

RUTHERFORD COUNTY GOVERNMENT

REQUEST FOR PROPOSAL

ON-SITE MEDICAL CLINICS

Proposals to be Received by 4:00 p.m. Central Time
January 13, 2015

Submit Proposals to:
County Mayor's Office
Attn: Clinic Bid
Courthouse Room 101
One Public Square
Murfreesboro, TN 37130

Late bids will not be accepted
The Purchasing Committee will open bids on January 13, 2015, at 4:30pm in Room 205 of the
Historic Courthouse.

Request for Proposals Onsite Medical Clinics

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I. Overview

Rutherford County is requesting Proposals from responsible firms or teams to provide onsite medical clinic services.

II. RFP Time Line

Availability of RFPNovember 3, 2014
Letter of Intent to BidNovember 10, 2014
Deadline for questions to be submitted (in writing) to the
Purchasing AgentNovember 20, 2014
Site Tour Date5:30 p.m. December, 16 2015
Proposals Due Date..... January 13, 2015
Contract Start DateSeptember 1, 2015

This timetable is for the information of submitting entities. These dates are subject to change. However, in no event shall the deadline for submission of the Proposals be changed except by written modification from Rutherford County Purchasing Division.

III. Intent

Rutherford County is requesting statements of Proposals (hereinafter “Proposals”) from responsible vendors to provide Onsite Clinic Services for Rutherford County employees and retirees covered on Rutherford County’s medical insurance, dependents of employees and retirees covered on Rutherford County’s medical insurance. Subject to negotiation, the medical services in the contract may include:

1. Disease Management and Health Coaching
2. Medical Examinations and Assessments
3. Health/Self-care/Consumer education and promotion
4. Administration of Health and Wellness Incentive Programs
5. Acute Care and Primary Care
6. Case Management Services
7. Retail Availability for extended clinic services

The contracted services are to begin September 1, 2015 and should be written on a three (3) year

term with the right extend two (2) addition one (1) year terms decided by the County. Rutherford County utilizes a carrier solution for the Health Risk Assessment and wellness programs associated.

IV Background

4.1 Rutherford County Government (the county) is located in the geographic center of Tennessee. The county has over 5,000 employees between the school system and general services offices that participate on the medical plan. The county currently has 3 on-site clinics with utilization of roughly 2,000 appointments per month. On average 150 per month are utilized through the free retail offering at TakeCare clinics in middle Tennessee. The Rutherford County on-site clinics are located in schools. Each has space specifically designated for the operation of the on-site clinic.

The current arrangement is administered by TakeCare. The clinics are located in space made available and maintained by Rutherford County. The cost of this service is in the form of a monthly PEPM fee paid to TakeCare and a direct pass-through of all supply, lab, and labor costs to the County.

Rutherford County seeks to obtain information regarding service levels and costs to replace the services that TakeCare currently provides. While the county is not dissatisfied with our current services, it is incumbent upon us to be certain we are getting the most competitive price for the services rendered.

4.2 Rutherford County is self-funded for medical insurance with Cigna Healthcare providing administrative services. Employees have options of a PPO \$1,000 deductible plan with copays, a PPO \$500 deductible plan and a PPO with HRA. Preventive services are covered at 100% under all plan choices. Rutherford County does not provide for Occupational Medicine services at their clinics. This includes employment physicals, CDL physicals, etc. We do offer Hepatitis B vaccines.

V General Conditions

5.1 The following data is intended to form the basis for submission of Proposals to provide on-site clinic services for Rutherford County.

5.2 This material contains general conditions for the procurement process, the scope of service requested; contract requirements; instructions for submissions of Proposals; and submission forms that must be included in the proposal. The RFP should be read in its entirety before preparing the proposal.

5.3 All materials submitted pursuant to this RFP shall become the property of Rutherford

County. To the extent permitted by law, all documents pertaining to this Request for Proposals 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.

5.4 Any inquiries, suggestions or requests concerning interpretation, clarification or additional information pertaining to the RFP shall be made **in writing and be in the hands of the Risk Management Director by the close of the business day on November 20, 2014** .

