

Troup County Board of Commissioners

REQUEST FOR PROPOSALS

On-Site Medical Service

ISSUE DATE: August 19, 2024

DUE DATE: October 3, 2024

Section 1: Description of Proposal Expected

This document constitutes a request for proposal (RFP) from qualified individuals or vendors to perform the Scope of Services set forth herein. Troup County Board of Commissioners is soliciting proposals for vendors to provide an employee health clinic to its employees, dependents and retirees. The Troup County Board of Commissioners is particularly interested in vendors that specialize in representing high quality and cost-effective clinics for employers of comparable size who can reduce healthcare cost to Troup County.

Information requested in this RFP in addition to the questionnaire should be provided after the questionnaire responses. Only include the information requested in the RFP. Additional marketing information should not be included.

Section 2: Background

Troup County currently provides a clinic for employees, employee spouses, and employee dependents that are covered on the employee health insurance. The clinic is also available for retirees and their spouses who were covered by the employee insurance plan with a minimum of 15 years of service at the time of their retirement.

The current covered with available access are as listed below.

Employees:	420
Spouses:	157
Dependent Children:	216
Retirees:	66
Retiree Spouses:	19

Section 3: Scope of Services

Troup County Board of Commissioners is soliciting, through this RFP proposals for a health center. The County has made significant strides in developing a healthier workforce and seeks to continue improvements to benefit employees and lower overall health insurance costs. This effort includes employment of a full time health and wellness manager. The County seeks the best possible services for competitive costs.

It is the goal of Troup County to decrease health insurance costs by providing increased levels of health assessment screening, wellness programs and other services while improving the general health of employees and their dependents. The selected vendor will perform the following specifications for clinic operation:

3.1 Present a service model to assist Troup County Board of Commissioners in controlling health care costs. The health center's approach to participant engagement and trust will be a key component in determining the reward of the business.

3.2 Provide a qualified staff and staffing model to meet the employee needs. A medical doctor or nurse practitioner on site a minimum of 4 days a week is preferred.

3.3 Provide a convenient and user-friendly method for the Troup County employees, retirees, and dependents to have access to primary and preventive care services. Requested care include the following:

- Preventive Care
- Sick Visits
- Annual Physical Exams
- Vaccines and Immunizations
- Lab Draws
- Urgent Care
- Drug Screenings
- EKG

3.4 Allow for scheduling of office visits, and/or unscheduled visits. Patients who make an appointment for services will be seen promptly by the provider. Unscheduled visits may require additional wait time, but patients under this contract shall not be required to be waiting more than 30 minutes to see the provider. Patients with longer projected waits should be promptly rescheduled.

3.5 Provide additional resources and referrals to specialists

3.6 Support wellness initiatives in conjunction with Troup County, including but not limited to conducting:

- Annual physical exam and blood screening
- Provide employee follow-up and wellness education
- Provide tobacco cessation program, on-going support and appropriate prescription therapy
- Assist the County in developing wellness initiatives that have a direct impact on potentially reducing identified health risks.
- Weight management
- Sleep apnea, sleep study to include equipment and supplies if needed
- Disease management

3.7 Consider participation satisfaction reviews of personnel performance.

3.8 Purchase, manage and maintain appropriate supply and inventory levels.

3.9 Ensure quality control of all aspects of clinic operations including but not limited to patient care, follow up and referral care.

3.10 Manage employee records in a secured environment in compliance with HIPAA regulations.

3.11 Provide the following reports to Troup County Board of Commissioners on an agreed upon time frame.

- Clinic census data- seen/day; time/visit; etc.
- Data Analytics
- Utilization reports
- Financial reports

- Employee satisfaction
- Wellness reporting-aggregate report-including chronic disease biometric data
- Referral care
- Return on Investment/Cost Savings

3.12 Attend meetings with Troup County's benefits committee and commission on an as-needed basis to include reporting on clinic operations and recommendations to improve operations, utilization, and quality / efficiency of care.

3.13 Assist with clinic communication and marketing efforts to participants to ensure an optimal and positive positioning of the clinic. The vendor will coordinate its marketing and promotion efforts with Troup County's interest.

3.14 Provide a comprehensive implementation plan.

3.15 The goal of the selected vendor is to create an ongoing partnership. This includes strategy marketing, promoting, attending onsite events and engagement strategies. How will your organization assist with these goals long-term?

3.16 Provide an example of how you were able to increase engagement with a past or current client?

Section 4: Mandatory Pre-Proposal Conference

There will be a mandatory pre-proposal conference held on September 5, 2024 at WeCare Clinic, 900 Dallis Street, LaGrange, GA 30240. This is the location of our current employee clinic. You must have a representative sign in at this conference in order to submit a proposal.

