennessee 38134. All proposals must be time stamped in Purchasing Shared Services, Bartlett City Schools Administration Offices, 5650 Woodlawn, Bartlett, Tennessee, 38134, prior to 2:00 P.M., Central Time, Friday, January 16, 2015. Proposals received after the specified date and time will be considered late and will not be opened. Proposals will not be accepted via any form of electronic media.

The IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to reject any or all Request for Proposals, waive defects or informalities in Request for Proposals and to make awards as deemed to be in its best interest. If awarded, awards will be made to the best evaluated proposer.

In compliance with this Request for Proposal, in consideration of the detailed description attached hereto; and subject to all conditions thereof, the undersigned agrees, if this RFP be accepted, to furnish any or all of the items upon which prices have been quoted in accordance with the specifications applying at the price set opposite each item. The undersigned further agrees, if awarded an order or contract, to indemnify, protect, defend and hold harmless IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland its Board Members, agents and employees from all judgments, claims, suits or demands for payment that may be brought against IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, agents and employees arising out of the use of any product or article that is provided pursuant to the RFP. Proposer further agrees to indemnify, protect, defend and hold harmless IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, its Board Members, agents and employees from all judgments, claims, demands for payment, or suits or actions of every nature and description brought against the aforementioned alleging injuries and damages sustained by any person arising out of or in the course of the proposer performing or failing to perform the service and/or providing or failing to provide the goods related to this Request for Proposal.

Proposer also certifies that he/she/it does not discriminate against any employee or applicant for employment on the grounds of race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law; and does not and will not maintain or provide his/her/its employees any segregated facilities at any of his/her/its establishments.

The IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland offer educational and employment opportunities without regard to race, age, color, national origin, religion, sex, disability or genetic information.

\_\_\_\_\_  
Company Name

Terms:\_\_\_\_\_ Delivery: Days A.R.O. \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail Address

Names and signatures below certify that you understand and agree to all information in this Request for Proposal.

\_\_\_\_\_  
Authorized Representative (Print)

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

Purchasing Shared Services  
Onsite Medical Clinics  
(MPSM)

**GENERAL CONDITIONS:**

1. Proposals are due in Purchasing Shared Services, Bartlett City Schools, 5650 Woodlawn, Bartlett, Tennessee 38134, no later than 2:00 P.M., Central Time, Friday, January 16, 2015.
2. Proposals should provide a straightforward and concise presentation, adequate to satisfy the requirements of the Request for Proposal (RFP). Emphasis should be on completeness, clarity of contents and responsiveness to the RFP. Proposals should be structured to respond to the RFP specifications. Format of Request for Proposal response should be as follows:
  - Executive summary, company organization, and personal resumes
  - Company background and qualifications referenced: minimum of three (3) clients from whom you have currently provided onsite medical services for large multiple facilities, especially school system. Please include contact name, address, telephone number, and email address.
  - Staffing recommendations for project
  - Technical approach to project
  - Financial considerations
  - Project plan and timeline
  - Support services and training
  - Sample contract
  - Other information as specified or included for consideration
  - Completed and Signed Request for Proposal Cover Sheet
  - Completed and Signed Certificate of Non-Discrimination Form
  - Completed and Signed Request for Proposal Agreement
  - Completed, Signed, and Notarized Hold Harmless Agreement
  - Completed Pricing Sheet
  - Exceptions
3. Proposer to submit six (6) complete hardcopy sets (original and five (5) copies) and six (6) soft copies of CD and/or USB Memory Key. Responses shall be delivered in a sealed envelope and/or carton clearly marked, "RFP #FY150021-Onsite Medical Clinics". Time, date and name of RFP must be clearly marked on face of sealed envelope and/or carton as well. All price quotations and related materials must be received in a sealed envelope.
4. Estimated project timing:

▪ Deadline for Questions	4:00 P.M., January 9, 2015
▪ RFP Due	2:00 P.M., January 16, 2015
▪ RFP Evaluation	January 20 through February 6, 2015
▪ Finalists Presentations	February 10 and 11, 2015
▪ RFP Award	Completed by February 27, 2015
▪ Implementation Begins	March 2, 2015
5. Proposals will be evaluated and a company selected using the following criteria:
  - Cost
  - Experience
  - Personnel Qualification
  - Understanding of Scope and Intent
  - Project Methodology
  - Completeness of RFP
  - Timing Schedule