Questions can be submitted by letter, or email to mstreet@rutherfordcountyttn.gov. Rutherford County is not responsible for oral interpretations given by any Rutherford County employee, representative, or others.

5.5 Rutherford County reserves the right to (a) accept or reject any and/or all submissions of Proposals; (b) to waive irregularities and technicalities; and (c) accept any alternative submission of Proposals presented which in its opinion, would best serve the interests of Rutherford County. Rutherford County shall be the sole judge of the Proposals, and the resulting negotiated agreement that is in its best interest, and its decision shall be final. Rutherford County also reserves the right to make such investigation as it deems necessary to determine the ability of any submitting entity to perform the work or service requested. Information Rutherford County deems necessary to make this determination shall be provided by the submitting entity. Such information may include, but is not limited to, current financial statements certified by an independent CPA, verification of availability of equipment and personnel, and past performance records.

5.6 All proposals must include a signed Certificate of Non-Discrimination form, signed Sub-Recipient Title VI Assurance letter typed on the official letterhead of the submitting vendor and a completed Contract Monitoring Form.

5.7 All expenses for making submission of Proposals shall be borne by submitting entity.

VI Conditions to Bid

6.1 Rutherford County requires 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 using third party billing and required labs.
- c) Local call support at clinic for scheduling, prescription refill request, etc.
- d) Non-compete language required in contract
- e) Adopt current staffing with no change in staff payroll for six months.

- f) Full-time physician onsite and full-time wellness specialist.
- g) Must agree to private-label of clinics using MedPoint name.
- h) Immunizations
- i) Exams and screenings
- j) Prescriptions
- k) Pharmaceuticals (where economically beneficial to Rutherford County)
- l) Disease management
- m) Primary care case management
- n) Telemedicine
- o) Electrocardiogram
- p) Health related information (i.e. brochures, newsletters, on-line educational information, and 24/7 nurse hotline)
- q) Compliance with all guidelines and regulations set forth in the Health Insurance and Accountability Act (HIPPA)
- r) Support wellness initiatives such as nutritional and fitness counseling, tobacco cessation in a group and individual setting and Wellness on Wheels. Billing must feed through clinic for like or similar service. Employee receives these services at no cost at clinic retail.
- s) Partnership with retail clinics for extended coverage.
- t) Retain current staff for 1 year at current pay level.
- u) Provide a retail market solution or equivalent for after-hours care.
- v) Staff must be dedicated to Rutherford County only and cannot work for other clients or have private practices.
- w) Vendor should be able to feed clinic utilization to the medical provider for health plan and wellness and additionally coordinate with billing for LabCorp and Quest providers.
- x) Routine administrative functions for the clinics must occur outside of treatment time and associated cost.
- y) Vendor should be able to pay the current medical provider (in 2015 Cigna) fees for the Customer Specific Network. It is currently approximately \$150 per month and recommended a minimum of \$2,000 annual commitment.

6.2 Rutherford County requires all submitters to provide the following information:

- a) How long has your company been in existence?
- b) What are your financial ratings?
- c) Who are your principals?
- d) Describe the account team that would provide service to Rutherford County? Include key persons and biography for each individual.
- e) Describe your medical personnel qualification requirements.
- f) Give us 2 public entity references (one active client and one terminated client).
- g) Give us 2 private entity references (one active client and one terminated client).
- h) 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