Section 5: Request for Information

All request for information and clarifications regarding this project shall reference the above invitation name and be submitted to Diana Evans, Troup County Purchasing Director at 100 Ridley Ave. Suite 3100, LaGrange, GA 30241 **no later than Friday, September 20, 2024. 2:00 PM EST.** Questions and answers will be

issued in the form of an addendum to all interested parties and will be available on our website at <https://www.troupcountyga.gov>.

Please contact Diana Evans, Purchasing Director at devans@troupcountyga.gov if further assistance is needed. All firms are responsible for checking <https://www.troupcountyga.gov/Purchasing/Bids> for any addenda that may be relating to the RFP.

Troup County Board of Commissioners reserves the right to communicate via electronic mail with the primary contact listed in the proposer's response to the RFP.

From the issue date of this RFP solicitation until a successful proposer is selected and announced, proposers are forbidden to communicate about this solicitation or this Project for any reason with any members of the Troup County Board of Commissioners and government, except for submission of questions as instructed in the RFP. For violation of this provision, the County reserves the right to reject the proposal of the offending proposer.

Section 6: Submission of Proposal

Responses to this RFP are due by **2:00 PM EST Thursday, October 3, 2024**. All proposals are to be completed and submitted in to Troup County Purchasing Department, 100 Ridley Ave., Suite 3100, LaGrange, GA 30240. Each proposal must include one original, 2 copies, and 1 electronic copy. Any proposal received after that time will not be accepted.

It is the sole responsibility of the proposer to ensure delivery by specific deadlines. No submittals will be accepted after the date and time stipulated above.

All expenses for preparing and submitting responses are the sole cost of the party submitting the response. The County is not obligated to any party to reimburse such expenses. All submittals upon receipt become the property of the County. Labeling information provided in Submittals "proprietary" or "confidential" or any other designation of restricted use will not protect the information from public view after/if the award is made. Subject to the provisions of the Georgia Open

Record Act, the details of the proposal documents will remain confidential until final award.

Any questions regarding this RFP should be addressed to Diana Evans- Purchasing Director at devans@trouppcountyga.gov.

Section 7: RFP Process and Requirements

7.1 The proposal process will be a two-part process. Proposers will submit first round proposals by the due date indicated in Section 5.

7.2 The County's selection committee will consider all proposals and conduct discussions with those Proposers whose proposals are deemed most suitable for advancement as a Finalist. This discussion will be conducted solely for the purpose of understanding the proposal and for the County to provide specific instruction for desired modification to the Finalist's proposal.

7.3 The first phase will conclude with the issuance of invitations to Finalist for an in-person presentation and meeting. If the selection committee chooses to do so.

7.4 All questions regarding this RFP, including technical specifications, proposal process, etc. must be submitted no later than **2:00 EST on September 20, 2024**. Answers will be submitted in the form of an addendum.

7.5 No extensions to the deadline in either phase will be granted.

7.6 All proposals must be submitted in a sealed envelope clearly marked "On-site Medical Service" to Troup County Purchasing Department, 100 Ridley Ave., Suite 3100, LaGrange, GA 30240.

7.7 The Proposal or cover letter must be signed by an authorized officer eligible to sign contracts and bind the company to all commitments made in the proposal.

7.8 The Proposer is required to submit a proposal including all cost associated with the clinic and submit with the presentation / bid submission.

7.9 Troup County Board of Commissioners is not responsible for any cost incurred by the Proposer in preparing the proposal.

7.10 Troup County Board of Commissioners reserves the right to reject all proposals and not to award a contract.

7.11 Estimated Schedule:

ESTIMATED TIMELINE

Owner issues RFP	Date 8/19/2024	Time 4:00 PM
Mandatory Pre-Proposal Meeting	Date 9/05/2024	Time: 2:00 PM
Question Deadline	Date 9/20/2024	Time 2:00 PM
Submission Deadline	Date 10/03/2024	Time 2:00 PM
Clinic Opening Date	Date 01/02/2025	Time 7:30 AM

Section 8: Questionnaire

In order for the County to fully understand your services, please answer the following questions thoroughly, succinctly and in this order:

1. Provide name, title and complete contact information for the person responsible for responding to this Request for Proposal (RFP)
2. Provide an overview of your organization including financial stability, organizational structure, ownership, etc.
3. The County envisions that the on-site health center would provide primary, preventative and urgent care to the retirees, employees, and their families (employees, spouses and children over age 3). Please describe your recommendations regarding eligibility and access to the health center.
4. Describe your recommended on-site health center approach for the County. Please include the following:
 - Suggested services (e.g., primary care, urgent care, preventive care, disability mgt., disease mgt., employee health programs, flu shot or other vaccination campaigns, emergency preparedness, workers' compensation, etc.)
 - Proposed hours of operation

