

**CITY OF CHATTANOOGA PURCHASING DEPARTMENT
101 EAST 11th STREET, CITY HALL, SUITE G-13
CHATTANOOGA, TENNESSEE 37402**

Request for Proposal No.: **196880**

Ordering Dept.: Department of Human Resources

Buyer: Deidre Keylon; e-mail: rfp@chattanooga.gov (NO E-MAILED PROPOSALS ACCEPTED)

Phone No.: 423-643-7231; Fax No.: 423-643-7244

Products and/or Services Being Purchased: **On-Site Medical Clinic**

**SEALED PROPOSALS MUST BE RECEIVED AS SPECIFIED AND
NO LATER THAN 4:00 P.M., E.S.T. ON APRIL 16, 2020**

**ALL QUESTIONS MUST BE RECEIVED AS SPECIFIED AND
NO LATER THAN 4:00 P.M., E.S.T. ON MARCH 23, 2020**

The City of Chattanooga reserves the right to reject any and/or all proposals, waive any informalities in the proposals received, and to accept any proposal which in its opinion may be for the best interest of the City. The City of Chattanooga will be non-discriminatory in the purchase of all goods and services on the basis of race, color or national origin. The City of Chattanooga (COC) Terms and Conditions posted on Website are applicable:

[http://www.chattanooga.gov/images/City_of_Chattanooga - Standard Terms and Conditions Revised 7.18.2018.pdf](http://www.chattanooga.gov/images/City_of_Chattanooga_-_Standard_Terms_and_Conditions_Revised_7.18.2018.pdf)

NOTE: ALL PROPOSALS MUST BE SIGNED.

All proposals received are subject to the terms and conditions contained herein and as listed in the above referenced website. The undersigned Offeror acknowledges having received, reviewed, and agrees to be bound to these terms and conditions, unless specific written exceptions are otherwise stated within Offeror's proposal.

PROVIDE THE FOLLOWING:

Company Name: _____

Mailing Address: _____

Phone/Toll-Free No.: _____

Fax No.: _____

Contact Person for RFP: _____

E-Mail Address for all RFP communications: _____

Proposal Signature: _____

Date of signature: _____

COMPLETED AND SIGNED COVER PAGE MUST BE RETURNED WITH PROPOSAL

City of Chattanooga, Tennessee
Department of Human Resources



Request for Proposals

On-Site Medical Clinic

March 16, 2020

The City of Chattanooga is seeking proposals from qualified suppliers for providing on-site medical services to employees, retirees, and dependents over the age of two (2) who are enrolled in the City health plan.

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1.0 Introduction, Background, and Clinical Scope of Work

1.01 Introduction

The City of Chattanooga (City) is soliciting proposals from interested parties to provide on-site medical services to employees, retirees, and dependents over the age of two (2) who are enrolled in the City of Chattanooga's health plan. The City operates a comprehensive wellness program, WellAdvantage, which consists of an on-site medical clinic for both primary care and occupational health, a fitness center, an on-site pharmacy, and a wellness incentive program. The on-site clinic vendor is expected to provide quality medical and wellness services, ample reporting, and management of the operations. The awarded vendor will work directly with the Department of Human Resources.

1.02 City of Chattanooga Clinical Services Background

The City seeks responders which are able to provide the entire Scope of Work, partially including, at a minimum:

WellAdvantage Program -

The goal of the Program is to provide high quality healthcare, to identify high risk patients and those with chronic conditions and to offer health coaching to (1) mitigate risk of becoming seriously ill and (2) help achieve an ideal standard of care, while reducing the per capita cost of healthcare for members and the City. The goal is also to provide all occupational health services including but not limited to injury treatment, case management, return to work and fit for duty exams.

Primary Health Plan -

The City of Chattanooga has a self-funded health plan administered through BlueCross BlueShield of Tennessee (BCBST). Most covered by the City's plan have a PPO plan, but some are covered under a **High Deductible Health Plan (HDHP)**. Acute visits to the clinic are free for PPO plan members but there is a \$20/(acute or diagnostic) visit charge for members under the HDHP plan.

The awarded vendor will be expected to transfer HDHP claims to insurance administrators (currently BCBST). The current clinic vendor has contracted with a third party to perform this transfer service and the cost is a monthly pass-through to the City. The current rate is \$300.00 per month. The \$20 payments received from the patients are collected by the clinic vendor and given back to the City each month in the form of an electronic deposit. Proposers are expected to maintain this process.

Estimated Eligible Employees, Dependents, and Retirees covered under the health plan:

2870 Employees & Retirees
3358 Dependents

On-site Primary Care -

The current vendor for the City's onsite clinic is Marathon Health, and they have had the contract since 2011. The City has on-site primary care at one location which is centrally located three blocks from four of the City's centralized office complexes. The clinic provides a range of episodic care, chronic care, preventive screenings, selected injections, well exams, and biometric screenings. Below are the minimum functions:

- Preventive care and biometric screening
- Lab work and vaccinations
- Annual physicals, acute and chronic care
- Health risk assessment
- Acute healthcare, symptom treatment and management
- Lifestyle management
- Referral management
- Disease management
- Audiology testing
- EKG
- Minor diagnostic services

The current vendor has a contract with a local laboratory to process patient diagnostic analysis. The current approach includes initiating health coaching at each visit. The patient's medical status is evaluated and goals are set and prioritized based on the patient's level of commitment. Proposed vendors must be able to provide comprehensive medical services as many patients choose to use the Clinic providers

for primary care. If specialty care is needed, the on-site providers will refer to in-network providers.