**GENERAL CONDITIONS:** cont'd.

6. By agreeing to provide goods or services to any school within the School District, you are attesting that you are aware of your obligations under T.C.A. 49-5-413(d) to ensure that all of your employees who have direct contact with students of the School District or to children in the School District's child care program or who have access to the grounds of any School District when children are present have done the following:
  - (1) Supplied a fingerprint sample and submitted to a criminal history records check to be conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation prior to having any contact with the School District's children or entering the grounds of the School District;
  - (2) Successfully passed the aforementioned criminal history records check. If the criminal history records check indicates that the employee has been convicted of an offense that, if committed on or after July 1, 2007, is classified as a sexual offense in the T.C.A. 40-39-202(17) or a violent sexual offender in the T.C.A. 40-39-202(25) the employee may not enter the grounds of the School District or have direct contact with students of the School District or to children in the School District's child care program.

The proposer also agrees that if one of your employees commits a sexual offense as defined in 40-39-202 or violent sexual offense as defined in 40-39-202 after you have conducted your initial criminal history check on such employee, said employee will notify you of the offense and you will subsequently not permit that employee to have contact with students of the School District or to children in a School District's child care program or to enter the grounds of the School Districts.

You also agree and understand that your failure to satisfy all of the requirements of T.C.A. 40-39-202(17) will be deemed to be a material breach of this contract which could subject you to breach of contract damages.

7. The successful vendor must carry insurance as specified and must be submitted within five (5) business days from date of request.
  1. Worker's compensation coverage in accordance with the statutory requirement and limits of the State of Tennessee
  2. Comprehensive General Liability Insurance for bodily injury (including death) and Property Damage Insurance of \$1,000,000.00 per occurrence from a company licensed to write insurance policies in the State of Tennessee
  3. Comprehensive automobile liability insurance covering owned, hired and non-owned vehicles with a minimum of Bodily and Property damage of \$1,000,000.00 each accident, combined single limit from a company licensed to write insurance policies in the State of Tennessee
  4. Excess or umbrella insurance of \$1,000,000.00 per occurrence from a company licensed to write insurance policies in the State of Tennessee

Purchasing Shared Services shall be supplied satisfactory proof of coverage of the above required insurance. In addition, IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland shall be conspicuously named on the Certificate of Insurance as an additional insured on Auto, GL, and Excess Policies.

8. The successful proposer agrees that they will function as an independent contractor and agrees to indemnify and hold harmless IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, its Board Members, employees, officers, and agents from any and all claims or demands that may arise out of or relate to its duties contracted for pursuant to goods and/or service.

**GENERAL CONDITIONS:** cont'd.

9. Proposer must be licensed in the State of Tennessee to provide medical services, possess liability and malpractice insurance at levels adequate to cover all exposures, and have experience in providing employee and dependent health and wellness services with at least three (3) current clinics in place and operating. If any of the Bases Services or Potential Additional Services would be contracted to another provider, all contracted services must be identified with the name of the subcontractor and any ownership relationship with the proposer. Any subcontractor used in conjunction with this proposal must also hold the appropriate license in the State of Tennessee.
10. Successful proposer will be required to sign a contract with IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland for said services based on RFP specifications and their proposal response, as well as any written and/or electronic communications received from proposer in evaluation process. In addition, include copy of any contract your firm will require with proposal. Negotiations may be undertaken with the proposer whose understanding, qualifications, experience, technical approach, fee schedule and financial terms show them to be best qualified, responsible and capable of performing the work and addressing the needs of the district.
11. IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to request any additional information deemed necessary in the evaluation of this RFP. Requested information shall be submitted to Purchasing Shared Services within five (5) business days from date of request.
12. Companies submitting RFPs must, if deemed necessary, must be willing to meet with IHBPATA, the MSSC, City of Bartlett, Town of Collierville, and City of Lakeland at the proposer's expense, to discuss their proposal. IHBPATA, the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland shall not bear any costs or obligation with regard to the preparation of the proposal.
13. If a proposer is selected for the short list, an audited financial statement for the most recent quarter may be required and available seven (7) business days of request, unless the respondent is a publicly trade company.
14. If at any time IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland are dissatisfied with the quality of service provided, a written notice of the specific problem(s) will be furnished to the successful proposer by certified letter. If the problem(s) is not corrected to the satisfaction of IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland within thirty (30) business days of this written notice, this entire contract may be unilaterally terminated by IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland with no further obligation on their part. Contract may also be terminated if three (3) or more such occurrences occur within any twelve (12) month period.
15. The initial contract period will begin July 1, 2015 and should be written on a three (3) year term with the right to extend two (2) additional one (1) year terms at the same prices and terms of this Request for Proposal, if mutually agreeable between IHBPATA, the MSSC, City of Bartlett, Town of Collierville, and City of Lakeland and the successful proposer.
16. The terms, conditions and specifications listed in this proposal constitute the total terms and conditions that will be acceptable. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland will not be bound by conditions other than those stated. RFP award will be made to the best responsive company and/or firm meeting the requirements of IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland.
17. Payment for services will be made upon the successful completion and implementation of the system and acceptance of the system by IHBPATA, the MSSC, City of Bartlett, Town of Collierville, and City of Lakeland.
18. State whether your firm is certified by State of Tennessee as a drug-free workplace.
19. Any exceptions to the general conditions and specifications must be clearly stated in the RFP response