- Appointment scheduling
 - Staffing model
 - Technology and information system including patient portal
 - Liability and malpractice provisions
 - Scalability
 - Performance management
 - Ancillary products and programs that should be offered
 - Data transfers and reporting
5. Describe separately your recommendations and your ability to provide pharmacy services in the proposed County service.
 6. Describe your approach to virtual and/or telephone visits for patients.
 7. Describe the employment status and compensation structure for staff (physician, nurse practitioner and manager, as applicable) that will be working at the service, What role will the County play in the selection and ongoing performance monitoring of the staff?
 8. Provide an implementation plan for the onsite service you are proposing for the County. Include timeline, critical path, requirements expected from the County during implementation.
 9. What requirements do you have beyond the provision of physical space and access to utilities that the County should be aware of? Please describe the ongoing resource requirements that would be expected from the County and detail their roles and responsibilities of the service as well as those provided by your organization.
 10. Describe the equipment and resources that you will need to purchase or lease to operate the health center you are proposing and explain how you will charge the County for the purchase or lease and ongoing maintenance of the equipment required for the health center.

11. At the current clinic, Troup County provides the clinic space with utilities. This space includes a waiting area, lab space, 3 exam rooms, restrooms, service counter with staff work space, offices, breakroom area as well as a secure space for medications. Most all furniture, equipment, and computers are the property of Troup County. **Troup County is willing to accept a proposal from a provider who has existing clinic space and to have our employees be treated at your site.**

12. Confirm and describe your ability to integrate and coordinate with the County's vendor partners by providing data transfers and live interactions with the following entities:
 - Disease management programs
 - Workers' compensation/disability
 - Wellness/lifestyle management programs
 - Employee advocacy program
 - Employee assistance
 - Health risk assessments
 - Web portal
 - Decision support tools
 - Health plans and care management programs
 - Data integrators

13. Describe how you would coordinate and integrate with the local provider community. Include a description relative to local primary care physicians, specialists and hospitals.

14. Comment on the approach for pricing services, the administration and coordination of the clinic service cost with the medical plans, and what kind of communication efforts would be required. Include any vendor mark up on products and services or pass through the documented cost of the clinic and charge a management fee. The use of the clinic is at no charge to employees.

15. Provide an estimated financial proposal that is transparent and details all overhead charges involved in the implementation and management of the

proposed services (e.g. rent, fixtures, utilities, equipment, supplies, liability insurance, salaries, etc.) Please estimate any investments required of the County and specify startup cost.

16. Clearly discuss why an employer would use your services. Why would Troup County Board of Commissioners prefer you over another vendor?
17. Provide a proposed communication plan for introducing the on-site service and reference the ongoing communications process. Outline your company's responsibilities in these processes. Include copies of your educational materials and the timeliness for distribution.
18. Provide all clinical indicators used to track the success of the program and the results, including member satisfaction, changes in the cost of care, productivity/absenteeism, utilization measures and program outcomes.
19. Explain how personal health information will be protected and secure.
20. What types of reports do you provide that reflect activity in the clinic and impact from the care management programs? Do your reports include predictive modeling capabilities?
21. Please provide a breakdown of potential savings, including medical and prescription drug claims, to the medical plan by offering an insight services through your firm.
22. Please list any limitations with carrier services associated with how data analytics is released.
23. Express your willingness to enter into a performance guarantee and how the performance criteria and penalties might be defined.
24. Provide a sample contract.

25. Please provide experience in operating primary care clinics. Include 4 references (organization, contact, phone, e-mail, services provided, inception date) of organizations for whom you provide these services; preferably public entities of similar size.

26. Please provide a list of terminated contracts /clients and their contact information.

Section 9: Cost projections / Insurance

Cost for service

Proposers must provide cost quotes which the County would be expected to pay to the proposer for the services provided, and such amount shall be firm or fixed cost not subject to increase during the term of any contractual agreement arising between the County and the proposer. Cost should also include a detailed explanation of any variable cost.

The initial Contract period will be for one year; running from January 1, 2025, with an option to renew from an additional four (4) ONE (1) YEAR PERIODS.