VII Scope of Service

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

7.1 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 partnership with retail clinics for extended coverage.
- j) Describe the role of your MedPoint Clinic Medical Leader and is this person dedicated to Rutherford County or have a private practice?
- k) Describe your medical quality assurance programs.
- l) Describe your protocols that are in place to ensure evidence based medicine is practiced.
- m) Describe the types of medical problems that can be addressed onsite.
- n) Describe the medications to be administered onsite.
- o) How do you communicate with an established primary care physician chosen by the member?
- p) Describe the type of reporting you will provide to an established primary care physician chosen by the member.
- q) If a medication change is made, will you notify an established primary care physician chosen by the member?
- r) Please describe your referral process when a disease state escalates?
- s) Do you refer directly to a specialist or a primary care physician if one is identified for the member?
- t) Are you able to provide the women's services described in section RFP?
- u) Will your physicians have hospital privileges at Middle Tennessee Medical Center and Stonecrest?
- v) Describe the primary care case management process.
- w) Describe your certification requirements and the scope of practice for the providers you would utilize for the MedPoint Clinics.
- x) Describe the mark-up costs for labs that are conducted in the MedPoint Clinics.
- y) What if the medical team is not available on the day the care is needed?
- z) What if a problem occurs after hours?
- aa) What system do you use to maintain employee health information?

7.2 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 Rutherford County's website?
- i) Describe your ability to communicate with an employee population that is geographically dispersed like Rutherford County. 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?

7.3 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.

7.4 Health Risk Assessment & Biometric Screening – Currently Rutherford County engages Cigna using the Zensity platform to obtain information from the completion of the online Health Risk Assessment. In addition, laboratory results and other biometric data are uploaded by the medical service provider into the Cigna database. As the disease management vendor, the medical service provider has access to all of this data as well as the claims data. The combined data is also analyzed through data warehouse and Zensity. The ability to utilize the available data in providing individual services as well as development of the overall program is considered critical to the performance of the 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 Cigna through the claims filing process.
- d) Describe how your organization can provide clinic utilization to Cigna along with results data at \$0 billing.
- e) Describe how biometric data can be billed through Cigna and coordinated with LabCorp or

Quest?

7.5 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.

7.6 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 Rutherford County. Clarify if management reports are available on-line.
- c) Provide examples of the following:
 - Onsite healthcare activity report
 - Member participation
 - 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 in the county and make recommendations regarding number of clinics and hours of operation?
- f) Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception of the program. Please include the following:
 - Program outcomes
 - Utilization measures
 - Member satisfaction
 - Changes in the cost of care
 - 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.

7.7 Inventory Control

- a) Describe your process for managing appropriate supply and pharmacy levels at the clinics.

- b) Are supplies and pharmacy usage capture 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 Rutherford County Government?
- f) Will Rutherford County Government be charged for expired supplies and pharmaceuticals?
- g) How will you track clinic contents if they are removed or replaced?

7.8 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 clinic? If a clinic appointment is required, please indicate.
- c) Can Prescription refills be made without an appointment? Rutherford County does not provide over-the-counter medications.

7.9 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, Rutherford County Government 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?

7.10 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 the county wellness coordinator?

7.11 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 occupational injury/illness treatments.
- d) How would billing occur for occupational injury/illness? Do you have different charges for such types of treatment?
- e) Do you have the capability to provide prescriptions for occupational injuries/illnesses?
- f) Describe your referral process for on-the-job injuries/illnesses.

VIII Contract Requirements

Submitting entities must be willing to sign a contract with the County which will include certain provisions, among which are the following:

8.1 The contract shall consist of (1) the RFP; (2) the Proposals submitted by the contractor to this RFP; and (3) the contract. In the event of a discrepancy between the contract, the RFP and the submitted Proposals, the contract will prevail.

8.2 The contract will be administered by Rutherford County Department of Risk Management Office.

8.3 Invoices for services will be submitted to Rutherford County in accordance with the contract terms.

8.4 The relationship of contractor to Rutherford County will be that of independent contractor. The contractor will be solely and entirely responsible for its acts and for the acts of its agents, employees, servants and subcontractors done during the performance of the contract. All services performed by the contractor shall be provided in an independent contractor capacity and not in the capacity of officers, agents, or employees of Rutherford County.

8.5 The contractor shall not assign or transfer any interest in this contract without prior written consent of Rutherford County. 7.6 The successful proposer will be required to sign a contract with Rutherford County which contains the following indemnification clause. This indemnification clause will not be altered in any way. Failure to agree with this indemnification clause in the contract may result in Rutherford County moving to the next responsible responsive proposer.

