

REQUEST FOR PROPOSALSS

EMPLOYEE HEALTH & WELLNESS CENTER

RFP# - RFP#FY240401

Due Date: May 23, 2024

Issued By: Bartlett City Schools on behalf of Interlocal Health Benefits Committee

NOTICE OF REQUEST FOR PROPOSALS

The Interlocal Health Benefits Committee (hereinafter referred to as IHBC), on behalf of the Municipal Schools of Shelby County (MSSC), City of Bartlett, Town of Collierville, and City of Lakeland is requesting proposals from qualified companies for **Employee Wellness/Health Centers** described in this Request for Proposals. Executive Summary and Proposer Responses are contained on the following pages.

Proposals are due no later than 2:00 P.M., Central Time, May 23, 2024, in Purchasing, Bartlett City Schools Administration Offices, 5705 Stage Road, Bartlett, Tennessee 38134. All proposals must be time stamped in Purchasing, Bartlett City Schools Administration Offices, 5705 Stage Road, Bartlett, Tennessee, 38134, prior to 2:00 P.M., Central Time May 23, 2024. 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.

IHBC reserves the right to reject any or all Request for Proposals, waive defects or informalities in Requests for Proposals and to make awards as deemed to be in its best interest. If awarded, awards will be made to the lowest and best proposer.

In compliance with this Request For Proposals, 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 this bid, the undersigned proposer shall indemnify, protect, defend and hold harmless IHBC, its Board Members, agents and employees from all judgments, claims, suits or demands for payment that may be brought against IHBC its 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 IHBC, 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 Proposals.

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.

IHBC offers educational and employment opportunities without regard to race, age, color, national origin, religion, sex, disability, or genetic information.

_____ PROPOSER NAME			TERMS: _____	DELIVERY: Days' A.R.O. _____
_____ ADDRESS			_____ PHONE	_____ FAX
_____ CITY	_____ STATE	_____ ZIP	_____ E-MAIL ADDRESS	

The names and signatures below certify that you understand and agree to all information in this Request for Proposals.

_____ AUTHORIZED REPRESENTATIVE (Print)	_____ SIGNATURE	_____ DATE
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Executive Summary

General Information

The IHBC is seeking proposals for operation and management of two employee Health and Wellness Centers currently in operation, with one location in Bartlett, TN and one location in Collierville, TN, to serve IHBC's worksites, for the use of employees and eligible dependents enrolled on its health insurance plan. The IHBC currently has approximately **3,260** covered employees/retirees and approximately **7,000** covered member lives under its health insurance plan. Employer Advisory Services (EAS) will be the supervising and coordinating agency for IHBC's Health and Wellness Centers. All proposals must include an EAS payment for these services equal to \$2.30 Per Employee Per Month (PEPM).

This solicitation does not commit the IHBC to award a contract, pay any costs incurred in preparing the proposal, or to procure or contract for services or supplies. The IHBC reserves the right to cancel in part or in its entirety the solicitation or to extend the timetable contemplated herein when it is in the proposer's best interest. The IHBC may also discuss this RFP with individual companies, request revisions to proposals and negotiate changes to the terms of individual proposals.

At the request of the IHBC, Sherrill D. Morgan and Associates will coordinate the evaluation of responses with Employer Advisory Services, bringing the top ranked proposals for evaluation of the IHBC. The IHBC, Sherrill D. Morgan and Associates, and Employer Advisory Services will select the proposers to be interviewed and conduct the interviews.

Minimum Offer Requirements

1. Proposers must be licensed in the State of Tennessee to provide medical services, possess liability and malpractice insurance at levels adequate to cover all exposures (see below), have experience in providing employee, retiree and dependent health and wellness services.
2. Proposers must have a minimum of four years of experience operating an employee health center and must currently have at least five operating employee health centers.
3. Proposers must be in full compliance with all federal, state, and local laws and insurance applicable to the operation of medical facilities.
4. Preference will be given to proposers currently operating a health center where two or more employers share one or more health centers. Preference will also be given to public sector/school experience.
5. Proposers must list the IHBC as an additional insured and agree to indemnify, hold harmless and defend the IHBC from and against any and all liabilities arising out of any act or omission of the Proposers, its agents, subcontractors, or employees in the performance of this contract.
6. State whether your firm is certified by State of Tennessee as a drug-free workplace.
7. The successful proposer must provide insurance as specified below and must have evidence of such insurance within five (5) business days from date of request. Insurance shall be provided by a company licensed to write insurance policies in the State of Tennessee and acceptable to the IHBC. All such insurance shall be in form and substance satisfactory to the IHBC and shall

provide that it will not be subject to cancellation or non-renewal except after thirty (30) days' prior written notice to the School District.

