



REQUEST FOR PROPOSAL

ON-SITE MEDICAL SERVICES CLINIC
FOR THE CITY OF MISSOULA
MISSOULA, MT

Submittals must be received by 5:00 p.m. (MDST) Tuesday, June 22, 2010.

SECTION I: PURPOSE OF REQUEST

- A. The City of Missoula (the CITY) is requesting proposals from qualified medical providers to:
1. Provide on-site medical services clinic for employees and dependents, 4 hours per week, 45 weeks per year;
 2. Provide medical supplies for the treatment of minor illnesses and injuries;
 3. Provide routine physical examinations and vaccinations for dependent children under the age of 18;
 4. Provide limited disease management for employees and dependents with chronic illnesses, i.e. diabetes, high cholesterol, hypertension, etc.
 5. Provide blood screenings and flu shots for employees and dependents unable to attend City sponsored events; and
 6. Integrate individual medical records with blood screening results and other diagnostic tests

SECTION II: BACKGROUND

A. City of Missoula

1. General

The CITY operates under self-government powers with a council-mayor form of government. The Mayor serves as the chief executive officer of the CITY and is responsible for carrying out the executive functions of the CITY. The Chief Administrative Officer serves as CITY administrator and is responsible for ensuring that policies and procedures are carried out by the departments.

The CITY is composed of departments, divisions and offices, including the Mayor's Office, Municipal Court, Finance, Attorney's Office, City Clerk, Human Resources, Information Technology, Public Works (Engineering, Traffic Services, Building, Streets, Wastewater and Vehicle Maintenance), Police, Fire, Cemetery, Parks and Recreation, Parking Commission and the Missoula Redevelopment Agency. The CITY budget authorizes 434 FTE's with an average payroll for 570 employees.

SECTION III: SCOPE OF SERVICES

- A. City of Missoula on-site medical services clinic will integrate with the city's self-funded health insurance and wellness program.
 - 1. Meet with City Human Resources Director to discuss basic on-site medical clinic program needs, program design and implementation.
 - 2. Review City employee health benefit plan with reference to preventative and wellness, benefits.
 - 3. Present draft program to City Administrators and Employee Benefits Committee members.
 - 4. Provide employee orientation and informational meetings to educate city employees as to the services and benefits of using an on-site medical services clinic.
 - 5. Implement integrated on-site medical services clinic.

SECTION IV. PROPOSAL FORMAT/CONTENT

Responses to this request for proposal should contain the following:

- A. TITLE PAGE: Indicate the RFP subject, firm name and contact information including address, telephone number, website address and contact person).
- B. TABLE OF CONTENTS: Clearly identify material by section number.
- C. INTRODUCTORY COMMENTS:
 - 1. Briefly state the firms understanding of the work to be performed and provide a statement about the firm's commitment and ability to perform such work.
 - 2. Provide the names of the person or persons who will be authorized to make representations on behalf of the firm, together with titles and contact information.
- D. FIRM QUALIFICATIONS:
 - 1. Describe the firm's experience in the design and implementation of on-site medical service programs.
 - 3. Provide a representative list of current and prior clients, for whom you have served, designed and implemented on-site medical services. Include the firm's name and telephone number. Indicate the type of service performed and the duration of the agreement.

4. Describe any litigation, pending or in the past, arising from the firm's performance.
5. Disclose any possible areas of conflict of interest with the CITY.

E. PROJECT MANAGER QUALIFICATIONS:

(Address each of the following unless the qualifications of the firm and the project manager are one and the same.)

1. Identify the project manager and each individual who will work on the project. Include each project participants' resumes. Resumes may be included as an appendix.
2. Describe project participants' experience designing and implementing on-site medical service programs.
3. Describe the organization of the service team, detailing the level of involvement and estimated hours for each member of the team.

F. PROJECT TIME LINE IMPLEMENTATION SCHEDULE:

The CITY seeks an implementation date of August 1, 2010.

G. PROJECT UNDERSTANDING, PROPOSED SCOPE AND METHODOLOGY:

1. Describe your approach to performing the contracted work. This should include the following points:
 - (a) Describe your plans to educate employees about the on-site medical service model. Include how employees and dependents will access services
 - (b) Describe what CITY staff support, if any, you anticipate you will require for developing, implementing and maintaining the on-site medical services clinic and provide an estimate for the amount of staff time required.
 - (c) Describe your space, storage and equipment need requirements and to what extent the city will be liable items stored on-site.
 - (d) Describe any program limitations you might have in regards to diseases, illnesses or other medical conditions.
 - (e) Describe how and to whom employees and dependents will be referred in the event that services needed cannot be delivered at the on-site clinic.
 - (f) Describe the process and cost for diagnostic analysis, including types of tests that can be done on-site and tests or other diagnostic procedures that be referred out.

