



COUNTY OF LYCOMING

PURCHASING DEPARTMENT

Mya Toon, Lycoming County Chief Procurement Officer, CPPB
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REQUEST FOR PROPOSAL (RFP) FOR EMPLOYEE HEALTH & WELLNESS CLINIC

ISSUE DATE: JUNE 26, 2020
DUE DATE: JULY 17, 2020

Bidders may download proposals by going to www.lyco.org and clicking on Top 10 Links, Request for Bids/Proposals. All Bidders are required to contact the Lycoming County Chief Procurement Officer and place his/her company name on the Bidders' List. This will ensure that each Bidder receives any and all addenda that may apply to the current proposal package. Failure to receive all current information could result in your company submitting an inaccurate proposal, which may be disqualified by the County.

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SECTION 1
NOTICE TO BIDDERS

Legal Ad
Sun Gazette
To Be Run: June 26th & June 30th

NOTICE TO BIDDERS

The County of Lycoming is requesting sealed proposal for **Employee Health & Wellness Clinic**. Proposals are due by **Friday, July 17, 2020, at 5:00 P.M. EST**. Proposals will be opened on **Tuesday, July 21, 2020, at 10:00 A.M. EST** in the Commissioners' Meeting Room, Lycoming County Executive Plaza Building.

Proposals shall be mailed or delivered to the Lycoming County Controller's Office, Lycoming County Executive Plaza Building, 330 Pine Street, 2nd Floor, Williamsport, PA 17701. Proposals must be enclosed in a sealed envelope and marked "**RFP for Employee Health & Wellness Clinic**."

All bids shall remain firm price for 60 days after the date of bid opening.

Questions regarding this request for proposal shall be directed to Mya Toon, Chief Procurement Officer, at mtoon@lyco.org.

Bidders may download the proposal by going to www.lyco.org and clicking on Top 10 Links, Request for Bids/Proposals.

The Lycoming County Board of Commissioners reserve the right to accept or reject any or all proposals, or to accept any part of a proposal without accepting the whole thereof, or to accept such proposal as they deem to be in the best interest of the County.

COUNTY OF LYCOMING

Scott L. Metzger
Tony R. Mussare
Richard Mirabito

Attest:
Matthew M. McDermott
Chief Clerk

SECTION 2

**PROPOSAL INFORMATION
AND
INSTRUCTIONS**

PROPOSAL INFORMATION AND INSTRUCTIONS

2.1 Definitions

Request for Proposal (RFP)	All documents, whether attached or incorporated by reference, used to solicit competitive sealed bids / proposals.
County	County shall be synonymous with the Lycoming County Board of Commissioners.
Bidder / Respondent	A firm, individual, or corporation submitting a proposal in response to this RFP.
Addendum	A written change, addition, alteration, correction or revision to a proposal or contract document.
Bid / Proposal	The formal response to the RFP.
Contract	The agreement that results from this competitive procurement, if any, between the County and the vendor identified.
Contractor / Vendor / Successful Bidder	The Bidder(s) that will be awarded a contract pursuant to this solicitation and are responsible performing the service or supplying the good as defined in the contract.
Subcontractor	Any person other than an employee of Respondent who performs any services listed in this RFP.
Services	The work identified in this RFP as to be performed by Vendor under the ensuing contract.
Goods	The equipment or items identified in this RFP as to be supplied by Vendor under the ensuing contract.
Work	The required services and required goods.

2.2 Receipt of Proposal Package

The County's Purchasing Department and the Controller's Office are the sole authorities to provide the RFP package to Bidders. Bidders who are working from an RFP package obtained from any other source may be working from an incomplete set of documents. The County assumes no responsibility for a proposal's errors, omissions or misinterpretations resulting from a Bidder's use of an incomplete RFP package.

Bidders are advised to contact the Purchasing Department to provide his/her company's name, address, telephone number, fax number and contact name. This will ensure the Bidder will receive all communication regarding the RFP such as addenda and clarifications.

2.3 Examination of Proposal

Bidders shall carefully examine all documents in the solicitation to obtain knowledge of existing conditions, limitations, and requirements. Failure to examine the documents will not relieve the Bidder of responsibility for same nor will extra payment or change order requests be considered for conditions which could have been determined by examining the solicitation.