1. Worker's compensation coverage in accordance with the statutory requirement and limits required by Tennessee State Law.
2. From a company licensed to write insurance policies in the State of Tennessee:
 - A. Commercial General Liability:
 - i. \$1,000,000 Each Occurrence
 - ii. \$100,000 Damages to Rented Premises
 - iii. \$5,000 Medical Expenses
 - iv. \$1,000,000 Personal and ADV Injury
 - v. \$2,000,000 General Aggregate
 - vi. \$2,000,000 Products – Comp/OP Agg
 - vii. \$1,000,000 Employee Benefits
 - B. Auto Liability:
 - i. \$1,000,000 Combined Single Limit
 - ii. \$5,000 Medical Payments
 - C. Umbrella Liability
 - i. \$1,000,000 Each Occurrence
 - ii. \$1,000,000 Aggregate
 - D. Professional Liability
 - i. \$3,000,000 Aggregate
 - ii. \$1,000,000 Each Occurrence
 - E. Employee Dishonesty in the amount of \$500,000
 - F. Employment Practices Liability Insurance (EPLI) in the amount of \$100,000

Contract Period

Any contract resulting from this proposal shall be effective upon approval of the IHBC and is anticipated to be a three-year contract with two, two-year renewal options. At the IHBC's discretion, additional two-year terms may be negotiated. During the period of the contract, no change will be permitted in any of its conditions and specifications unless the proposer receives written approval from the IHBC.

Termination

Either party may terminate this agreement upon sixty (60) days prior written notice to the other party. Such termination will not, however, affect the liabilities or obligations of the parties arising from

transactions initiated prior to such termination, and such liabilities and obligations shall survive any expiration or termination of this agreement. Upon the effective date of termination, the successful proposer will have no further obligation to deliver any medical services to IHBC under this agreement unless otherwise agreed to via contract.

Proposal Format

Each response to this RFP shall include the information described in this section. Failure to include all the elements specified may be cause for rejection.

Proposals must be submitted in the following format:

1. Title Page
2. Table of Contents
3. Cost Proposal
4. Executive Summary of Business
5. Response to Questionnaire
6. Copies/Verification of Insurance and Minimum Requirements
7. Addenda (if applicable)
8. Additional materials, brochures, or other marketing samples
9. Must include the following signed forms:
 - a. Background Checks form
 - b. Certificate of Non-Discrimination form
 - c. Request For Proposals Agreement
 - d. Hold Harmless Agreement
 - e. Iran Divestment form

BACKGROUND CHECKS

By agreeing to provide goods or services to any school within the District(s), 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 IHBC students or children in IHBC child care programs or employees who have access to school grounds at any time 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 IHBC children or having access to school grounds at any time students are present;
- (2) Successfully passed the aforementioned criminal history records check.

If the criminal history records check indicates that the employee has been convicted of any offense listed in T.C.A. §49-5-413, the employee shall not have access to school grounds at any time when students are present and shall not have direct contact with IHBC students or children in the IHBC child care programs.

The proposer also agrees that if one of your employees commits any offense listed in T.C.A. §49-5-413 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 access school grounds or have contact with IHBC students or children in a IHBC child care program.

You also agree and understand that your failure to satisfy all of the requirements of T.C.A. §49-5-413 will be deemed to be a material breach of this contract which could subject you to breach of contract damages.

Please sign, date, and return:

I comply with the above specifications.

Date

CERTIFICATE OF NON-DISCRIMINATION

By submission of this Request for Proposals, the Proposer (NAME OF FIRM)

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.