Lifestyle Management Programs -

The City's on-site clinic staff collaborates with City and onsite BCBST staff to provide lifestyle management programs for employees, retirees and dependents covered by the city's health plan. We encourage all City plan members to voluntarily participate in an annual biometric screening (Comprehensive Health Review) and to voluntarily complete an online Health Risk Assessment (HRA). The City does not currently perform mass volume biometric screenings but could in the future. The City's current vendor contract includes the cost of all annual CHRs as part of the admin fee and there is no additional charge. Last year approximately 1417 screenings were performed.

Existing lifestyle management programs include diabetes management, cardiac care, weight management, reflux management, and tobacco cessation. The current vendor provides a full-time dietician, who works with the medical providers as well as City and onsite BCBST. BCBST provides the City with an onsite Fitness Manager who assists with all wellness services including the lifestyle management programs. Dietician services offered include one-on-one sessions, healthy cooking classes, lunch and learns, and an annual health fair. Most services are provided on-site at the WellAdvantage Center and others are offered off-site at various City locations.

Incentive Program -

All active, full time employees are encouraged to participate in the WellAdvantage BlueHealth Rewards program which is contracted through BCBST. BlueHealth Rewards offers a flexible web-based incentive platform that issues a point-based currency. The BlueHealth Rewards program works to increase engagement in a broad spectrum of health related behaviors including wellness activities, exercise three times a week, lifestyle management and preventive screenings such as receiving mammograms and colonoscopies. This RFP is not to replace its current program with BCBST but Offerors are encouraged to include additional types of incentive programs to our members.

Awarded vendor will be expected to send a monthly electronic file feed of wellness incentive data, to the insurance provider (currently BCBST).

Occupational Health -

The City of Chattanooga currently has an on-site occupational health program, which is managed by the current on-site Clinic vendor. The occupational health program provides treatment and case management for all occupational injuries and illnesses until the employee has reached Maximum Medical Improvement (MMI) and, if necessary, until a Permanent Partial Impairment (PPI) rating has been assigned. The occupational clinic also administers job related vaccinations, titers, and testing (TB skin test, etc.) as needed.

The following minimum occupational health related vendor services are to be provided:

- Injury on duty treatment & case management
- Firefighter annual NFPA Physical
- DOT & Safety Sensitive drug screen (Non-Post Offer)
- DOT physical
- Fitness for Duty Exam/Return to Work Exams
- Non-DOT Post Offer Physical & Drug Screen
- Post Offer Physical & Drug Screen (Firefighter & Police Officer)
- Post Offer Physical with DOT Drug Screen
- Vaccinations/TB Tests
- Audiology testing
- Pulmonary Function/Spirometry
- Respiratory Fit Test
- PPI Ratings

Injury-On-Duty Program

The City has opted out of the Tennessee Workers Compensation Program as we manage a self-insured program. The City operates its Injury-on-Duty (hereafter "IOD") Program. Due to the Tennessee Heart and Lung Act that covers sworn fire and police personnel, the City has a number of long-term IOD claims which is being managed by the current vendor. There are currently approximately 465 being managed. In addition, there are currently 80 active IOD cases being managed by the onsite vendor.

The IOD claims are paid through a separate Third Party Administrator (TPA) vendor, which also assists in providing case management for claims falling under certain criteria, such as extended lost time, post-surgical and extended treatment claims.

The selected Onsite Clinic vendor will provide the following IOD case management duties:

1. Serves as onsite Nurse-Case-Manager (NCM): responsible for assessing, planning, coordinating, implementing and evaluating injured workers through the medical case management process and ensures case moves forward, as appropriate;
2. Serve as a liaison between the City employee, City supervisor, City Occupational Health, City TPA vendor, and any outside NCM;
3. Communicates with City Occupational Health and TPA, regarding status of claims;
4. Approves diagnostic testing, and consults City TPA vendor and City Occupational Health regarding surgery and second opinion approvals; and
5. Schedules initial appointments, sends out work status reports after each visit, schedules follow up appointments, testing, and/or referrals.

Department of Transportation (DOT) Examinations

The occupational clinic also provides the annual federal Department of Transportation (DOT) examinations required for those employees who hold commercial driver's licenses. Currently we have approximately 20 exams annually. NFPA physicals are provided for approximately 406 City Firefighters annually. Approximately 423 pre and post offer employee physicals and 450 respiratory physicals according to federal requirements are also done on-site.

Physical Therapy

The current Onsite Clinic vendor provides a full-time physical therapist who works with the medical providers and WellAdvantage staff. This position function is limited to (1) post-offer employment lift tests, (2) ergonomic evaluations, and (3) evaluations and treatment related to the City's IOD Program.

Drug and Breath Alcohol Testing

The occupational clinic administers the drug and breath alcohol testing according to the City Drug and Alcohol Testing Program. The program consists of quarterly random sampling of the current City CDL holders, to include 25% of the population for drug and 5% for breath alcohol. We also randomly test our Safety Sensitive employees, testing ten (10)% of the population for drug and two (2)% for breath alcohol. The type of drug

test performed is based upon Federal requirements. We use five (5) panel for DOT and ten (10) panel for Non-DOT.