**GENERAL CONDITIONS:** cont'd.

20. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to reject any or all responses, waive defects or informalities in responses and to make awards as deemed to be in its best interest. Award will be made to the best company and/or firm to be determined by the School Districts, if awarded.
21. Costs not delineated in the RFP response will not be negotiated in the contract.
22. Any alteration to this RFP document by a proposer will deem that proposer's response to this RFP as null and void.
23. Any and/all revisions made to this Request for Proposal prior to due date will be posted on the following website and will be the responsibility of the proposer to check for any and/all revisions:  
<http://www.bartlettschools.org>.
24. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland have the right at their discretion to terminate or renegotiate this Agreement due to occurrence of any event or action beyond its control. After such termination of this Contract, the Customer shall have no continuing obligation under the terms of this Contract.
25. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland reserve the right to extend the terms, conditions, and prices of this contract to other Institutions (such as State, Local and/or Public Agencies) who express an interest in participating in any contract that results from the RFP. Each of the piggyback Institutions will issue their own purchasing documents for purchasing of the goods/services by bidding of this service. Proposer agrees that IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland shall bear no responsibility or liability for any agreements between Proposer and the other Institution(s) who desire to exercise this option.
26. All materials submitted pursuant to this RFP shall become the property of Purchasing Shared Services. To the extent permitted by law, all documents pertaining to the RFP shall be kept confidential until the proposal evaluation is complete and a contract is awarded. No information about any submission of proposals shall be released until the process is complete. All information provided shall be considered in making a recommendation to enter into an agreement with the selected vendor. Information may not be used for any reason other than for completion of the RFP.
27. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland offer educational and employment opportunities without regard to race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law
28. IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland encourages qualified minority and/or women-owned businesses to submit bids. The School Districts award Request for Proposals without regard to race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law
29. NON-APPROPRIATION OF FUNDS: Notwithstanding any other provision of this Contract, funds for this Contract are payable from state, federal and or local appropriations. In the event that no funds or insufficient funds are appropriated and budgeted for monetary obligations which would otherwise be due and owing under the terms of this Contract, this Contract shall become null and void. After such termination of this Contract, the Customer shall have no continuing obligation under the terms of this Contract.
30. All questions related to specifications regarding this Request for Proposal must be submitted in writing to Shannon Mason, Shannon@sherrillmorgan.com, no later than 4:00 P.M., Central Time, Friday, January 9, 2015. All Purchasing related questions should be directed to Joe Anderson, Purchasing Shared Services, at [janderson@bartlettschools.org](mailto:janderson@bartlettschools.org), no later than 4:00 P.M., Central Time, Friday, January 9, 2015

**CERTIFICATE OF NON-DISCRIMINATION**

By submission of this Request for Proposal, the contractor (NAME OF FIRM)

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certifies that he/she/it does not discriminate against any employee or applicant for employment on the grounds of race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Tennessee state constitutional, or statutory law; and does not and will not maintain or provide for his/her/its employees any segregated facilities at any of his/her/its establishments; and, further, that he/she/it does not and will not permit his/her/its employees to perform their services at any location under his/her/its contract where segregated facilities are maintained.