PROPOSER'S NAME

SIGNATURE

DATE

Printed or Typed Name of Individual Signing for the Proposer

REQUEST FOR PROPOSALS AGREEMENT

In compliance with the Request For Proposals, in consideration of the detailed description attached hereto; and subject to all conditions thereof, the undersigned agrees, if this Request For Proposals 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 this contract, to protect, defend and hold harmless IHBC, its Board Members, agents, and employees from any judgments, claims, suits or demands for payment that may be brought against it arising out of or related to the use of any product or article that is provided pursuant to this contract, and further agrees to indemnify, protect, defend, and hold harmless IHBC, its Board Members, agents, and employees from and against any judgments, claims, suits, demands for payment, or actions of every nature and description brought against IHBC for, or on account of, any injuries or damages received or sustained by any party or parties arising out of or in the course of the proposer fulfilling or failing to fulfill the terms of this contract through the provision of services and/or goods related to this RFP.

Name of Firm

Address

City

State

Zip

Authorized Representative

Signature

Terms

Phone

Fax Number

E-Mail Address

Date

HOLD HARMLESS AGREEMENT

This Hold Harmless Agreement is between _____
(Name of Proposer)

(hereinafter proposer), and IHBC named in this RFP. It is understood that the successful proposer shall indemnify, protect, defend, and hold harmless IHBC, its Board Members, agents, and employees from all judgments, claims, demands for payment, suits or actions of every nature and description that may be brought against IHBC, its Board Members, agents and employees arising out of the use of any product or article that is provided pursuant to this RFP. The successful proposer agrees to indemnify, protect, defend, and hold harmless IHBC, its Board members, agents, and employees from all judgments, claims, demands for payment, suits, or actions of every nature and description brought against IHBC, its Board members, agents, and employees alleging injuries or damages sustained by any person arising out of or in the course of the successful proposer performing or failing to perform the services related to this RFP and/or providing or failing to provide goods and/or services to IHBC related to this RFP.

(Name of Proposer)

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 Notary seal at office this _____ day of _____, year of _____.

Notary Public

My Commission Expires: _____

In accordance with the Iran Divestment Act:

"By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-12-106."

I hereby attest to notify any and/or all parties if each bidder and each person signing on behalf of any bidder, and in the case of a joint bid each party, becomes identified on the Iran Divestment Act list.

Proposer Name:

Address:

Email Address:

Telephone Number:

Fax Number:

AUTHORIZED REPRESENTATIVE (PRINT)

DATE

SIGNATURE

Proposal Content

General Terms and Conditions

1. Proposals should be prepared simply and economically and provide a straightforward, concise description of the proposer's capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness, clarity of content, and full disclosure of all charges associated with services.
2. Proposals must be inclusive of fees and charges.
3. The pricing quoted shall be guaranteed for a minimum of one (1) year from the date of the award and may not be modified between the time of proposal and the time the RFP is awarded.
4. An agent that can legally bind the bidding must sign all documents and include all signed documents with their RFP response.
5. Proposer to submit four (4) complete hardcopy sets (original and three (3) copies), and three (3) USB documents in a sealed envelope and/or carton clearly marked, "RFP #FY240401. Time, date, and name of RFP must be clearly marked on the face of sealed envelope and/or carton. All price quotations and related materials must be received in a sealed envelope. Attach label from last page of this document to the outside of your RFP submission.
6. Proposals must follow all formats and address all portions of the RFP set forth herein providing all information requested. Proposers may retype or duplicate any portion of this RFP for use in responding to the RFP, provided that the proposal clearly addresses all of IHBC's information requirements.
7. Proposers must label each response to the RFP with the section and subsection numbers associated with the subject requirements in this RFP.

FAILURE TO FOLLOW THE SPECIFIED FORMAT, TO LABEL THE RESPONSE CORRECTLY, OR TO ADDRESS ALL OF THE SUBSECTIONS MAY, AT IHBC'S SOLE DISCRETION, RESULT IN THE REJECTION OF THE PROPOSAL.

8. Proposals must not contain extraneous information. All information represented in a proposal must be relevant in response to a requirement of the RFP, must be clearly labeled, and, if not incorporated into the body of the proposal itself, must be referenced to and from the appropriate place within the body of the proposal. Any information not meeting these criteria shall be deemed extraneous and shall in no way contribute to the evaluation process.
9. Any alteration to this RFP document will deem that the proposer's response to this RFP as null and void.
10. Proposal shall be prepared on standard 8 ½" by 11" paper. Foldouts containing charts, spreadsheets, and oversize exhibits are permissible. All responses, as well as any reference materials presented, must be written in English.
11. Any exception to the outlined services or elements of the RFP must be specifically noted. If alternative formats, programs, or elements are proposed in lieu of or in addition to the base requirements herein, specific information and details, including pricing, must be included. At the IHBC's discretion, potential alternative offerings will be accepted, and exceptions may render the submission non-compliant.
8. Proposals must include a sample copy of the standard contract for Health Center/wellness services.