Contractor shall defend, indemnify and hold harmless Rutherford County Government, its officers, employees and agents from any and all liabilities which may accrue against Rutherford

County, its officers, employees and agents or any third party for any and all lawsuits, claims, demands, losses or damages alleged to have arisen from an act or omission of Contractor in performance of this Agreement or from Contractor's failure to perform this Agreement using ordinary care and skill, except where such injury, damage, or loss was caused by the sole negligence of the City, its agents or employees.

Contractor shall save, indemnify and hold Rutherford County harmless from the cost of the defense of any claim, demand, suit or cause of action made or brought against Rutherford County alleging liability referenced above, including, but not limited to, costs, fees, attorney fees, and other expenses of any kind whatsoever arising in connection with the defense of Rutherford County; and Contractor shall assume and take over the defense of Rutherford County in any such claim, demand, suit, or cause of action upon written notice and demand for same by Rutherford County. Contractor will have the right to defend Rutherford County with counsel of its choice that is satisfactory to Rutherford County, and Rutherford County will provide reasonable cooperation in the defense as Contractor may request. Contractor will not consent to the entry of any judgment or enter into any settlement with respect to an indemnified claim without the prior written consent of Rutherford County, such consent not to be unreasonably withheld or delayed. Rutherford County shall have the right to participate in the defense against the indemnified claims with counsel of its choice at its own expense.

Contractor shall save, indemnify and hold Rutherford County harmless and pay judgments that shall be rendered in any such actions, suits, claims or demands against Rutherford County alleging liability referenced above.

The indemnification and hold harmless provisions of this Agreement shall survive termination of the Agreement.

8.6 Rutherford County may terminate this Agreement at any time, with or without cause, by written notice of termination to the Contractor.

If Rutherford County terminates this Agreement, and such termination is not a result of a default by the Contractor, the Contractor shall be entitled to receive as its sole and exclusive remedy the following amounts from Rutherford County, and Rutherford County shall have no further or other obligations to the Contractor: the amount due to the Contractor for work executed through the date of termination, not including any future fees, profits, or other compensation or payments which the Contractor would have been entitled to receive if this Agreement had not been terminated.

Rutherford County may, by written notice of default to the Contractor, terminate the whole or any part of this Agreement if the Contractor fails to perform any provisions of this Agreement and does not cure such failure within a period of ten (10) days (or such longer period as the Purchasing Agent may authorize in writing) after receipt of said notice from the

Purchasing Agent specifying such failure. If this Agreement is terminated in whole or in part for default, Rutherford County may procure, upon such terms and in such manner as the Purchasing Agent may deem appropriate, supplies or services similar to those terminated.

8.7 When applicable and prior to the commencement of the contract, contractor must, at its sole expense, obtain and maintain in full force and effect for the duration of the Agreement and any extension hereof at least the following types and amounts of insurance for claims which may arise from or in connection with this Agreement. Contractor shall furnish Rutherford County with properly executed certificates of insurance which shall clearly evidence all insurance required by Rutherford County. All insurance must be underwritten by insurers with an A.M. Best rating of A-VIII or better. Such insurance shall be at a minimum the following:

- A. **Commercial General Liability Insurance;** occurrence version commercial general liability insurance, and if necessary umbrella liability insurance, with a limit of not less than two million dollars each occurrence for bodily injury, personal injury, property damage, and products and completed operations. If such insurance contains a general aggregate limit, it shall apply separately to the work/location in this Agreement or be no less than two times the occurrence limit.

Such insurance shall:

(a.) Contain or be endorsed to contain a provision that includes Rutherford County, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. The coverage shall contain no special limitations on the scope of its protection afforded to the above-listed insureds.

(b.) For any claims related to this project, Contractor's insurance coverage shall be primary insurance as respects Rutherford County, its officers, officials, officers, employees, and volunteers. Any insurance or self-insurance programs covering Rutherford County, its officials, officers, employees, and volunteers shall be excess of Contractor's insurance and shall not contribute with it.