Proposals will be considered as conclusive evidence of complete examination and understanding of the terms and conditions of the proposal documents including the specifications and all requirements thereof of the RFP. It is understood that submission of a proposal indicates full acceptance of the same by the parties submitting the proposal. Furthermore, by submitting a proposal the Bidder waives the right to claims for additional time or monetary compensation for all work without limit required to complete the contract which could have been obtained by the Bidder through examination of all documents, or raising a question regarding requirements prior to submitting a proposal.

2.4 Preparation of Proposal

The County shall not be responsible for any costs associated with the preparation or submittal of any proposal. All costs are entirely the responsibility of the Bidder.

2.5 Communications

All questions regarding this RFP shall be submitted in writing to Mya Toon, Lycoming County Chief Procurement Officer, at mtoon@lyco.org. Questions which require a more detailed or complex reply, or require an answer that may affect responses to this RFP or may be prejudicial to other prospective Bidders, will be answered by issuing an addendum. Questions must be received by the Chief Procurement Officer no later than Monday, July 6, 2020, 5:00 P.M. EST.

2.6 Addenda/Amendments to Proposal

All changes in connection with this proposal will be issued by the Purchasing Department in the form of a written addendum. All addenda will be posted to the County Purchasing Department's page on the County website (www.lyco.org) at least seven (7) days prior to the deadline for RFP submissions. It is the Bidder's responsibility to check the website and ensure they have all applicable addenda prior to proposal submission. Signed acknowledgement of receipt of each addendum must be submitted with the proposal.

2.7 Deadline and Opening of Proposal

Proposals must be received no later than Friday, July 17, 2020, 5:00 P.M. EST. Proposals will be opened publicly at 10:00 A.M., EST, on Tuesday, July 21, 2020, in the Commissioners' Board Room located on the 1st Floor of the Lycoming County Executive Plaza Building.

2.8 Important Dates

The following lists important events and deadlines regarding the RFP.

Issue Date:	June 26, 2020
Final Date for Written Questions:	July 6, 2020
Deadline for Submitting Proposals:	July 17, 2020
Opening of Proposals:	July 21, 2020

2.9 Submission of Proposal

An original and seven (7) complete copies must be enclosed in a sealed envelope or package. The outside of the envelope or package shall be clearly marked, "RFP for Employee Health & Wellness Clinic." Proposals shall be submitted to the Lycoming County Controller's Office, Executive Plaza Building, 330 Pine Street, 2nd Floor, Williamsport, PA 17701. Late proposals shall not be accepted. Proposals must be mailed or hand-delivered. Proposals delivered by fax or electronic mean are not acceptable and will not be considered.

All proposals must be submitted on the forms provided by the County and in accordance with the requirements and instructions contained in the RFP package. The County may waive minor informalities or irregularities in the proposals received where such is merely a matter of form and not substance, and the correction or waiver of which is not prejudicial to other Bidders. Minor irregularities are defined as those that will not have an adverse effect on the County's interest and will not affect the price of the proposal by giving a Bidder an advantage of benefits not enjoyed by other Bidders.

2.10 Public Disclosure

All Bidders should be aware that the County is an agency subject to the Right-to-Know Law. Any documents submitted should be considered as subject to potential public disclosure once the proposal is awarded. A summary of proposals received, including company name and proposal amount will be posted on the Purchasing Department's page of the County's website (www.lyco.org) within 48 hours of the proposal opening.

2.11 Exceptions

A proposal submitted in response to this RFP constitutes a binding offer to comply with all terms, conditions, special conditions, general specifications, and requirements stated in this RFP, except to the extent that a Bidder takes exception to such provisions. To take exception to a provision of this RFP, the Bidder must clearly identify in the PROPOSAL EXCEPTION FORM: (a) the number and title of each section of this RFP that the Bidder takes exception to; (b) the specific sentence within such section that the Bidder takes exception to; and (c) any alternate provision proposed by the Bidder.

2.12 Modifications/Withdrawal of Proposal

Proposals may be modified or withdrawn prior to the submittal deadline. Requests for withdrawals or modifications of proposals received after the proposal submittal deadline will not be considered except as otherwise provided in the following paragraph. Bidders desiring to modify or withdraw his/her proposal, must submit the purpose for modification or withdrawal in writing to the County Chief Procurement Officer prior to the submittal deadline. Bidders may resubmit proposals provided it is prior to the scheduled submittal deadline.