Other Occupational Services

Other occupational services that are currently being performed at the on-site clinic include audiology, pulmonary function testing, fit for duty testing, and return to work.

On-site Pharmacy -

The City operates a full service on-site pharmacy which dispenses generic, preferred, and non-preferred medications in addition to over the counter medications to those covered under the city's health plan at reduced co-pays. The on-site pharmacy also dispenses selected, free generic medications that are prescribed by the on-site medical provider.

The on-site Medical Clinic provider does not dispense any medication or samples of medication. All medications for Primary Health are prescribed via eScribe to (1) the employee's pharmacy of choice or (2) the City's on-site pharmacy. All prescriptions for Occupational Health services are filled at the City's on-site pharmacy. For clarification, this Request for Proposal does not include the on-site pharmacy services.

Additional Services Encompassed -

The current vendor does not provide on-site behavioral health services or telemetric medicine but these services should be part of the model proposed by vendors for this RFP.

The City is also asking for Offerors to alternatively add the optional cost of providing one (1) additional MD for the primary health side only.

Proposers must also reflect the integration of 'walk-in' appointments, during regular Clinic hours.

2.0 Scope of Work

The specifications, including the above section containing some elements of the scope of work for clinical services, represent the minimum acceptable scope of work and are not intended to be all inclusive of the work the City expects to be performed. There is not a complete listing of all services that may be required or desired. Offerors' capabilities will be considered.

2.01 General Commentary on Scope of Work and Work/Objective:

The City of Chattanooga seeks a vendor to operate our on-site primary and occupational clinic to provide medical services to its employees, retirees, and dependents covered under the City's health plan. The City will not contract with a company that requires their employees to sign non-compete agreements.

2.02 Additional Vendor Tasks and/or Basic Requirements:

ADDITIONAL MINIMUM REQUIREMENTS - Proposers must meet the following minimum requirements in order to be considered for this RFP:

1. Have at least five (5) years prior experience in providing both on-site medical services to include primary and occupational treatment.
2. Have prior experience in administering chronic disease management programs, wellness programs, and outreach programs for an equivalent volume of employees.
3. Have prior experience with lifestyle management programs
4. Offer 24/7 telemedicine for all clinic participants.
5. Offer Behavioral Health services, Monday-Friday from clinician certified to perform pre-employment psychological testing, provide onsite counseling for members including sworn personnel, act as a resource for all City departments.
6. Electronically transfer data and communicate with authorized outside vendors
7. Migrate health records including occupational health records
8. Provide an established electronic medical record system capable of generating detailed reports, trend analysis, and population management.
9. Send claim data to BCBST for HDHP members (may use third party).
10. Provide an Occupational Health Board Certified physician, who will be onsite full-time and be dedicated to the City's occupational clinic.

11. Primary Care Clinic must be staffed Monday through Friday, and at least half day on Saturday.
12. Occupational Health clinic must be staffed Monday through Friday.
13. Provide a Family Medicine or Internal Medicine Board Certified physician, who will be onsite full time and dedicated to the City's primary health clinic.
14. Provide staff certified as a FMCSA medical examiner.
15. Participate and/or support Wellness programs.
16. Provide both a full-time onsite Physical Therapist and Dietician.
17. Proactively assure the professionalism and collaboration of all staffing and contractors provided.
18. Participate in the provision and supplementation of a OSHA log.
19. Have the ability to transmit electronic prescriptions.
20. Identify the City's high risk population, through analysis of claim data from a business agreement with a third party administrator(s) such as the health plan.
21. Purchase all supplies required for performance other than Durable Medical Equipment (DME), vaccination product, and restroom paper products.
22. Must have willingness to employ current staff members.
23. Must agree to not require clinic employees to sign non-compete agreements.
24. Must be willing to agree to a non-solicitation of existing clinic employees, should the contract terminate for a period of 90 days prior to date of termination.
25. Must be able to efficiently provide treatment to "walk in patients."

2.03 Clinic Hours of Operation:

Clinic Hours of Operation:

Below are the current hours of operation however, the City desires expanded hours in order to better meet the needs of our members. We do not have on-call services or nurse or MD line, but there is a 24 hour nurse line available through BlueCross BlueShield of Tennessee. A minimum requirement for Offerors is to offer **telemed** services (24/7) and **additional hours**. Proposers are encouraged to offer services for additional coverage as well. Clinic visits can be scheduled by telephone or by a mobile/online website.

Current Hours:

Monday – Friday: 7:30am – 5:00pm

Tuesdays and Thursdays – 5pm – 8pm (walk-in clinic for acute care)

Saturdays – 8am – 12pm

Desired Hours:

Monday – Friday: 7:30am – 6:00pm

Tuesdays and Thursdays – 5pm – 8pm (walk-in clinic for acute care)

Saturdays – 8am - 2pm

2.04 Minimum Staffing Model:

Below is the minimum staffing model sought by the City. Please provide a quote, based on this configuration. Any recommended changes to the staffing model must be fully and specifically explained, within your proposal.