(c.) At the sole discretion of Rutherford County, dedicated limits of liability for this specific project may be required.

- B. **Medical Malpractice Insurance.** Contractor shall maintain medical malpractice insurance for the organization and all appropriate staff of not less than \$1,000,000 per incident and \$3,000,000 aggregate.

- C. **Automobile Liability Insurance;** including vehicles owned, hired, and non-owned, with a combined single limit of not less than \$1,000,000 each accident. Such insurance shall include coverage for loading and unloading hazards. Insurance shall contain or be endorsed to contain a provision that includes Rutherford County, its officials, officers, employees, and volunteers as additional insureds with respect to liability arising out of automobiles owned, leased, hired, or borrowed by or on behalf of Contractor.
- D. **Workers' Compensation Insurance.** Contractor shall maintain workers' compensation insurance with statutory limits as required by the State of Tennessee or other applicable laws and employers' liability insurance with limits of not less than \$500,000. Contractor shall require each of its subcontractors to provide Workers' Compensation for all of the latter's employees to be engaged in such work unless such employees are covered by Contractor's workers' compensation insurance coverage. Such insurance shall include a waiver of subrogation in favor of Rutherford County.
- E. **Other Insurance Requirements.** Contractor shall:
- Prior to commencement of services, furnish Rutherford County with original certificates and amendatory endorsements effecting coverage required by this section and provide that such insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage except on 30 days' prior written notice to Rutherford County Risk Management, 303 N. Church Street, Suite 201, Murfreesboro, TN 37130.
 - Provide certified copies of endorsements and policies if requested by Rutherford County in lieu of or in addition to certificates of insurance.
 - Replace certificates, policies, and endorsements for any such insurance expiring prior to completion of services.
 - Maintain such insurance from the time services commence until services are completed. Failure to maintain or renew coverage or to provide evidence of renewal may be treated by Rutherford County as a material breach of contract.
 - Place such insurance with insurer licensed to do business in Tennessee and having A.M. Best Company ratings of no less than A. Modification of this standard may be considered upon appeal to Rutherford County.
 - Require all subcontractors to maintain during the term of the Agreement Commercial General Liability insurance, Business Automobile Liability insurance,

and Workers' Compensation/Employer's Liability insurance (unless subcontractor's employees are covered by Contractor's insurance) in the same manner as specified for Contractor. Contractor shall furnish subcontractors' certificates of insurance to Rutherford County without expense immediately upon request.

- Any deductibles and/or self-insured retentions greater than \$50,000 must be disclosed to and approved by Rutherford County prior to the commencement of services. Use of large deductibles and/or self-insured retentions may require proof of financial solvency.
- The insurer shall agree to waive all rights of subrogation against Rutherford County, its officers, officials, and employees for losses arising from work performed by Contractor for Rutherford County.
- All policies must be written on an occurrence basis. Use of policies written on a claims made basis must be approved by Rutherford County.

Additional insurance may be required. Rutherford County, its officials, officers, employees, and volunteers are to be added as insureds on all liability insurance policies with respect to liability, arising out of the work or operations performed by or on behalf of the Contractor. Such insurance will be primary and any insurance or self-insurance maintained by Rutherford County will apply in excess of, and not contribute with, the insurance required. Required insurance shall not be cancelled, allowed to expire, or be materially reduced in coverage until after thirty days written notice has been given to Rutherford County Risk Manager.

8.8 Each submitting entity is responsible for full compliance with all laws, rules and regulations which may be applicable.

8.9 The contractor must be a licensed professional as required by the state of Tennessee, see T.C.A. Sections 62-2-101 et. seq., for any services in this contract requiring such licensure. Before a contract is signed by Rutherford County, the submitting entity, if selected, **must** provide the County Purchasing Division with a copy of its valid business license **or** with an affidavit explaining why it is exempt from the business licensure requirements. If a contract is signed, the contractor's business license shall be kept current throughout the duration of the contract, and the contractor shall inform Rutherford County of changes in its business name or location.