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CONTRACTOR'S NAME

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SIGNATURE

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DATE

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Printed or Typed Name of Individual Signing for the Contractor

## REQUEST FOR PROPOSAL AGREEMENT

In compliance with the Request for Proposal, in consideration of the detailed description attached hereto; and subject to all conditions thereof, the undersigned agrees, if this Request for Proposal be accepted, to furnish any or all services upon which prices have been quoted in accordance with the specifications applying at the price set opposite each item. The undersigned further agrees, if awarded an order or contract, to protect, defend and hold harmless IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland from any suits or demands for payment that may be brought against it for the use of any product or article that becomes a part of an order or contract, and further agrees to indemnify and hold harmless IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland from any suits or actions of every nature and description brought against it for, or on account of, any injuries or damages received or sustained by any party or parties, or his servants or agents in the course of fulfilling the terms of the contract and/or Request for Proposal.

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Name of Firm

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Address

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City	State	Zip
/		

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Authorized Representative	Signature
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Terms

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Phone	Fax Number
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---

E-Mail Address

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Date

**HOLD HARMLESS AGREEMENT**

This Hold Harmless Agreement is between \_\_\_\_\_

Name of Contractor

(hereinafter Contractor), and the School District named in this Request for Proposal.

Contractor agrees that as a condition precedent to "Contractor" being awarded a contract from IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland "Contractor" agrees to indemnify, protect, defend, and hold harmless IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland Board of Education, its Board Members, agents, and employees from all judgments, claims, demands for payment, suits or actions of every nature and description brought against IHBPATA, Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland, its Board Members, agents and employees alleging injuries or damages sustained by any person arising out of or in the course of "Contractor's" providing goods or services to the School District.

(Name of Contractor)

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

State of Tennessee  
County of Shelby

\_\_\_\_\_ personally appeared before me, the undersigned, with whom I am personally acquainted and who, upon oath, acknowledged that he/she/it executed the within instrument for the purposes therein contained, and who further acknowledge that he/she/it is authorized to execute this interment on behalf of \_\_\_\_\_.

\_\_\_\_\_  
Signature

Witness by hand and Notaries seal at office this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



## **BACKGROUND:**

The Municipal Schools of Shelby County (MSSC) are located in West Tennessee (Memphis) and are comprised of five of the six newly formed School Systems within the cities of Arlington, Bartlett, Collierville, Lakeland and Millington. The total eligible employees is approximately 2600 with 75% participating in the health insurance plan through Meritain. In addition to the schools, the City of Bartlett, City of Lakeland and Town of Collierville, also participate in the health plan of the Interlocal Health Benefits Plan Asset Trust Agreement (IHBPATA), which increases the total eligible participants to over 3500.

The employees of the IHBPATA, who were formally employed by Shelby County Schools, were able to take advantage of two on-site health centers. Those health centers were highly utilized, which is the basis for this proposal. These health centers would be new to the MSSC group, since this is the first year of operation, but most are familiar with the convenience and savings that these health centers can provide.

MSSC is offering a self-funded medical plan and has Trust arrangement with MSSC and the participating cities/town. The Third Party administrator is Meritain who is owned by Aetna. Employees are offered multiple plan options including an Exclusive Provider Organization (EPO) which has copays only, a Basic option with copays, deductible and coinsurance and an HRA plan. All options provide preventative care services at 100%. MSSC is in the first year of a three year agreement with Meritain/Aetna for the third party administration and preferred and exclusive provider organization.

Currently all entities are using other methods to provide occupational health services, but once the health centers are operational, the goal is to shift those services to the health centers in the future.

It is anticipated that three (3) health center locations would be implemented to serve the population of MSSC trust membership inclusive of employees/dependents.

## **1.0 SPECIFICATIONS:**

1.1 IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland require all submitters to be able to offer and manage onsite medical services to our employees, retirees, and their dependents including but not limited to:

- a) Primary care and women's services to include but not limited to Well Woman exams and evaluation of GYN complaints.
- b) Biometric services offered
- c) Toll-free call support at clinic for scheduling, prescription refill request, etc.
- d) Non-compete language required in contract
- e) Blend of MD, mid-level providers and nurses as part of staffing matrix
- f) Must allow for labeling of the health center(s) as IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland desires as long as the mgmt. vendor is also recognized
- g) Immunizations
- h) Acute care and primary care exams and screenings
- i) Prescriptions where economically beneficial to IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland
- j) Disease management
- k) Primary care case management
- l) Telemedicine
- m) Electrocardiogram