- Medical Director (Certified Family Practice or Internal Medicine MD or DO) – Provide collaborative support and supervision while also providing primary care treatment. [FTE = 1]
- Occupational Health Director (Certified Occ. Health MD or DO) – Provide direction for the Occupational Health Program, perform physicals, diagnose and treat work related injuries, Heart & Lung Act resource, attend meetings as requested, case evaluation for causation, serve on various committees, site visits. [FTE = 1]
- Mid-Level (NP or PA) (Primary & Occ. Health) – Diagnose, treat and prescribe under the supervisory physician, post offer physicals – Firefighters/Police Academy physicals, IOD injury treatment [FTE = 3.5 (Primary); 1 (Occ. Health)]
- Practice Manager & Nurse Case Manager – Directs, initiates and implements Occ. Health care plans. Provides nursing care and on-site services including annual physicals, flu vaccines and safety training programs. [FTE = 1]
- Nurse Case Manager (Occupational Health) – Provides nursing care, case management and flu vaccines. [FTE = 1]
- LPN (Occupational Health) - Provides nursing care and on-site services including annual physicals, flu vaccines, blood draws and collections. [FTE = 2]
- Medical Assistant (Occupational Health) – Provides on and offsite services including annual physicals, flu vaccines, and FireFighter and Police academies. [FTE = 1]

- Medical Assistant (Primary Care) – Basic administration, information gathering from patients, draw and collection of blood samples. [FTE = 2]
- Practice Support Specialist – Patient scheduling, front desk reception duties, physician referrals, and scanning documents. [FTE = 2]
- Dietician – Wellness health coaching and counseling, cooking classes, lunch & learns, monthly nutrition classes and newsletters. [FTE = 1]
- Physical Therapist - Collaborates with the medical providers and WellAdvantage staff. This position function is limited to (1) post-offer employment lift tests, (2) ergonomic evaluations, and (3) evaluations and treatment related to the City's IOD Program. [FTE = 1]
- Behavioral Health Provider (new position) - Offers Behavioral Health services, Monday-Friday from clinician certified to perform pre-employment psychological testing (MMPI-2RF), provide onsite counseling for members including sworn personnel, acts as resource for all City departments, act as liaison between providers in health plan or EAP. Preferred to be trained in critical incident services and Eye Movement Desensitization and Reprocessing (EMDR). [FTE = 1]

2.05 Contract Duration:

The City expects to form an agreement for an Initial term of three (3) years, with one renewal term of two (2) years. This is subject to internal approvals and contract formation.

2.06 Contract Compliance: Performance Standards

The vendor will be expected to maintain performance standards that are considered above average (at a minimum) based upon the industry standard for a medical clinic. If performance is less than what is expected by the users, user feedback may reveal a need for performance improvement measures. More specific standards may be agreed upon prior to contract execution.

MEETING SUBJECT MATTER AND FREQUENCY

Performing vendor management must participate in a monthly meeting with City contract management, to review performance.

Performing vendor management must attend one in-person annual review with City contract management and City Senior Management.

2.07 Performance Location(s):

Primary Performance Location ('On-Site') -
Well Advantage Center, 620 E 11th St, Chattanooga, TN 37403

'Off-site' Minor Performance Locations - any City of Chattanooga facility, as needed.

2.08 Support Equipment Needed for Vendor Tasks:

Vendor to provide the City an interface to an occupational health information system for documentation and case management, to be housed on Vendor's server. All data in said information system will be able to be readily exported to the City at no cost. No computers, servers or IT infrastructure will be provided by the City. Electronic Medical Record/Practice Management Patient Portal must be provided by the vendor. The phone and internet system systems are provided and maintained by the City.

2.09 Furnished Property, Facilities, Equipment, and Services (City/Vendor):

Clinic Medical Equipment

The clinic is stocked with the equipment necessary to deliver the planned services. All equipment in the examination rooms are owned by the City and will be used by the onsite vendor. The clinic has 12 exam rooms, a drug testing room, lab draw room, a room for NFPA physicals which includes an audiometric booth.

The City leases a room to the Chattanooga Diagnostic Group who owns and operates an x ray machine. There are offices that can be used by the onsite staff, with utilization to be determined by the City.

All examination rooms contain an exam table, otoscopes, thermometers, blood pressure cuffs; in addition the City provides a breath alcohol machine, two (2) EKG machines, one audiometric booth, two (2) glucometers, two (2) PT INR machines. Currently most supplies used by the clinic are provided by the onsite vendor

2.10 Pricing: Please complete the pricing fee schedule in **Attachment F**.

2.11 List of Attachments:

- Attachment A - Current Clinic Utilization
- Attachment B - Clinic Floor Plan
- Attachment C - City of Chattanooga Employee Information Guide
- Attachment D - BCBST City Claims Summary
- Attachment E - BCBST City Plan Utilization
- Attachment F - Price Schedule - All fees associated with proposal
- Attachment G - Proposer Questions

2.13 List of Appendices:

- Appendix A - Current Clinic Utilization
- Appendix B - Clinic Floor Plan
- Appendix C - City of Chattanooga Employee Information Guide
- Appendix D - BCBST City Claims Summary
- Appendix E - BCBST City Plan Utilization
- Appendix F - Price Schedule - All fees associated with proposal
- Appendix G - Proposer Questions

3.0 Information for Offerors

3.01 RFP Schedule of Events*

RFP Issued	March 16, 2020
Deadline for Questions From Offerors	March 23, 2020, 4:00 pm, est
Addendum for Questions Published	by March 27, 2020, pm, est
Deadline for Proposal Submissions	April 16, 2020, 4:00 pm, est
Short List Offerors notified	Week of April 21st or 28th
Short List Offeror Presentations	Week of May 5th