VIII Response Requirements

9.1 Proposals Submissions

All bids will be opened at 4:30 by the Purchasing Committee in Room 205 in the County Courthouse. A tour of the on-site clinics will be held. All interested parties will be at MedPoint Walter Hill location, 6309 Lebanon Pike, Murfreesboro, TN 37130 on December 16th at 5:30pm in the evening. Stewarts Creek MedPoint and Blackman MedPoint will follow.

Please submit 3 paper responses (1 original and 2 copy) and include 1 electronic copy. All packets should be sent to:

County Mayor's Office
Attn: Clinic Bid
Courthouse Room 101
One Public Square
Murfreesboro, TN 37130

Title VI: All proposals must include a signed Certification of Non-Discrimination form, signed Sub-Recipient Title VI Assurance letter typed on the official letterhead of the submitting vendor and a completed Contract Monitoring Form.

9.2 Proposal Format: Award of the contract resulting from this RFP will be based on the most responsive Vendor whose offer will be the most advantageous to the employees of Rutherford County Government in terms of cost, services, and other factors specified elsewhere in this RFP.

9.3 Vendor's should provide a response to each question of the RFP. Exceptions to any response should be noted on a separate page labeled "Exceptions" and the corresponding question should be clearly identified in the exception response.

9.4 Please include the following in your detailed pricing information:

*As part of your response, please attach a sample billing exhibit.

- a. Baseline fees
- b. Start-up costs/fees
- c. Fee schedule for hospital rounds
- d. Indicate all payment terms and conditions
- e. Number of years baseline fees can be guaranteed
- f. Indicate outcome measures you would use and performance standards you would guarantee including financial penalties for non-performance.
- g. If other cost of services are not indicated in the categories above, please describe the service and associated fee.

9.5 Vendor's are required to provide, as part of their response to this RFP, a letter of submission on official company letterhead. This letter shall include the following:

- a) The name, mailing address, telephone number, and website address (if any) of the vendor.
- b) The name, position title, mailing address, telephone number and e-mail address of the person who will be the primary contact for information pertaining to the proposal.
- c) The letter should be signed by an Officer of the organization submitting the RFP.

9.6 Evaluation of Proposals

* All qualified submissions received by the deadline will be analyzed by the Evaluation Committee according to the criteria outlined in these specifications. Failure to comply with the provisions of the RFP may cause any submission of Proposals to be ineligible for evaluation.

* Vendors and/or teams responding to this Request for Proposals shall be available for interviews with the Insurance Committee. Discussions may be conducted with responsible submitting entities for purposes of clarification to assure full understanding of and conformance to the RFP requirements. Selection shall be based on the firms' Proposals applicable to the scope and nature of the services to be performed per this request for Proposals. Determination of firms' Proposals shall be based on their written responses to this Request for Proposals and information presented to the Insurance Committee during oral interviews, if any.

* Late proposals will not be considered. Proposals that arrive late due to the fault of United States Postal Service, United Parcel Service, DHL, FEDEX, any delivery/courier service, or any other carrier of any sort are still considered late and shall not be accepted by Rutherford County. Such proposals shall remain unopened and will be returned to the submitting entity upon request at the expense of the submitting company.

In addition to materials provided in the written responses to this Request for Proposals, the Committee may request additional material, information, or references from the submitting entity or others.

Provided it is in the best interest of Rutherford County, the firm or team determined to be the most responsive to Rutherford County, taking into consideration the evaluation factors set forth in this Request for Proposals, will be selected to begin contractual negotiations. The firm or team selected will be notified at the earliest practical date and invited to submit more comprehensive information if necessary. If no satisfactory agreement can be reached with the "most responsive firm," the County may elect to negotiate with the next best and most responsive firm or team.

**Rutherford County Government and Board of Education
On-Site Medical Clinics
Intent to Bid Submission Form**

Name of Company _____

Name of Authorized Person: _____

Signature of Authorize Person: _____

Title _____

Phone Number _____

Email _____

Please return this form immediately upon review of these bid specifications. Following receipt of this form.