After proposal opening, the Chief Procurement Officer may allow a Bidder to modify or withdraw its proposal without prejudice if clear and convincing evidence supports the existence of a material and substantial error, an unintentional arithmetical error or an unintentional omission of a substantial quantity of work, labor, material, or services made directly in the compilation of the proposal. Requests to modify or withdraw the proposal must be made in writing to the Chief Procurement Officer within two (2) business days after opening the proposals.

2.13 Evaluation of Proposals

Proposals will be evaluated in accordance with the required scope of work as listed in this RFP. At the County's discretion, a proposal may be eliminated from consideration for failure to comply with any required specification, depending on the nature and extent of non-compliance. In addition to meeting mandated specifications, proposals will be evaluated for the ability of the Bidder to provide, in the County's opinion, the best overall solution to meet the County's objectives.

The County reserves the right to request any additional information deemed necessary in the evaluation of this RFP. Requested information shall be submitted to the Chief Procurement Officer within five (5) business days from date of request.

2.14 Rejection or Disqualification of Proposals

A proposal that is incomplete, obscure, conditioned or contains additions not called for or irregularities of any kind, (including alterations or erasures), which are not initialed, may be rejected as non-conforming. The County reserves the right to waive a proposal's minor irregularities if rectified by Bidder within three (3) business days of the County's issuance of a written notice of such irregularities.

The County reserves the right to disqualify proposals, before or after opening, upon evidence of collusion with intent to defraud or other illegal practices upon the part of the Bidder.

Issuance of this RFP in no way constitutes a commitment by the County to award a contract. The County reserves the right to accept or reject, in whole or part, all proposals submitted and/or cancel this solicitation if it is determined to be in the best interest of the County.

2.15 Evidence of Financial Standing

After the bid opening, Bidders may be required to present suitable evidence of his/her financial standing within three (3) business days after request by the County. This evidence would include an income statement, balance sheet and statement of cash flow accompanied by an auditor's report attesting to the accuracy of the financial statements.

2.16 Award of Proposal

Award of any proposal is contingent upon available budget funds and approval of the Lycoming County Board of Commissioners. The County will award the contract to the best responsible, responsive Bidder who meets all terms, conditions, and specifications of the RFP, within sixty (60) days of the opening of the proposals. Submitted proposals shall remain valid during this sixty (60) day period. An official letter of acceptance will be forwarded by the County to the successful bidder after proposal selection and prior to contract award.

SECTION 3
GENERAL TERMS
AND
CONDITIONS

3.1 Evidence of Insurance

The successful Bidder, at its expense, shall carry and maintain in full force at all times during the term of the contract, resulting from this ITB, the below insurance. The requirements are applicable to any and all subcontracts and subcontractors performing work under this contract.

Coverage	Limits of Liability
Workmen's Compensation	Statutory
General Liability/Property Damage	\$500,000 each occurrence \$1,000,000 aggregate
Personal Injury	\$500,000 each occurrence \$1,000,000 aggregate
Automobile Liability/Property Damage	\$500,000 each occurrence
Bodily Injury	\$500,000 each occurrence \$1,000,000 aggregate
Professional Liability/Malpractice Insurance	\$500,000 each occurrence \$1,000,000 aggregate
Errors and Omissions	\$500,000 each occurrence \$1,000,000 aggregate

The successful Bidder shall provide to the County a Certificate of Insurance naming the County of Lycoming as additionally insured, evidencing the existence of all required insurance prior to the commission of work. Said insurance must include coverage for complete operations, contractual insurance and independent contractor or subcontractor insurance, where and if applicable. Said policies shall remain in full force and effect until the expiration of the terms of the contract or until completion of all duties to be performed hereunder by the Contractor, whichever shall occur later. No policies may be cancelled without ten (10) days advance written notice to the County. Such certificate shall be issued to: County of Lycoming, Attn: Mya Toon, 48 West Third Street, Williamsport, PA 17701.

3.2 Bidder's Certification

By submitting a proposal, the contractor is certifying that it and its Principals and/or subcontractors are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by the State of Pennsylvania or any Federal department or agency.

3.3 Use of Proposal Forms

Any and all documents required by the RFP that require a notarization must include the signature and seal of the notary public as required by the state in which the notary is commissioned. For those states that do not require an embossed notary seal, a Notarization Affidavit must be completed and submitted with the proposal. Proposals and required documentation submitted without the embossed seal and without the Notarization Affidavit, as applicable, may be rejected at the time of proposal opening.