**RFP Schedule subject to change*

*** PRESENTATIONS MAY BE BY PHONE OR WEB CONFERENCE ***

3.02 Package Labelling and RFP Due Date/Time

Sealed Proposals must be in a clearly labelled package (a non-transparent envelope or box) and submitted as otherwise specified to the Purchasing Department, City of Chattanooga, for time-stamping by the RFP due date/time stated on the RFP cover page to the attention of:

Chattanooga Purchasing Dept/**RFP**
101 East 11th Street, Suite G13
Chattanooga, TN 37402

Phone number if needed:
(423) 643-7230

Late or misdirected proposals shall be rejected and offered for return at the expense of the supplier or destroyed without exception. Postmarks are not accepted. E-mailed proposals are not accepted.

Clear labelling includes:

- the business name, address, and phone number **on the exterior (or on the label)**
- the name and number of the RFP **on the exterior (or on the label)**

The purpose of exterior labelling is to allow handling of the proposal without opening it.

3.03 Number of Copies and Identical Copies

Proposer shall submit two (2) complete copies of the proposal as follows: one (1) original - clipped or banded but unbound; and one (1) electronic copy in PDF format on a USB flash drive or jump drive. Discs will not be accepted.

Whether electronic or paper, all copies must be exactly the same as the original except for the original ink signature.

3.04 Questions or Requests for Information and Answers By Addendum

All questions and requests for information or clarification must be submitted in writing, and will be accepted until the deadline for questions stated on the RFP cover page, and shall be submitted as follows:

Preferred method: email to rfp@chattanooga.gov with subject line: **QUESTION for RFP 196880 On-Site Medical Clinic**.

Alternative method: mail or fax with clear marking on outside of package or cover sheet QUESTION for RFP number and name.

City of Chattanooga Purchasing Division
Attn: Deidre Keylon, Buyer
101 East 11th Street, Suite G13
Chattanooga, TN 37402

Fax: (423) 643-7244

All answers will be provided by addendum posted at <http://www.chattanooga.gov/purchasing/bidssolicitations>, as soon as possible after the deadline for questions.

3.05 Withdrawal Procedure

With a written notice, proposals may be withdrawn at any time up until the date and time set above for opening of proposals. Any Proposal not so withdrawn shall, upon opening, constitute an irrevocable offer for a period of 90 days, or until the successful proposal(s) is/are accepted and the contract(s) have been executed between the City and the successful Proposer(s).

3.06 Communication Procedure

Any communication concerning this RFP must be conducted exclusively with the City of Chattanooga Purchasing Division Buyer until the evaluation and award process has been completed. Failure to follow this procedure may have negative consequences in the selection process.

3.07 Response Content In General

Offerors are not precluded from submitting proposals that recommend a solution that differs from the provided specifications as long as the required response format is followed.

Complete technical submittals shall be submitted with the Proposal. These technical submittals shall describe in detail how the Offeror complies with each specification of the RFP. Any deviations from the specifications shall be noted.

3.08 Implied Requirements

All products and services not specifically mentioned in this RFP but which are necessary to provide the complete recommended solution described by the Offeror shall be included in the Proposal.

3.09 Incurring Costs

The City shall not be liable for any cost incurred by the Offeror prior to the issuance of a contract purchase agreement and will not pay for any information solicited or obtained. Offeror shall not include or integrate any such expense as part of its proposal. Response preparation costs, shipment costs, presentation costs, travel costs, and any other costs incurred, are also not compensable. No submission or supporting documentation will be returned to Offeror.

3.10 Economy of Preparation

Proposals may be prepared simply and economically. Proposals should provide a straightforward and concise description of the goods or services proposed. Emphasis should be placed on clarity and content. Excessively long or disorganized proposals may be viewed as attempts to obfuscate issues with possible negative consequences.

3.11 Reservation of City of Chattanooga Rights

- A. The City reserves the right to request clarification of submitted information and to request additional information of one (1) or more Offeror(s).
- B. The City reserves the right to negotiate this Agreement/Contract for work covered by this RFP with the next most qualified Offeror if the successful Offeror does not execute a

contract within seven (7) days after submission of an Agreement/Contract by the City. The City reserves the right to negotiate all elements of work that comprise the selected Proposal.

C. The City reserves the right, after opening the Proposals or at any other point during the selection process, to reject any or all Proposals, modify or postpone the proposed project, evaluate any alternatives offered or accept the Proposal that, in the City's sole judgment, is in its best interest.

D. The City reserves the right to terminate the Agreement/Contract if a successful Offeror fails to commence the work described herein upon giving the Offeror a thirty (30) day written Notice.

E. Proposer-Supplied Materials - Open Records

All proposals, responses, inquiries, correspondence, and any other material submitted by an Offeror shall become the property of the City of Chattanooga. All records submitted to the City of Chattanooga with limited bases for exclusion are subject to review through the Tennessee Public Records Act. **Any firm (Offeror) submitting a proposal should assume the information included in the proposal is subject to the Act, regardless of submitter designation, including that of confidentiality.** The City of Chattanooga assumes no liability for the disclosure of any information as required by law.