- n) Health related information (i.e. brochures, newsletters, on-line educational information, and 24/7 nurse hotline)
- o) Compliance with all guidelines and regulations set forth in the Health Insurance and Accountability Act (HIPAA)
- p) Support wellness initiatives such as nutritional and fitness counseling, tobacco cessation in group and individual setting and wellness. Billing must feed through health center for like or similar service. Employee receives these services at no cost inside the health center.
- q) Vendor shall work with the health plan and preferred provider organization (PPO) to provide a retail market solution or equivalent for after-hours care.
- r) Vendor should be able to feed health center clinical information and biometrics to outside medical providers at the members direction
- s) Vendor shall feed clinic utilization data to IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland health plan

1.2 IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland require all submitters to provide the following information:

- a) How long has your company been in existence?
- b) What are your financial ratings?
- c) Provide information on your ownership structure? List all companies owned by the same organization and/or related ownership structure.
- d) Who are your principals and board members? Provide Biography for these individuals.
- e) Describe the account team that would provide service to IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland? Include key persons and biography for each individual.
- f) Describe your medical personnel qualification requirements.
- g) Give us 2 public entity references (one active client and one terminated client).
- h) Give us 2 private entity references (one active client and one terminated client).
- i) Describe any current relationship or vendor status that exist between your firm and the Meritain/Aetna health plan being accessed by IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland.
- j) Have there ever been any legal claims or complaints against your company? If so, describe circumstances and outcomes. Please indicate if the items are open or closed legal cases and the applicable year in which the event was incurred.
- k) Provide a detailed proposal including the year-over-year cost for ALL services and features of the on-site health center. Include all cost categories in the proposal. Also, include the anticipated ROI. Answer the following questions as part of your proposal:
  - a. Is there a mark-up on any of the costs associated with operating the health center? If so, on what items, and what is the mark-up?
  - b. Will copies of all invoices be provided for transparency?
  - c. Describe all costs associated with wellness/chronic disease management services.
  - d. What is the cost to provide the biometric screening and health risk assessment (including all labs) to all employees?
  - e. Provide detailed information on any assumptions to categories: Primary Care, Labs/Biometrics, Medications Dispensed, Supplies, Occupational Health and HRAs.
  - f. If you offer data analytics, please list the cost associated with data analytics.
  - g. Are you willing to provide financial support for a build out/retro fit/leasing or repurposing of space for the IHBPATA, MSSC health centers.
  - h. Assume three (3) health center locations in your proposal.

## 2.0 SCOPE OF SERVICE:

All Vendors must provide a response to all items/questions in this section.

### 2.1 Primary Care

- a) How are appointments scheduled?
- b) Is the appointment scheduling process available online?
- c) Are appointment reminders sent via e-mail or telephone call? If so, how far in advance?
- d) How far in advance can an employee make an appointment?
- e) Describe your approach to scheduling patient visits
- f) Describe your approach for walk-in visits.
- g) Describe your procedures for call support.
- h) Describe your telemedicine capabilities.
- i) Describe your medical quality assurance programs.
- j) Describe your protocols that are in place to ensure evidence based medicine is practiced.
- k) Describe the types of medical problems that can be addressed onsite.
- l) Describe the medications to be administered onsite.
- m) How do you communicate with an established primary care physician chosen by the member?
- n) Describe the type of reporting you will provide to an established primary care physician chosen by the member.
- o) If a medication change is made, will you notify an established primary care physician chosen by the member?
- p) Please describe your referral process when a disease state escalates?
- q) Do you refer directly to a specialist or a primary care physician if one is identified for the member?
- r) Are you able to provide the women's services described in section RFP?
- s) Will your physicians have hospital privileges at network Hospital?
- t) Describe the primary care case management process.
- u) Describe your certification requirements and the scope of practice for the providers you would utilize for the health centers.
- v) Confirm there are NO mark-up costs for staffing, labs, cultures or medication dispensed inside the health center
- w) Describe what happens if the medical team is not available on the day the care is needed?
- x) What if a problem occurs after hours? How is this handled and coordinated?
- y) What system do you use to maintain employee health information?
- z) How many hours per week do you recommend the health center(s) operate? How many appointments will be available per week?
- aa) Describe the staffing model you are proposing. Will IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland have input in the selection of the medical staff?
- bb) Will health center providers be required to refer to a particular hospital or other medical provider? If yes, describe
- cc) Describe how much input there will be in choosing and retaining staff, as well as changing hours and shifting hours over the life of the contract