3.4 Non-Collusion Affidavit

The County requires that a Non-collusion Affidavit be submitted with all proposals pursuant to its authority according to the Pennsylvania Antibiid-Rigging Act, 62 Pa. C.S.A. §4501 et seq. This Non-Collusion Affidavit must be executed by the member, officer, or employee of the Bidder who makes the final decision on prices and the amount quoted in the proposal.

Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of proposals are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the Bidder with responsibilities for the preparation, approval or submission of the proposal.

If a proposal is submitted by a joint venture, each party to the venture must be identified in the proposal documents, and a Non-Collusion Affidavit must be submitted separately on behalf of each party.

The term “complementary bid” as used in the Affidavit has meaning commonly associated with that term in the bidding process, and includes the knowing submission of proposals higher than the proposal of another firm, any intentionally high or non-competitive proposal, and any form of proposal submitted for the purpose of giving a false appearance of competition. Failure to file a Non-Collusion Affidavit in compliance with these instructions may result in disqualification of the proposal.

SECTION 4
CONTRACT TERMS
AND
CONDITIONS

4.1 Agreement/Contract

The successful Bidder shall be required to sign a contract with the County for said services as specified in the RFP and 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 County.

4.2 Execution of Contract

The successful Bidder must execute a written contract with the County. If the successful Bidder fails or refuses to execute the formal contract within ten (10) days of the date of contract award, award of the contract shall be voided, and all obligations of the County in connection herewith shall be canceled.

4.3 Contents of Contract

The entire contents of this RFP shall become a part of the contract.

4.4 Amendments/Modifications of Contract

The contract between the County and the Contractor shall not be amended or modified, nor shall any of its terms be waived, except in writing and executed by both parties.

4.5 Subcontracting

The successful bidder shall not subcontract any of its obligations under this contract without the County's prior written consent. In the event the County does consent in writing to a subcontracting arrangement, the successful bidder shall be the prime contractor and shall remain fully responsible for performance of all obligations which it is required to perform under this contract.

4.6 Term of Contract

The contract, which results from the award of this ITB, shall commence upon award and shall continue for one (1) year, unless sooner terminated as herein provided.

4.7 Termination

The County reserves the right, at any time and for its convenience, to terminate the contract in whole or in any separable part by written notice to Contractor. Such notice shall be provided at least thirty (30) days prior to the intended termination date. Contractor shall be compensated for Goods accepted and for Services performed in accordance with the provisions of the contract up to the effective date of termination, less any payments previously made by the County for such Goods or Services, but in no event shall Contractor be entitled to recover loss of profits.

In the event that either the Contractor or the County defaults in the performance of any obligation specified in the contract, the non-defaulting party shall notify the other party in writing and may suspend the contract, in whole or in part, pending remedy of the default. If such default is not remedied within fifteen (15) days from the date of receipt of such notice or if the other party is diligently attempting to cure such default but is unable to cure such default within thirty (30) days from the date of receipt of such notice, then the non-defaulting party shall have the right to terminate the contract immediately by providing written notice of termination to the other party.

4.8 Pricing

Bidders warrant the proposal price(s), terms and conditions stated in his/her proposal shall be firm for a period of sixty (60) days from the date of the proposal opening. Once an award is made and a contract is in place, prices shall remain firm and fixed for the entire contract period. If the proposal includes price increases over the term of the contract, such increases must be clearly indicated in the proposal.

SECTION 5
SCOPE OF WORK

SCOPE OF WORK

5.1 Intent

The Lycoming County Board of Commissioners is requesting proposals from qualified medical providers to provide to its approximately 500+ employees and dependents a convenient way to receive quality medical care at no cost as an adjunct to Lycoming County's health insurance program. This service is not intended to supplant employee health insurance as such participation shall be voluntary. Please be advised the County is soliciting for a direct provider, not a broker/agent and/or intermediary organizations not directly in the business of establishing and maintaining a health and wellness clinic.

The intent of this initiative is to:

- Reduce the overall cost of health care.
- Improve access to quality health and wellness services.
- Improve the overall health of employees and their families in order to reduce future health care costs through early detection and wellness programs.
- Decrease absenteeism by providing employees with providing immediate access to a physician for minor emerging health concerns.
- Offer employees and their families a benefit without adding cost to the County.