Any and/all revisions made to this RFP prior to due date will be posted on the following website and will be the responsibility of the bidder to check for any and/all revisions, <http://www.bartlettschools.org>, under About US click Bid & RFP Opportunities.

Proposal Timeline

April 22, 2024,..... RFP Published
May 3, 2024, 4pm (cst).....Questions Due
May 10, 2024, Answers Published
May 23, 2024. 2pm (cst).....PROPOSALS DUE

Week of June 10, 2024,..... Interviews with Finalists
June 17, 2024,..... Successful Proposer Notified

Interview Process

The proposer must be prepared to be onsite for possible demonstration and or interview in the determination process. Qualified proposers will be notified of the date and time should this be determined to be a necessary component of the process, and these interviews will likely be held the week of June 10, 2024.

Scoring Criteria

After minimum proposer qualifications are met, the proposer will be scored on:

- Clinic Management 20 points
- Lab Services 15 points
- Pharmacy 15 points
- Technology 20 points
- Cost 30 points

Proposer Responses

Executive Summary of Business

1. Provide a name, title, address, phone number, cell phone number, fax and email address to the individual authorized to answer questions regarding your response to the RFP.
2. Provide the complete legal name and the tax identification number of the proposer submitting the proposal.
3. Provide a description of the organization, history, business, philosophy, and management structure including the year the proposer started providing full primary care services at employee health centers.
4. Provide the name(s) of the account management team that will be responsible for the account and who will be the day-to-day contact person. Also provide a brief description of each account management team member’s experience and years with the proposer.
5. Provide three (3) references of current clients that are of comparable size to the IHBC, with four (4) or more years of using the proposer’s employee health services. **If there are none in the IHBC’s state, indicate “NONE in State” in the response.**

6. Describe any litigation, pending or in the past, arising from the performance of the proposer's employee health center operations. Indicate if the items are open or closed legal cases and the applicable year in which the event was incurred.
7. Provide written certification and assurance of the proposer's compliance with: (1) the laws of the State of Tennessee; (2) Title VII of the federal Civil Rights Act of 1964; (3) the Equal Employment Opportunity Act and the regulations issued thereunder by the federal government; (4) the American with Disabilities Act of 1990 and the regulations issued thereunder by the federal government; (5) the condition that the submitted proposal was independently arrived at, without collusion, under penalty of perjury; (6) the condition that no amount shall be paid directly or indirectly to an employee, official, consultant or representative of the IHBC as wages, compensation or gifts in exchange for acting as an officer, agent, employee, subcontractor or consultant to the proposer in connection with the procurement under this RFP.
8. Provide a valid and current copy of the certificate(s) of insurance displaying the minimum limits requirements.
9. Provide all, if any, areas of revenue the proposer will receive, such as costs above actual for specific items, overrides, commissions from proposer suppliers/sub-contractors, revenue from agreements with outside medical providers, etc.

Clinic Management

Minimum Scope of Services

Respondents must verify their ability to perform the minimum scope of services. Any service not available through the respondent must be listed as an exception to the proposal. This minimum scope is not reflective of every service the IHBC may desire, nor does it mandate the IHBC utilize all listed services, but this list delineates the starting point for consideration. Additional services available through the respondent may be listed with all costs associated with those services.

1. Acute care, primary care, annual physicals, including school physicals, and disease management of active employees, retirees and eligible dependents enrolled on the IHBC's health insurance program, if those enrollees choose to utilize the center.
2. Wellness assessments, including health risk assessments and biometric screenings of employees, dependent spouses, and retirees on an annual basis.
3. Allergy and immunization services for employees, dependents, and retirees.
4. Occupational Medicine services, including post offer/pre-employment physicals, DOT/FTA physicals, annual specialized physicals (fire fighter, EMS, Police, etc.), treatment for work-related injuries including appropriate documentation, return-to-work evaluations, drug and alcohol random selection services, drug, and alcohol testing, including MRO services. List any other Occupational Medicine services you provide.
5. Dispensary for routine/most prescribed, generic non-narcotic medications associated with historical data of enrollees on the health plan and expected, necessary medications to treat acute care visits (Example: anti-inflammatories, antibiotics, etc.). Indicate how lack of dispensing medications would change the proposal.
6. Patient-friendly appointment scheduling is available online, via telephone and/or mobile app.
7. Electronic Medical Record reporting system in compliance with all laws.