## 2.2 Member Services

- a) How would an employee schedule an appointment?
- b) Do you schedule based on appointment type or block scheduling? How are lab work appointments scheduled?
- c) How can employees communicate with the medical team?
- d) Will you utilize existing resources for clinics?
- e) Describe the process a member would experience upon arrival for an appointment, including the check-in process.
- f) Do you track member wait-time at the clinics? If so, how this is reported?
- g) Are member satisfaction surveys conducted? If so, define the frequency and attach a sample survey as an exhibit.
- h) Can your website be linked with the corresponding schools and/or city and towns under the IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland trust for their respective websites?
- i) Describe your ability to communicate with an employee population that is geographically dispersed like the individuals within IHBPATA, the MSSC, City of Bartlett, Town of Collierville, and City of Lakeland trust. Provide examples if appropriate.
- j) Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
- k) How can a member access your company for Member Services after hours?
- l) Provide your web address and any access codes needed to explore your services.
- m) If a member needs assistance logging in to the website or needs a password reset, how is this handled?
- n) Can a member call the clinic and speak to the provider or is an appointment required?

## 2.3 Identification of High-Risk Individuals

- a) How would your company identify high-risk members?
- b) Please describe your methodology for tracking and intervening with high-risk members on an ongoing basis.
- c) Do you stratify members by severity of risk for complication? Please elaborate.

2.4 Health Risk Assessment & Biometric Screening – As of the first quarter of 2015, IHBPATA, the MSSC trust engages Meritain/Aetna using IHS to perform the completion of a Health Risk Assessment and Biometrics screenings. In addition, laboratory results and other biometric data may be uploaded by the medical service provider into the Meritain database. As the disease management vendor, the medical service provider has access to all of this data as well as the claims data. The ability to utilize the available data in providing individual wellness services as well as development of the overall program is considered critical to the performance of the vendor contract

- a) Describe how your organization will provide a system to assist participants' in completion of their Health Risk Assessments and in the interpretation of their personal profile.
- b) Describe the guidelines you use for biometric screenings.
- c) Describe how your organization will report biometric data to Meritain/Aetna.
- d) Describe how your organization can provide clinic utilization to Meritain/Aetna along with results data at \$0 billing.
- e) Describe the biometric screening and health risk assessment tool your organization offers and any cost associated with the screening. Provide a sample.

- f) How do you design an incentive based program to encourage participation in wellness programs related to patient specific risk factors? Include details regarding your capabilities for tracking information provided by an external provider(s) related to an incentive based program.
- g) Show examples of condition movement through an incentive based program with a goal of showing health improvement?
- h) Describe your ability to track the results of an incentive based program? Please describe the methods you would use to report these results back to your client contact.

## 2.5 Intervention

- a) Are intervention conversations monitored for quality assurance? How?
- b) Describe the process for engaging the targeted individual.
- c) Describe the process for persons you are unable to reach.
- d) Describe and provide samples of any support material to be used with the intervention.
- e) Describe the process for documentation and tracking of each conversation.
- f) Describe and provide samples of any management reports on intervention activity.
- g) How do you link to onsite or community programs (Employee Assistance Program, wellness screenings, etc)
- h) Describe your methods of ensuring confidentiality of caller information.
- i) Indicate what type of provider interventions and education your Plan provides and the results of these interventions.

## 2.6 Measurement Tools & Results

- a) How would you propose measuring the outcomes and success of the overall program?
- b) Describe your standard management reports and provide capabilities for custom reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland. Clarify if management reports are available on-line.
- c) Provide examples of the following:
  - 1) Onsite healthcare activity report
  - 2) Member participation
  - 3) Financial summary/savings report
- d) Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
- e) How would your organization capture employee growth and clinic utilization for MSSC and make recommendations regarding number of clinics and hours of operation?
- f) Provide all clinical indicators used to track the success of similar programs and the results, by year since inception of the program. Please include the following:
  - 1) Program outcomes
  - 2) Utilization measures
  - 3) Member satisfaction
  - 4) Changes in the cost of care
  - 5) Productivity/absenteeism
- g) Is your firm HIPPA compliant?
- h) Describe your system for the assurance of personal health data security.
- i) Have your network security systems ever been breached? Describe.

