

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

Request for Proposal

January 27, 2022

The Lamar County School District (LCSD) is requesting proposals from qualified proposers to provide Onsite Medical Clinics for employees and students of the LCSD. General Conditions, Conditions to Bid, Scope of Service, and Background for this proposal are contained on the following pages.

Proposals are due no later February 15, 2022 at 2:30 pm to LCSD Central Office 424 Martin Luther Drive, Purvis, MS 38475. Proposals received after the specified date and time will be considered late and will not be opened. Proposals may be accepted via Central Bidding or mail.

The LCSD reserves 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.

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.

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, state constitutional, or statutory law.

Company Name

Address

Phone

Fax

City

State

Zip

Email Address

Names and signatures below certify that you understand and agree to all information in this RFP.

Authorized Representative (Print)

Signature

Date

GENERAL CONDITIONS:

1. Proposals are due February 15, 2022 at 2:30 pm at the LCSD Central Office 424 Martin Luther King Drive, Purvis, MS 39475.
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: especially school systems. 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). Responses shall be delivered in a sealed envelope and/or carton clearly marked, "RFP 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:

§ RFP Due	February 15, 2022 @ 2:30 pm
§ RFP Evaluation	February 16, 2022 @ 11:00 am
5. Proposals will be evaluated and a company selected using the following criteria:
 - Experience

- Personnel Qualification
- Understanding of Scope and Intent
- Project Methodology
- Completeness of RFP
- Timing Schedule

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 Mississippi Code 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 Mississippi 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 is classified as a sexual offense or a violent sexual offender 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 Mississippi Code or violent sexual offense as defined 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 Mississippi Code 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 Mississippi
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 Mississippi
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 Mississippi

4. Excess or umbrella insurance of \$1,000,000.00 per occurrence from a company licensed to write insurance policies in the State of Mississippi

5. Medical Malpractice Insurance with the minimum limit of \$500,000.00.

8. The successful proposer agrees that they will function as an independent contractor.
9. Proposer must be licensed in the State of Mississippi 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 Mississippi.
10. Successful proposer will be required to sign a contract with the Lamar County School District 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. 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. LCSD reserves the right to request any additional information deemed necessary in the evaluation of this RFP. Requested information shall be submitted to LCSD within five (5) business days from date of request.
12. Companies submitting RFP, if deemed necessary, must be willing to meet with LCSD at the proposer's expense, to discuss their 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 within seven (7) business days of request, unless the respondent is a publicly traded company.
14. If at any time LCSD is 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 LCSD within thirty (30) business days of this written notice, this entire contract may be unilaterally terminated by LCSD 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, 2022** and should be written on a **one (1) year term with the option to extend the contract for up to three (3) years.**

16. The terms, conditions and specifications listed in this proposal constitute the total terms and conditions that will be acceptable. LCSD will not be bound by conditions other than those stated.
17. Any exceptions to the general conditions and specifications must be clearly stated in the RFP response.
18. LCSD reserves 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 solely by the School District, if awarded.
19. Costs not delineated in the RFP response will not be negotiated in the contract.
20. 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 changes:
<http://www.lamarcountyschools.org>.
21. LCSD will have the right at their discretion to terminate or renegotiate this Agreement due to occurrence of any event or action beyond its control, as in pandemic, acts of war, or similar events. After such termination of this Contract, the Customer shall have no continuing obligation under the terms of this Contract.
22. All materials submitted pursuant to this RFP shall become the property of LCSD. 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.
23. The School award Request for Proposals without regard to race, age, color, national origin, religion, sex, disability, genetic information, or any other classification protected by federal, Mississippi state constitutional, or statutory law.

CERTIFICATE OF NON-DISCRIMINATION

By submission of this Request for Proposal, the contractor (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, Mississippi 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.

Contractor's Name

Signature

Date

Printed or Typed Name of Individual Signing for the Contractor

REQUEST FOR PROPOSAL AGREEMENT

In compliance with the RFP, in consideration of the detailed description attached hereto; and subject to the conditions thereof, the undersigned agrees, if this RFP be accepted, to furnish any and all services for an Onsite Medical Clinic.

Name of Firm

Address

City

State

Zip

Authorized

Signature

Terms

Phone

Fax Number

Email Address

Date

1.0 SPECIFICATIONS:

1.1 LCD 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 offered
- c) Toll-free call support at clinic for scheduling, prescription refill request, etc.
- d) Blend of MD, mid-level providers and nurses as part of staffing matrix
- e) Immunizations
- f) Acute care and primary care exams and screenings
- g) Prescriptions where economically beneficial to LCSD
- h) Disease management
- i) Primary care case management
- j) Telemedicine
- k) Electrocardiogram
- l) Health related information (i.e. brochures, newsletters, on-line educational information, and 24/7 nurse hotline)
- m) Vendor shall work with the health plan and preferred provider organization (PPO) to provide a retail market solution or equivalent for after-hours care.
- n) Vendor should be able to feed health center clinical information and biometrics to outside medical providers at the members direction
- o) Vendor shall feed clinic utilization data to LCSD

1.2 LCSD requires 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 LCSD 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 BC/BSMS health plan being accessed by LCSD

- j). Since January 2011 have there ever been any legal claims on complaints against your company since January 2011? If so, describe the circumstances and outcomes. Please indicate if the items or open or closed legal cases and the applicable year in which the event 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 health centers.

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) Will health center providers be required to refer to a particular hospital or other medical provider? If yes, describe.

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 LCSD trust for their respective websites?
- i) Describe your ability to communicate with an employee population that is geographically dispersed like the individuals within LCSD 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

- 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 BC/BS MS.
- d) Describe how your organization can provide clinic utilization to BC/BS MS Along with results date at \$0 billing.
- e) Describe the biometric screening and health risk assessment tool your organization offers and any cost associated with screening. Provide a sample.
- f) How do you design an incentive based program to encourage participation in wellness programs related to patient 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 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) Provide examples of the following:
 - 1) Onsite healthcare activity report
 - 2) Member participation
 - 3) Financial summary/savings report
- c) Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
- d) How would your organization capture employee growth and clinic utilization for LCSD and make recommendations regarding number of clinics and hours of operation?
- e) 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
- f) Describe your system for the assurance of personal health data security.
- g) Have your network security systems ever been breached? Describe.

2.7 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 prescriptions 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.

2.8 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 complement disease management programs already in place?

2.9 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.
describe participation criteria.
- 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.

2.10 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/illness

All RFPs must be received and time stamped before February 15, 2022 at 2:30 pm to LCSD District Office, 424 Martin Luther King Drive, Purvis, MS 39475 prior to stated opening date and time.

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