8. Ability to separate billing and other documentation based on multi-employer use, occupational medicine services, any specialty services, Flu, COVID, Hepatitis B shots, and services normally covered by a health plan, along with the ability to bill separately to the employer for covered members and not covered members of the plan.
9. Chronic disease management services.
10. Health and wellness services based on historic and current results of HRAs/biometric screenings, such as weight management, physical fitness, nutrition, etc.

Employee Health Center Operation

1. Describe the staffing model recommendation including the weekly hours proposed for each position, type of provider and type of service. Include the number of appointment slots available daily or weekly and recommended hours of operation.
2. List the minimum qualifications the proposer proposes for each position in the recommended staffing model, including license, certifications, and experience. Will the IHBC have input in the selection of the medical staff?
3. Describe conditions under which patients would be referred to specialists for x-rays or other diagnostic testing. How is it determined which specialist to use and/or where to have x-rays and other tests conducted?
4. Provide detailed information of how the employee health center supplies (gauze, steri-strips, syringes, needles, office supplies, etc.) will be purchased, paid for, and billed to the IHBC, including inventory control and audit mechanisms used to control supply utilization.
5. Will the medical staff have hospital admitting privileges at area hospitals? If not, describe coordination of referrals and admitting procedures as well as follow-up care.
6. Does the proposer have telemedicine capabilities? If so, what is the cost of providing telemedicine services? Describe the telemedicine capabilities, estimated utilization and benefits.
7. Do employees have access to their own personal health records and test results on a secure web-based app? On a secure mobile app?
8. Can the proposer submit “zero dollar” claims information to the health plan Third Party Administrator or Administrative Service Organization for inclusion in data evaluation of the health plan? Is there a fee for this service? If so, what is the fee?
9. Does the proposer operate any employee health centers that are in a collaborative setting, meaning two or more employers share one or more health Centers? Describe the method of tracking costs and metrics between separate groups and types of services, i.e., appointment utilization, medical services, occupational medicine services, immunizations, etc.
10. Confirm that the proposer can coordinate with the medical administrator in terms of referrals to network physicians.

Lab Services

Laboratory

1. List the diagnostic lab tests that can be performed at the employee health center. Describe capabilities and processes.
2. Does the proposer utilize an outside laboratory for any diagnostic tests? If so, list the tests that will be sent to an outside lab, and include the lab(s) to be utilized.

3. Is there a markup on cost for the labs that are sent to an outside laboratory? Is there a markup in the costs of the lab tests performed inside the center?
4. Does the proposer have the ability to bill lab expenses back to the medical plan as a claim?

Pharmacy

Pharmacy Services

It is the intent of the IHBC to evaluate all types of clinic operations.

- If the proposer's clinic operations do not include dispensing medications, indicate so here.
 - If the proposer's clinic operations have the option of dispensing or not dispensing, answer the following questions for the proposer's dispensing operations. As an additional response, indicate how the proposer's cost proposal would change without medication dispensing.
 - Points allocations and evaluation will be adjusted for those who do not offer medication dispensing.
1. Describe the proposer's capability to dispense medication, including type of medication, average day's supply and what if any is the percentage of mark up on medications. Does this include over-the-counter medications? Provide a sample blinded pharmacy list of one of the proposer's employee health centers that includes strength of the medications and quantity (in the bottle/package) that is available to dispense.
 2. Are there any costs associated with prescriptions that are written, but not dispensed, by the employee health center provider?
 3. Is there a pharmacist available to collaborate with providers on medication issues and to counsel patients on their medication utilization?
 4. Are dispensed medications trackable by lot number for patient level recall? Describe the process for managing appropriate supply and pharmacy levels at the employee health center in relation to inventory control.
 5. How often and in what manner are medications audited against loss/miscalculations/theft? How are discrepancies reported? What is your average loss ratio amongst current on-site clinics? Do you provide any guarantees or financial responsibility for the loss ratio?
 6. Is the IHBC charged for the expired supplies and pharmaceuticals? In what manner is the IHBC credited for expired medications?
 7. What percentages of the drug and supply rebates are passed through to the IHBC? In what manner are discounts and rebates passed on to IHBC?
 8. How are medications purchased for the dispensary and what methods are used for stocking medications? How often and in what manner does the proposer check with their medication suppliers to determine if the proposer is receiving the best overall pricing, discounts, and rebates for the proposer's IHBCs? How is this information communicated to the IHBCs?
 9. Will the IHBC be advised of and have the ability to approve inventory changes to medications stocked in the employee health center? Why or why not?