- (g) Describe your method for maintaining, managing and integrating individual medical records.
 - (h) Describe your method for billing for individual medical services outside of the scope of the on-site clinic; including your method for billing the city's self-insured health benefit plan.
 - (i) Describe your reporting methods, including indicators that will be in place to assess program utilization and effectiveness.
2. The firm must provide a written statement that no individual will be discriminated against with regard to compensation, terms, conditions, or other privileges of employment because of race, ancestry, color, disability, religion, national origin, sex, age, marital status, creed, physical condition, political belief, public assistance status, sexual orientation, gender identity and/or gender expression.
 3. The firm must certify that they comply with state and federal laws regarding unemployment insurance and workers compensation coverage. The CITY will require the successful proposer to possess a current City of Missoula business license, medical malpractice and liability insurance and an errors and omission policy.
 4. The firm must be covered by a Worker's Compensation insurance program with the State of Montana, a private insurance carrier, or an approved self-insurance plan in accordance with Montana State law.

SECTION V. PROPOSAL AND SUBMISSION REQUIREMENTS

A. SUBMITTAL INFORMATION:

1. Proposals must be received June 22, 2010 no later than 5:00 pm. local time (Mountain Day Light Savings Time). Please be advised that this is the receipt date, not a postmark date. Please submit one (1) original and four (4) copies.
2. A person authorized to contractually bind the proposer must sign proposal. Each proposal shall be prepared simply and economically, providing a straight forward, concise delineation of the proposer's capabilities to satisfy the requirements of the RFP. Proposal will be evaluated on completeness and clarity of content.
3. All proposals and accompanying documentation become the property of the CITY and will not be returned.
4. All proposals received in response to this RFP shall remain valid for 60 days.

B. ISSUING OFFICE INFORMATION AND CLARIFICATION:

1. City of Missoula

The issuance of this RFP is approved by the Chief Administrative Officer, the City Attorney, the Finance Director and the Mayor. The City Human Resources Director/EEO Officer is the point of contact for the CITY in this selection action. Throughout the duration of this process, all communications on this project should be addressed to:

Gail Verlanic
Human Resources Director/EEO Officer
City of Missoula
435 Ryman St.
Missoula MT 59802
(406) 552-6127, or email
gverlanic@ci.missoula.mt.us

2. The City is committed to Equal Employment Opportunity (EEO) guidelines as promulgated by federal and state law: all provisions of this RFP and corresponding services shall be administered in accordance with the provisions contained in such Equal Employment Opportunity Guidelines where such guidelines are applicable and relevant.
3. For information concerning procedures to respond to this RFP, contact the CITY Human Resources Director, Gail Verlanic, at (406) 552-6130. Such contact is limited to clarification purposes only. Material changes, if any to the scope of services, or proposal procedures, will only be transmitted by written addendum.

SECTION VI. PROPOSER'S FEE STATEMENT

A. FEE STATEMENT:

1. Separate Fee Statement

Each proposal shall contain a fee statement. Fees for services (i.e. personnel, supplies, support/indirect) should be expressed in an hourly rate, not to exceed a maximum amount, with a separate price breakdown for the specific components of the work shown in Section III SCOPE OF SERVICE and Section IV PROPOSAL FORMAT AND CONTENT. Indicate your expectations concerning the billing cycle, reimbursement for any travel, per diem expenses, photocopying, telephone calls, or other incidental expenses (please list, if any). If additional work were required beyond the scope of this contract, how would those services be billed? Please indicate hourly rates for changes or additions to the contract.

B. PREPARATION COSTS:

The CITY is not liable for any costs associated with the preparation or presentation of any proposal submitted in response to this RFP.

SECTION VII. SELECTION PROCESS

A. EVALUATION CRITERIA:

1. Proposal Evaluation

- a. Proposals will be evaluated to ascertain which proposal best meets the requirements of the CITY. The items to be considered during the evaluation are as follows:
 - (1) Experience providing on-site medical services to organizations and/or private firms.
 - (2) Qualifications of the proposer.
 - (3) Project organization and qualifications of the persons assigned to the project.
 - (4) Project understanding, proposed approach and methodology.
 - (5) References.
 - (6) Cost of service delivery.

2. Selection Process

Evaluation of the proposals will be performed by a committee selected by the CITY. The committee will make this evaluation solely on the responses to this RFP. The selection process may include an interview with key members of the firm with the selection committee.

3. Right of Rejection.

- a. The CITY reserves the right to reject any and all proposals submitted.

4. Acceptance of Proposal.

- a. The content of the proposal of the selected consultant will become part of the contractual obligations if a contract ensues. Failure of the consultant to accept these obligations may result in cancellation of its selection.
- b. Final contract award shall be submitted to the City Council for approval.

SECTION VIII. RFP MODIFICATIONS

The CITY reserves the right to modify this RFP at any time. In the event a modification or revision is necessary, a written addendum will be provided to all bidders who receive the basic RFP. No oral change or interpretation of the provisions contained in the RFP will be deemed valid.

SECTION IX. VARIANCES

All variances to this proposal must be specifically stated. State any variations to specifications, terms and conditions in the space provided below. No variations or expectations by the proposer will be deemed to be part of the proposal submitted unless such variation or exception is referenced in the space below. If no statement is contained in the space below, it is hereby implied that your proposal complies with the full scope of this RFP.

Variances:

XI. SIGNATURE PAGE

The below signed hereby agrees to furnish the proposed services under the terms stated subject to all instructions, general conditions, specifications, legal advertisements, and special conditions contained in the RFP. I have read the RFP and fully understand what is required.

Authorized Signature: _____

Name (typed/printed): _____

Title: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Date: _____