5.2 Background

The County of Lycoming (County) employs approximately 505 full-time employees, insuring roughly 432 employees and 295 retirees. The County currently participates with Trustmark with an Aetna Network and stop-loss agreement, as identified below:

A. Health Plan Documents (5) – Self Insured

- a. Aetna PPO – Active Non Union; Sheriff's Union; Adult Probation Office (APO)/Juvenile Probation Office (JPO)/Domestic Relations Office (DRO) Union; Detective's Union; Assistant District Attorney (ADA)/Assistant Public Defender (APD) Union
- b. Prison Union PPO
- c. Pre-Release Union PPO (In Negotiations – Deductibles Frozen From 2019)
- d. Pre-65 Retirees
- e. Senior Plan
- f. Prescription Drug Plan With OptumRx is carved out for all active and union plans
- g. Retiree Plans include script with their plan (Caremark)

B. Opt-Out of Insurance

- a. \$1,000 annually in lieu of coverage

C. Trustmark

- a. Flexible spending accounts and COBRA administration, Teledoc and Bluebook

D. Wellworks

- a. Stand-alone wellness program

E. Guardian Plans (3)

- a. All eligible County non-prison union employees
- b. All eligible County non-prison union firearm
- c. All eligible prison union firearm employees
- d. Employer paid: basic dental; life, AD&D

- e. Voluntary employee paid: dependent(s) basic dental; buy up dental for self & dependent(s); vision for self & dependent(s); long term disability; voluntary life for self & dependent(s); accident insurance for self & dependent(s)

F. Unions

- a. Probation officers and domestic relations employees association (contract dates January 1, 2017 – December 31, 2021).
- b. Teamsters Local Union NO.764 – ADA/APD (contract dates January 1, 2017 – December 31, 2021).
- c. Teamsters Local Union No. 764 – Detectives (Contract Dates January 1, 2017 – December 31, 2021).
- d. AFSCME – Prison (contract dates January 1, 2018 – December 31, 2022).
- e. Deputy Sheriff’s Association (January 1, 2018 – December 31, 2022).
- f. AFSCME – Pre-Release (Contract In Negotiations – All Benefits Frozen From 2019).

G. June Census Employee Participant Counts

Lycoming County Non-Union Group	319
Prison Union	43
ADA/APD Union	9
Detective’s Union	6
APO/JPO/DRO Union	27
Sheriff’s Union	10
Pre-Release Union	18
COBRA	3
Pre-65 Retiree	70
Retiree Senior	225
Opt-Outs	73

5.3 Scope of Work

A. Organizational Overview (LABEL ATTACHMENT A)

1. Please provide a brief description of your organization including history, ownership and management structure.
2. Please identify the number of health clinics for public or private entities your company has under management at this time, separated by state/location.
3. Please describe your company’s experience related to the services to be provided in response to this RFP, with specific emphasis on the operation of full service primary care services, pharmacy, lab and x-ray services at current employee health clinics.
4. Please list the account management team that would be assigned to the County along with their roles and responsibilities. Where are these individuals located? Provide a brief description of their on-site health clinic experience and years with your organization.
5. Please describe any litigation, pending or in the past 10 years, from the performance of your firm’s health clinic operation business.

6. Do you manage any health clinics that are a collaboration among a group of employers that share one or more clinics? If so, please describe.
7. Please provide five (5) references, including contact information, of clients for whom you provide health clinic services consistent with what the County has requested, preferably public entities.