Section 10: Insurance Requirements

1. Limit Requirements:

- a. **General Liability:** The vendor must maintain General Liability Insurance with a minimum limit of \$1,000,000 per occurrence and \$2,000,000 aggregate.
- b. **Auto Liability:** The vendor must maintain Auto Liability Insurance with a minimum limit of \$1,000,000 per accident
- c. **Worker's Compensation:** The vendor must carry Worker's Compensation Insurance as required by the State of Georgia
- d. **Excess Liability:** The vendor must carry Excess Liability Insurance with a minimum limit of \$5,000,000 per occurrence and in the aggregate

- e. Cyber Liability: The vendor must maintain Cyber Liability Insurance with a minimum limit of \$1,000,000 per occurrence and \$2,000,000 aggregate.
 - f. Professional Liability/Medical Malpractice: The vendor must maintain Professional Liability/Medical Malpractice insurance with a minimum limit of \$5,000,000 per occurrence and in the aggregate.
2. Additional Insured Requirement: Troup County Board of Commissioners must be listed as an Additional Insured on all policies required under this contract.
 3. Consideration for Increased Limits on Professional/Medical Malpractice: Considering the unique risks associated with medical services, Troup County recommends that vendors provide higher limits for Professional Liability/Medical Malpractice Insurance. A limit of \$5,000,000 per occurrence and in the aggregate is deemed reasonable to ensure adequate protection for the County.

BIDDERS' DISCLOSURE STATEMENT

All bidders should be aware that the Project is a public project, and the County is a public agency. Pursuant to the laws, rules and Executive Orders of the State of Georgia, Troup County shall make every effort to avoid even the appearance of a conflict of interest or any impropriety in both the selection process for this project and the negotiation and performance of any resulting contract. As a part of any submittal you intend to make for this project, **you must include a Disclosure Statement with your submittal** which answers the following specific questions:

1. Describe any business transactions occurring within the prior two years between your firm and Troup County

<Insert Response Here>

2. Describe any gift, hospitality, or benefit of any sort that your firm has provided to Troup County within the prior one-year period.

<Insert Response Here>

3. A conflict of interest or potential conflict of interest is defined as any action, decision, or recommendation by a person acting in a capacity as a public official, the effect of which is or could be to the private monetary or financial benefit or detriment of the person, the person's relative, or any business with which the person or a relative of the person is associated. The potential conflict of interest is viewed from the perspective of a reasonable person who has knowledge of the relevant facts. Based upon this definition, describe any conflict of interest or potential conflict of interest that your firm has with Troup County.

<Insert Response Here>

- 4.** This Disclosure Statement should be dated and signed by an authorized signer for the bidder and submitted with the Bidder's submittal.

Name of Firm

Authorized Signature

Date

Printed Name and Title of Authorized Agent

CERTIFICATION FORM

I, _____, being duly sworn, and state that I am _____ (title) of _____ (firm) and hereby duly certify that I have read and understand the information presented in the attached bid and any enclosure and exhibits thereto.

I further certify that to the best of my knowledge the information given in response to the request for bids is full, complete and truthful.

I further certify that the bidder and any principal employee of the bidder have not, in the immediately preceding five years, been convicted of any crime or moral turpitude or any felony offense, nor has had their professional license suspended, revoked or been subjected to disciplinary proceedings.

I further certify that the bidder has not, in the immediately preceding five years, been suspended or debarred from contracting with any federal, state or local government agency, and further, that the bidder is not now under consideration for suspension or debarment from any such agency.

I further certify that the bidder has not in the immediately preceding five years been defaulted in any federal, state or local government agency contract, and further, that the bidder is not now under any notice of intent to default on any such contract.

I acknowledge, agree and authorize, and certify that the bidder acknowledges, agrees and authorizes, the Troup County Board of Commissioners may, by means that the Troup County Board of Commissioners deems appropriate, determine the accuracy and truth of the information provided by the bidder and that Troup County or their agents may contact any individual or entity named in the RFP for the purpose of verifying the information supplied therein.

A materially false statement or omission made in conjunction with this bid is sufficient cause for suspension or debarment from further contracts, or denial of rescission of any contract entered into based upon this bid thereby precluding the firm from doing business with, or performing work for, the State of Georgia. In addition, such false statement or omission may subject the person and entity making the bid to criminal prosecution under the laws of the State of Georgia of United States, including but not limited to O.C.G.A 16-10-20, 18 U.S.C 1001 or 1341.

Signature

SWORN AND SUBSCRIBED BEFORE ME

This _____ (day) of _____ (month), 20____ (year)

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

NOTARY SEAL

List of Similar Projects:

1. Project Name: _____

Project Location: _____

Project Owner: _____

Owner Contact (Name and Phone) _____

Project Contract Amount: _____

Description of Project: _____

2. Project Name: _____

Project Location: _____

Project Owner: _____

Owner Contact (Name and Phone) _____

Project Contract Amount: _____

Description of Project: _____

3. Project Name: _____

Project Location: _____

Project Owner: _____

Owner Contact (Name and Phone) _____

Project Contract Amount: _____

Description of Project: _____

4. Project Name: _____

Project Location: _____

Project Owner: _____

Owner Contact (Name and Phone) _____

Project Contract Amount: _____

Description of Project: _____