Technology

Technology Services

1. Describe the Proposer's EMR system. Was the EMR designed in-house or by a third-party vendor? What is the cost associated with the use of the EMR?

2. Who would have access to the EMR files?
3. Can the EMR be sent to outside healthcare providers? Is there any charge associated with sending the EMR data?
4. Does the patient have access to an online health portal? If so, describe the capabilities of the portal.
5. Explain the proposer's policy and procedure for protecting personal health data, including the Proposer's cyber liability policy.
6. Has the proposer's network security systems ever been breached? If so, describe the situation.
7. Can the proposer's website be linked with the IHBC's website?
8. Provide the proposer's web address and any access codes needed to explore the services.

Cost Proposal

Outline, in detail, the cost proposal. All items for which there are or could be charges should be included and explained.

****Note: The proposal cost is not limited to the items listed. Show all other cost categories that apply. All potential costs and fees for services provided must be detailed or services will be assumed to be included in the fees that are listed. Costs not outlined in the RFP response will not be negotiated in the contract.**

Clinic Start-up

1. Describe any start-up costs, including implementation fees, necessary equipment/medication/supply purchases the IHBC will be responsible for paying.
2. Is there a markup on any of the costs associated with staffing the employee health center? If so, what is the mark up?

Program Operating Costs

Describe the nature of the contract the proposer is proposing, indicating:

1. Length of time administrative/management fees are guaranteed
2. Description of the fee structure for medical services, supplies, lab tests and pharmacy
3. Frequency of center performance evaluations
4. Payment terms and conditions

Accounting and Billing

1. How does the proposer bill the IHBC and/or sharing entities for medical services and administrative costs? Include a sample of billing. Can the proposer customize the information contained on these forms? Would there be an additional cost?
2. How is the administrative and/or management fee calculated and at what rate? State what is included in the fee.
3. Describe internal procedures in place to make sure the IHBC is billed correctly.
4. How often are participant numbers adjusted to calculate management/administration fees?
5. Describe any special considerations with respect to billing or payment of fees and expenses that the proposer offers that would differentiate it from other proposers and make the proposer's services more cost effective for the IHBC.
6. Describe any services that are provided at an additional charge to the standard billing structure.

7. Is the proposer’s entire program completely transparent and pass-through regarding all costs and fees?
8. List details of how and when travel costs are billed back to the IHBC.
9. Does the proposer have the ability to bill, track and report on type of encounter (Example: wellness, acute care, medication dispensing, occupational medicine, etc.) with “zero bill” information sent to health plan TPA/ASO?
10. List and explain all costs associated with exchanging data to a data analytics proposer.
11. Explain the billing process for an employee health center collaboration.

Conclusion

Submit any questions regarding this RFP to:

NAME: Terri Evans

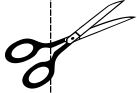
EMAIL ONLY: tevans@employeradvisoryservices.com

QUESTIONS DUE BY: May 3, 2024

RESPONSES DUE BY: May 10, 2024

All price quotations and related materials must be received in a sealed envelope. Time, date, and nature of RFP must be clearly marked on face of sealed envelope. Attach label below to the outside of your RFP submission.

FIRM NAME



RFP #FY240401

**PURCHASING
BARTLETT CITY SCHOOLS
5705 STAGE ROAD
BARTLETT, TN 38134**

RFP DUE: NO LATER THAN 2:00 P.M.(CST), May 23, 2024

Date: _____

Time: _____

Nature of RFP: _____

All RFPs must be received and time-stamped in Purchasing, Bartlett City Schools Administration Offices, 5705 Stage Road, Bartlett, TN 38134, prior to stated date and time on RFP Cover Sheet. RFPs received after the specified date and time are considered late and will not be opened.