F. The City of Chattanooga may contact any firm for the purpose of obtaining additional information or clarification of submitted material.

G. Offerors, by submitting a Proposal, represent themselves to have a thorough knowledge of municipal and regional government Regional Resiliency Plan and all related elements.

H. Offerors should understand that adherence to all vendor-proposed dates and timelines may become part of Offeror's contractual obligation should their proposal be selected by the City for the Regional Resiliency Plan.

I. The City guarantees no minimum or maximum purchase to be made during the lifetime of any contract resulting from this RFP.

3.12 RFP, Terms and Conditions of Agreement, and Exceptions

Any contract resulting from this Request for Proposal will be subject to the City of Chattanooga's Standard Terms and Conditions which may be read at:

[http://www.chattanooga.gov/images/City_of_Chattanooga - Standard Terms and Conditions Revised 7.18.2018.pdf](http://www.chattanooga.gov/images/City_of_Chattanooga_-_Standard_Terms_and_Conditions_Revised_7.18.2018.pdf)

With the Proposal, Offeror(s) shall state any exceptions to or deviations from the terms of this Request for Proposals and the Standard Terms and Conditions. Where Offeror wishes to propose alternative approaches to meeting the City's technical or contractual requirements, these should be thoroughly explained. The Contractor shall be bound to accept all stated terms not excepted in its proposal.

The City reserves the right to accept or reject any or all exceptions / deviations at its sole discretion. The City reserves the right to reject excepted or conditional proposals at its sole discretion.

Only exceptions that are specified within a solicitation response submission packet will be considered for potential negotiation by the City. Negotiation is not guaranteed.

Format Required: Isolate and reference the specific Section of the City of Chattanooga Standard Terms and Conditions to which an exception is taken, and provide alternative language for that specific section. Do not provide a full replacement Terms and Conditions document.

Failure to include any desired exceptions within a solicitation response submission packet may result in disqualification of a solicitation response.

Failure to include any desired exceptions in the format required may result in disqualification of a solicitation response.

3.13 Resulting Contract

Conditions of Agreement

The successful Offeror(s) will be expected to enter into contract negotiations with the City that may result in formal purchase agreement(s) between the parties.

Contract Administration Activity

The Offeror will be expected to provide periodic reporting and/or attend contract administration meetings, as requested by the City or as otherwise required by the City Purchasing Division.

3.14 Data Sharing and Open Data

To minimize duplication of effort and to allow the City to coordinate data requests and data available for the services requested within this RFP, as well as for previous and future projects, the awarded Offeror's/s' findings and data may be shared by the City with other City contractors, as deemed appropriate by the City.

In addition, the City of Chattanooga makes data available for public viewing through its Open Data Portal and other avenues. <https://www.chattadata.org/>

3.15 Payment of Services

1. The City will make payment according to the City's policies and procedures.
2. Invoices
 - a. Accurate and complete Invoices, with all backup documentation, shall be submitted to:

City of Chattanooga
Attn: Accounts Payable Division
101 East 11th Street, Suite 101
Chattanooga, TN 37402
acctspayable@chattanooga.gov

With a copy to:

mgreen@chattanooga.gov and wnorris@chattanooga.gov

- b. Vendor's Invoice must list a valid Email Address for billing questions and inquiries.
- c. Vendor's Invoice Date must minimally be the date that the Invoice is submitted to the City. The Invoice Date must not precede submission date, the Ship Date or Service Date.
- d. Invoice descriptions on transaction lines must match the Blanket Purchase Order transaction line items, and must reference the corresponding transaction line number. The Vendor shall not invoice the City for any item that does not correspond to a line on the Purchase Order.
- e. Invoices to the City shall reference the Purchase Order number.
- f. Invoices must be received by the City within two (2) weeks of the completed quoted work, with emphasis on earlier submission.
- g. Any Vendor invoice that is incomplete, inaccurate, or otherwise unable to be processed will not be considered valid or procedurally compliant.
- h. Revised Invoices - must be clearly marked "Revised", and must reference the Invoice Number that it is replacing.

4.0 RFP Lifecycle, Evaluation, and Award

4.01 RFP Lifecycle

Initial Examination - Responsible/Responsive/Viable

All proposals received and time-stamped in the Purchasing Department by the due date and time specified will be examined initially for *responsiveness*, that is conformity in all material respects to the requirements of the RFP. All required content and forms must be completed and signed as requested in order for a proposal to be responsive.

All Proposers will also be screened for their apparent *responsibleness*, that is the Proposer's ability to perform the scope of work and to meet the City's needs based upon what is presented in the proposal. At the discretion of the City, any proposal found to be non-responsive or any proposal by a Proposer deemed non-responsible will be eliminated from further consideration.

In addition, the City, at its sole judgment, will decide if a proposal is viable, including its completeness and clarity.

Evaluation Committee

A committee consisting of individuals selected by the City will receive and evaluate all viable Proposals, and, if applicable, Finalist Presentations.

Proposal Evaluation by the Committee

A Proposer may be selected based solely on evaluation of viable written Proposals. The City reserves the right to determine whether or not a Proposer can be selected based solely on the viable written Proposals submitted.

Formal Presentations

In the event that a Proposer cannot be selected solely on the Proposals submitted, the City may invite qualified firms for formal presentations. Such presentations provide an opportunity for clarification of the proposal submitted and an opportunity to ensure that a thorough, mutual understanding exists.