B. General Requirements (LABEL ATTACHMENT B)

1. The successful bidder agrees they will function as an independent contractor and agrees to indemnify and hold harmless the County, its employees, officers, and agents from any and all claims, suits or actions and damages or costs of every name and description to which the owner may be subjected or put by reason of injury to the person or property of another, or the property of the County, resulting from negligent acts or omissions on the part of the Bidder, the Bidder's agents, servants or subcontractors in the delivery of goods and services, or in the performance of the work under the contract.
2. The successful bidder must be in accordance with and subject to compliance with the non-discrimination provisions and all other laws and regulations applicable to the performance of services there under.
3. The successful proposer must be licensed in the State of Pennsylvania to provide medical services. Please provide proof of license.
4. The successful bidder shall possess sufficient insurance to protect against all claims and exposures in accordance with the insurance provisions below. Please provide proof of all insurances.
5. Both parties must agree to comply with all requirements of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPPA) as may be amended from time to time, and the corresponding HIPPA regulations for the confidentiality and security of medical information. Please provide documentation on patient record keeping confidentiality and your IT management structure. Please indicate if your network security systems have ever been breached.
6. Please state whether your firm is certified by State of Pennsylvania as a drug-free workplace.
7. The successful proposer will be required to sign a contract with the County. Please provide a copy of any contract your company will require.
8. Please identify any aspects of the "Clinic Scope" described herein that you are not able to provide or that do not fit your clinic model.
9. The above and below information is required in order to accept bids as complete; any bids received without the above or below information shall be marked incomplete and may be rejected.

C. Clinic Operations (LABEL ATTACHMENT C)

1. The successful bidder shall establish, manage and operate the clinic. The clinic shall be an on-site clinic via a space provided by the County. It is expected that the on-site vendor provide the staffing and medical and prescription drug supplies needed to open and maintain the clinic.
2. Describe your approach to performing services. This should include the following points:
 - a. Please describe your plans to educate employees about the clinic.
 - b. Please include how employees and dependents will access services.

- c. Please describe your space, storage and equipment need requirements. Please include in your cost model.
 - d. Please describe how and to whom employees and dependents will be referred in the event that services needed cannot be delivered at the clinic.
3. The County is looking to provide all services there under at no cost. Please describe if you are you able to provide such services at no cost. If not, please identify the cost associated with each visit per employee and dependent? Please describe if payment would be required in advance or following service? Please describe if this cost will remain the same through the life of the contract? Please provide any alternative methods to achieving above requirements.
4. Please outline your service proposal in detail for our employees and dependents. Please provide the process of services and a detailed cost for each service. Please identify the types of tests that can be done at the clinic and tests or other diagnostic procedures that must be referred out.
5. Please clarify your company's definition of dependent.
6. The County requests the clinic to be open seven (7) days a week. Please provide hours of operations for the clinic as well as how many appointments will be available versus walk-ins.
7. Please describe the staffing model you would propose by position to staff the clinic appropriately.
8. Please confirm if you shall need to interact and data share and with whom. Please ensure any costs related to data integration and collaboration is included in the cost model.
9. The County requires that all patient co-payments be waived at the point of care for office visits and pharmacy. Please ensure that your cost model reflects such.
10. Please describe your medical record file process.
 - b. Is your process electronic? This shall be included in the cost model, if applicable.
 - c. Provide who would have access to medical record files.
 - d. Describe the ability for the patient to access their medical record data online, if applicable.
11. Please describe how you propose measuring the outcome and success of the clinic tracking the following:
 - a. Clinic utilization
 - b. Participant satisfaction
 - c. Changes in cost of care
 - d. Primary care/disease management program outcomes
 - e. Pharmacy utilization
12. Please describe your standard management reports and please provide capabilities for custom reports that would be available to the County.
13. Please provide examples of "Return of Investment" (ROI) reporting that you have provided to past clients including the explanation of calculations and methodology in the following categories:
 - a. Cost per visit
 - b. Medication

- c. ER avoidance
- d. Overall claims spend

D. Primary Care Services (LABEL ATTACHMENT D)

It is required that complete adult primary care services, provided by a licensed board certified physician shall be provided. Primary care is to be performed and managed by a personal physician at the clinic that shall collaborate with other health professionals and shall utilize consultation or referrals as appropriate. It is expected that primary care at the clinic shall also provide patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. It is expected that primary care at the clinic shall promote effective communication with patients and serve as the patient's first point of entry into the health care system and as the continuing focal point for all needed health care services. Primary care at the clinic shall provide health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care at the clinic shall be organized to meet the needs of patients with undifferentiated problems, with the vast majority of patient concerns and needs being cared for in the primary care practice itself.