## 2.7 Inventory Control

- a) Describe your process for managing appropriate supply and pharmacy levels at the clinics.
- b) Are pharmacy usage captured at the member level at time of service? If so, describe this process.
- c) How often are audits conducted of the clinics to ensure expired supplies and prescriptions have been removed?
- d) Who is responsible for the auditing of the clinics?
- e) Will audit findings be reported to IHBPATA, MSSC, City of Bartlett, Town of Collierville, and City of Lakeland?
- f) Will IHBPATA and/or MSSC be charged for expired supplies and pharmaceuticals?
- g) How will you track health center contents if they are removed or replaced?

## 2.8 Pharmacy

- a) Do performance measures include standards pertaining to the availability of medications at the clinics?
- b) Describe the process for a participant to obtain a refill for a drug administered by the health center? If a health center appointment is required, please indicate and describe if these may be shorter appointment times.
- c) Can written prescription refills for items not administered by the health center be made without an appointment? If a health center appointment is required, please indicate and describe if these may be shorter appointment times.

## 2.9 Coordination with Medical Administrator Requirements

- a) Confirm that your company can coordinate with the medical administrator in terms of referrals to network physicians.
- b) Does your company utilize standard data sets that can be compared and contrasted with utilization data from the medical administrator? (ex. CPT and diagnosis codes)? How can your company compliment disease management programs already in place?
- c) Do you have the ability to submit an 837 file transaction for clinic utilization? For purposes of capturing cost and determining ROI, IHBPATA, MSSC will require this capability.
- d) Do you have a process in place to handle rejects from the 837 file transaction? If so, please define.
- e) How often would you submit an 837 file transaction to the medical administrator?

## 2.10 Client Specific Wellness Programs

- a) How would you propose to provide diabetic training for employees?
- b) How would you propose providing exercise and nutritional counseling for employees?
- c) Would you offer a tobacco cessation program? Describe your program.
- d) What other topics would you include in your wellness initiatives? Please define.
- e) How frequently would you offer programs? Please provide a sample schedule for a year.
- f) Would all employees, regardless of medical plan participation, be eligible to participate in wellness programs offered? If yes, define any exceptions. If no, describe participation criteria.
- g) Would scheduling of the wellness specialist allow for scheduled events partnering with IHBPATA, the MSSC wellness coordinator?

## 2.11 Occupational Injuries

- a) A future possibility exists that the onsite clinics may be utilized for on-the-job injuries/illnesses. Please describe your capabilities in this area.
- b) How would occupational injury/illness treatment be kept separate from primary or urgent care?
- c) Describe your reporting capabilities for 3 occupational injury/illness treatments.
- d) How would billing occur for occupational injury/illness? Do you have different charges for such types of treatment?
- e) Describe your referral process for on-the-job injuries/illnesses.

**PURCHASING SHARED SERVICES  
5650 WOODLAWN  
BARTLETT, TENNESSEE 38134**

**PRICING SHEET**

Please include the following in your detailed pricing information:

1. Illustrate how performance outcomes are measured
2. Provide information regarding a performance guarantee, if offered
3. Answer the following questions as part of your proposal:
  - a) Is there a mark-up on any of the costs associated with operating the health center? If so, on what items, and what is the mark-up?
  - b) Will copies of all invoices be provided for transparency?
  - c) Describe all costs associated with wellness/chronic disease management services.
  - d) What is the cost to provide the biometric screening and health risk assessment (including all labs) to all employees?
  - e) Provide detailed information on any assumptions to categories: Primary Care, Labs/Biometrics, Medications Dispensed, Supplies, Occupational Health and HRAs.
  - f) If you offer data analytics, please list the cost associated with data analytics.
  - g) Are you willing to provide financial support for a build out/retro fit/leasing or repurposing of space for the MSSC health centers.
  - h) Assume three (3) health center locations in your proposal.
4. If other cost of services are not indicated in the categories above, please describe the service and associated fee

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Company Name



All RFPs must be received and time stamped in Purchasing Shared Services, 5650 Woodlawn, Bartlett, Tennessee 38134, prior to stated opening date and time. RFPs received after the specified date and time are considered late and will not be opened. All price quotations and related materials must be received in a sealed envelope. Time, date and nature of RFP must be clearly marked on the face of sealed envelope. Attach label below to the outside of your RFP submission.

FIRM NAME

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**RFP #FY150021**



**RFP DUE**

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

Time: \_\_\_\_\_

Nature of RFP \_\_\_\_\_

**PURCHASING SHARED SERVICES**

**BARTLETT CITY SCHOOLS**

**5650 WOODLAWN**

**BARTLETT, TN 38134**