The City reserves the right to invite any number of Proposers if the quality of the Proposal(s) so merit(s) or other circumstances justify doing so.

The Evaluation Committee may revise the initial scores based upon additional information and clarification received in this phase. If your company is invited to give a formal presentation to the City, the offered dates may not be flexible.

A formal presentation may not be required, and therefore, **complete information must be**

submitted with a Offeror's proposal.

Selection of Awardee/Awardees

After review of the Proposals by the Evaluation Committee and after Formal Presentations, if any occur, the City may, at its sole option, elect to reject all proposals or elect to pursue the project further. In the event that the City decides to pursue the project further, the City will select the highest ranked proposal(s) or the proposal(s) that is(are) in the best interest of the City to negotiate agreement.

4.02 Evaluation Criteria

In preparing responses, Offerors should describe in detail how they propose to meet the specifications as detailed in this solicitation document.

The minimum categorical criteria that will be applied to the proposal information, in order to assist the City in selecting the most qualified Offeror(s) for contract(s), are as follows:

Vendor's Proposal response and answers to questions will be compiled. **Competence and qualifications to perform the Scope of Work and the planned approach to the Scope of Work will be considered for the items listed below:**

	75%
General Administration and Implementation - 10%	
Quality Assurance - 10%	
EMR and Reporting - 10%	
Primary Health Clinic - 20%	
Occupational Health Clinics - 20%	
Identification of High Risk Individual Wellness Integration - 5%	
Price	25%
Budget - 25%	

TOTAL SCORE	100%
--------------------	-------------

Selection of Short Listed Offeror(s)

Selection of Short Listed Offeror(s) for formal presentation(s) (if any) and for contract negotiation will be determined based on an objective evaluation of the criteria listed above.

Note: factors considered

Factors not specifically named are incorporated into the above general criteria.

Description of Considerations Mentioned Above:

Competence to Perform Scope of Work

- Technical quality of goods/services proposed
- Ability of goods/services to address City's functional needs
- Demonstration of ability of firm and product to perform
- May include firm and/or individual accreditations, awards, accolades, or similar
- May include firm's financial strength
- May include previous or pending lawsuits and/or mediation with other municipalities, etc.
- May include other similar factors

Approach to Scope of Work

- Demonstration of understanding of City's needs
- Plan to address City's needs
- Plan of implementation
- Business plan
- Timeline for implementation by task and day(s), not date specific
- Key personnel to be assigned to City's project, team and individual and support network
- May include other obligations of vendor
- May include commitment to City project
- May include other similar factors

Qualifications, firm/team/individual experience, and reference projects

- Qualifications of firm, team, and individual(s) assigned
- Knowledge and experience in general
 - i. Experience doing similar work, especially for similar government bodies
 - ii. May include other similar factors

Price/Value

- Cost affordability and cost versus quantity/quality of goods/services to be provided; unaffordable proposals may not be considered further if it is determined that cost could not be negotiated to make proposal affordable

5.0 Response Format and Content

5.01 General Instructions

This RFP is intended to describe The City's minimum requirements and response format in sufficient detail to secure comparable proposals.

5.02 Proposal Organization Guidelines

To assist the Evaluation Committee in its effort, it is asked that Offerors adhere to the requests for tabbed sections.

5.03 Tab 1 – Cover Letter, Exceptions, and Forms

- Firm's Cover Letter signed by authorized person
- Exceptions
- Forms:
 - Proposer Qualification Data including public financial records from the past two years, if applicable (Appendix)
 - W-9
 - RFP Cover Sheet completed and signed by authorized person (1st page of this document)
 - Affirmative Action Plan Form (Appendix)
 - Iran Divestment Act Form (Appendix)
 - No Contact/No Advocacy Statement (Appendix)
 - Supplier Information Form (Appendix)
 - To acknowledge receipt of information provided by Addendum, Offeror is required to submit with the Proposal a signed Addendum cover page for each Addendum posted
 - Any and all signed Addenda cover pages from Addenda documents posted to www.chattanooga.gov, then "Doing Business With The City," then "Open Bids," related to this solicitation item. These postings may occur up to 48 hours before the RFP due date/time. For addenda posted in the last seventy-two (72) hours before the due date/time, properly identified, signed addenda cover pages to accompany proposals that have already been shipped will be accepted by e-mail to dmkeylon@chattanooga.gov.
 - Internet Address: <http://www.chattanooga.gov/purchasing/bidssolicitations>

5.04 Tab 2 – Solution Narrative and Answers to Questions in Attachment G

General response to requirements and/or preferences detailed as the Scope of Work and Answers to Questions in Attachment G.


5.05 Tab 3 – Price Proposal

Refer to Attachment, Proposal Price Summary Form.