The care delivered at the clinic shall be by a board certified physician that is a specialist in Family or Internal Medicine who provides definitive care to the patient at the point of first contact, and takes continuing responsibility for providing the patient's comprehensive care. This care may include chronic, preventive and acute care in both inpatient and outpatient settings. The physician must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings. The Primary care physician shall devote the practice to provide primary care services to the County's eligible population of patients. The primary care physician shall serve as the entry point for all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

E. Wellness Care Services (LABEL ATTACHMENT E)

1. Please describe the core wellness services and disease management program services presented in your model.
2. Please describe the "Care Management" and "Care Coordination" services offered.
3. Please provide and describe your wellness educational programs such as tobacco cessation, weight management, diabetes wellness, etc. Please describe how will the effectiveness be measured? Please provide specific examples and outcomes from prior experience and sample reporting that would be available.
4. Please describe the complete list of services that shall standardly be available to participants. Please describe the collection and processing of patient measurements.
5. Please describe what Health Risk Assessment tool you currently use. Please provide sample reporting.
6. Please confirm the clinic staff shall be actively engaged and participate in the County's Wellness Fairs and events at no additional cost.

F. Lab Services (LABEL ATTACHMENT F)

1. Please describe your on-site lab draw procedures and how they will be processed?

The Lab shall act as a drawing station / facility for lab procedures and tests including, but not limited to cultures, blood, urine and saliva. Please describe what lab services you shall have the capacity to perform and what relationships you have to results to be examined. All lab work will be sent out for handling and analysis. Costs shall be less than or equal to the County's current health care provider rates/pricing.

G. Pharmacy Services (LABEL ATTACHMENT G)

1. Please describe the extent that your health clinic is able to dispense prescription medication, including types of medications. Please list any third party providers.
2. Please describe the pharmacy management operation.
3. The County does not wish to process the claims through the prescription benefit provider, but rather pay the cost of the drugs.
4. The County requires the employee health and wellness provider to have the capacity to provide and fill certain, common medications. Please describe your expected pharmacy capabilities and how you would propose to manage the distribution of eligible medications:
 - Are you able to directly purchase medications and charge costs to the County as a pass through – yes or no?
 - If yes, all costs should be less than or equal to the current County's rates.
 - If needed, can you be set up as a network pharmacy with the County's PBM?
 - Outline specifically what medications the clinic would expect to provide on-site vs. what would have to be filled at a full service pharmacy.

Costs shall be less than or equal to the County's current pharmacy provider rates/pricing.

H. Implementation and Roll-Out (LABEL ATTACHMENT H)

1. After contract award, the County would like to have the full implementation and roll-out within 6 months. Please attach an implementation timetable (Gantt chart).
2. Please describe how you would assist in the promotion and communication of the clinic to employees, and dependents regarding the services provided.
3. Please describe how after the initial roll-out you would continue to promote the programs available. Please provide samples of promotional materials.

I. Cost Savings and Pricing (LABEL ATTACHMENT I):

1. Are you providing any guarantee on return on investment or financial guarantees on savings of our health care expenses? If so, please describe what is that guarantee and what is it based upon? Please describe any cost sharing measures if projected savings are not achieved.
2. Transparency will be important in this process as far as payment for services. Please detail your method for achieving this transparency.
3. Please detail any and all fees associated with operating the clinic.

J. Other Information (LABEL ATTACHMENT J)

Please provide detail of any other services or programs that could be offered but are not mentioned above that could be beneficial or provide a cost savings. Please detail services and costs.

SECTION 6
PROPOSAL FORM

PROPOSAL FORM

Important note to Bidders: It is essential that submitted proposal complies with all of the requirements contained in the RFP. The undersigned Bidder agrees, if this proposal is accepted, to enter into an agreement with the County on the form included in the Contract Documents to perform and furnish all equipment, labor, materials, services, goods or products, hereafter referred to as WORK, as specified or indicated in the contract documents.

This proposal is submitted to: Lycoming County Controller's Office
Lycoming County Executive Plaza Building
330 Pine Street, 2nd Floor
Williamsport, PA 17701

This proposal is submitted on _____, 20_____. This proposal is valid for 60 days from the date of the public opening of the proposals.

This proposal is submitted by:

Company Name: _____

Company Address: _____

Main Telephone: _____ Main Fax: _____

Communications and questions concerning this proposal are to be directed to:

Contact Name / Title: _____

Contact Telephone: _____ Fax: _____

Contact Email: _____

In the event your company is awarded a contract as a result of the RFP, the following individual will serve as project liaison/manager:

Name / Title: _____

Office Address: _____

Telephone: _____ Fax: _____

Email: _____

Receipt of Amendments (if applicable)

In submitting this proposal, Bidder represents that they have received and examined the following RFP Addendums:

Addendum No	_____	Date	_____
Addendum No	_____	Date	_____
Addendum No	_____	Date	_____
Addendum No	_____	Date	_____

Delivery Schedule

Bidder commits that services will be completed no later than one (1) year from date of execution.

Proposal Pricing

Unless items are specifically excluded in the proposal, the County shall deem the proposal to be complete and shall not be charged any costs above and beyond the proposal amount as set forth by Bidder herein.

Prices as stated herein shall remain firm throughout the life of the contract.

Authorized Signature of Bidder

The proposal form must be signed by an individual with actual authority to bind the company.

Company Type (check one):

- Sole Proprietorship Partnership Corporation Joint Venture

Bidder attests that:

1. He/she has thoroughly reviewed the County's RFP and that this proposal is submitted in accordance with the RFP requirements;

2. He/she are familiar with the site facilities, site conditions, the pertinent state and local codes, state of labor and material markets, and has made due allowance in the proposal for all contingencies.

Corporations: The proposal must be signed by the President or Vice President and the signature must be attested by the Corporate Secretary or Treasurer. If any employee other than the President or Vice President signs on behalf of the corporation, or if the President's or Vice President's signature is not attested to by the Corporate Secretary or Treasurer, a copy of the corporate resolution authorizing said signature(s) must be attached to this proposal. Failure to attach a copy of the appropriate authorization, if required, may result in rejection of the proposal.

Company Name

Federal ID#

Street Address

PO Box

City

State

Zip

Telephone #

Fax #

WITNESS:

COMPANY:

Signature (see below)

Signature (see below)

Name (print)

Name (print)

Title (print)

Title (print)

SECTION 7

NON-COLLUSION AFFIDAVIT

INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT

This Non-Collusion Affidavit is material to any contract awarded pursuant to this proposal. According to the Pennsylvania Antibid-Rigging Act, [62 Pa.C.S.A. § 4501, et seq](#), government agencies may require Non-Collusion Affidavits to be submitted together with proposals.

This Non-Collusion Affidavit must be executed by the member, officer or employee of the Bidder who makes the final decision on prices and the amount quoted in the proposal.

Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of proposals are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the Bidder with responsibilities for the preparation, approval or submission of the proposal.

In the case of a proposal submitted by a joint venture, each party to the venture must be identified in the proposal documents, and an Affidavit must be submitted separately in behalf of each party.

The term “complementary bid” as used in the Affidavit has the meaning commonly associated with that term in the bidding process, and includes the knowing submission of proposals higher than the proposal of another firm, and intentionally high or noncompetitive proposal, and any other form of proposal submitted for the purpose of giving a false appearance of competition.

Failure to file an Affidavit in compliance with these instructions will result in disqualification of the proposal.

NON-COLLUSION AFFIDAVIT

Contract/Bid/Proposal _____

State of _____

County of _____

I state that I am _____ (Title) of _____ (Name of Firm) and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this proposal.

I state that:

1. The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, or agreement with any other Bidder or potential Bidder.
2. Neither the price(s) nor the amount of this proposal, and neither the approximate prices(s) nor approximate amount of this proposal, have been disclosed to any other firm or person who is a Bidder or potential Bidder, and they will not be disclosed before proposal opening.
3. No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal or other form of complementary proposal.
4. The proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive proposal.
5. _____ (Name of Firm), its affiliates, subsidiaries, officers, and employees are not currently under investigation by any governmental agency and have not, in the last four years, been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding in any public contract, except as follows:

I state that _____ (name of firm) understands and acknowledges that the above representations are material and important, and will be relied on by the County of Lycoming in awarding the contract(s) for which this proposal is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the County of Lycoming of the true facts relating to the submission of proposals for this contract.

A statement in this affidavit that a person has been convicted or found liable for any act, prohibited by State or Federal Law in any jurisdiction, involving conspiracy or collusion with respect to proposing on any public contract within the last three years, does not prohibit the County of Lycoming from accepting a proposal form or awarding a contract to that person, but may be grounds for administrative suspension or debarment in the discretion of the County under its rules and regulations, or may be grounds for consideration on the question of whether the County should decline to award a contract to that person on the basis of lack of responsibility.

Name: _____

Signature: _____

Title _____

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____, 20 ____

Notary Public

My Commission Expires: _____