ATTACHMENT A

(below are partial pieces of a single summary sheet for enlargement)

City of Chattanooga Employee Health Clinic
Service Snapshot



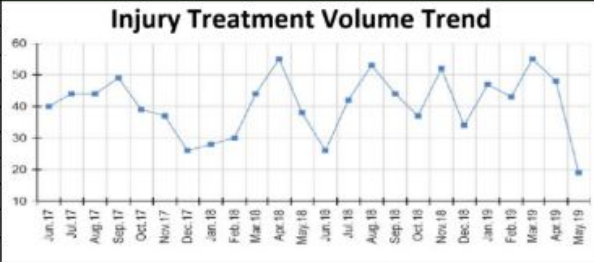
City of Chattanooga

Hours of Operation	
<i>Located at 620 E. 11th Street; Chattanooga, TN 37403</i>	
Sunday	Closed
Monday	7:30am-5pm
Tuesday	7:30am-5pm; <i>Walk-in/Sick Visits Only: 5pm-8pm</i>
Wednesday	7:30am-5pm
Thursday	7:30am-5pm; <i>Walk-in/Sick Visits Only: 5pm-8pm</i>
Friday	7:30am-5pm
Saturday	8am-12pm
Holidays/Other	Closed per City Holiday Schedule

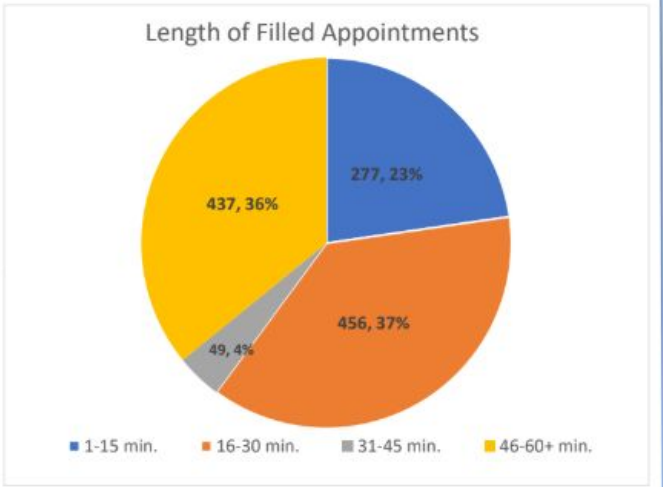
Staffing Structure	
Primary Care Practitioner	
Primary Care Medical Director	1 FTE
Primary Care Nurse Practitioner	3.5 FTE
Occupational Health MD	1 FTE
Occupational Health Nurse Practitioner	1 FTE
Support Staff	
Medical Assistant	2 FTE
LPN	2 FTE
2 Front Desk/Admin. Assistants	2 FTE
Practice Manager	1 FTE
Health Coach/Dietitian	1 FTE
Occupational Nurse Case Mgr.	1 FTE
Occupational Physical Therapist	1 FTE

Services Offered	
<i>City employees, dependents, and retirees covered by the City health insurance;</i>	<i>Dependents</i>
<i>must be 2 years or older to be seen.</i>	
•Primary Care Visits & Referral Management	
•Acute Illness visits	
•Occupational Health Services (DOT Physicals, NFPA physicals, OJI Treatment & Case Mgmt., Return for Work, FFD exams; Vaccinations, Audiology, Pulmonary Function/Spirometry, Respiratory Fit Test, PPI ratings, etc.)	
•Onsite Lab Services & Coordination with OnsiteRx Pharmacy Services	
•Annual Physical Exams, Health Risk Assessments, Biometrics, Audiology Testing, EKG Testing & Immunizations/Vaccinations	
•Health Coaching for Lifestyle Modifications and Chronic Conditions	
•Online appointment scheduling with a secure Personal Health Record	

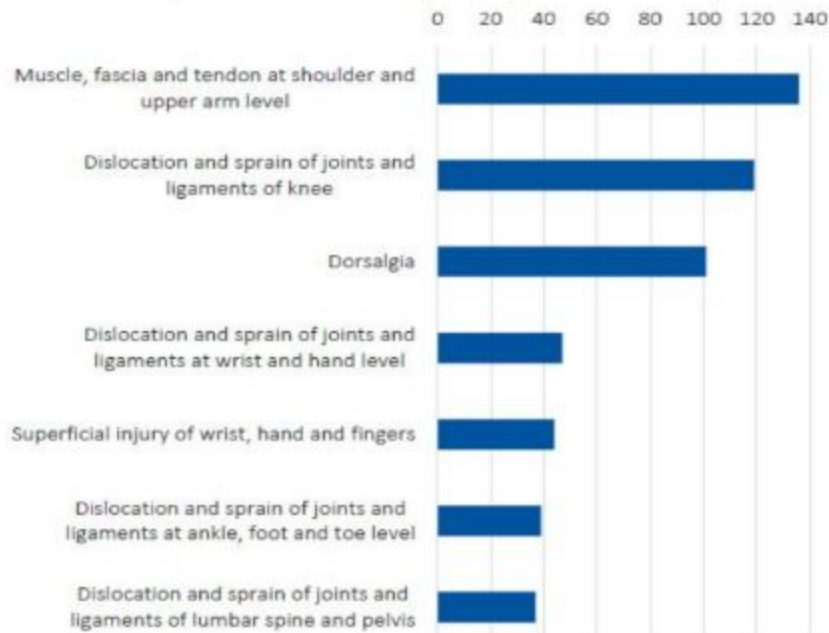
Volume by Member Type*					
Service Type (Population #)	Total (4,984)	EE (2,177)	Spouse (1,081)	Child (1,726)	Retiree (977)
Acute/Medical Appointments	5,176	4,193	601	382	345
Coaching	5,339	4,155	1,024	160	958
Lab or Ancillary	8,152	6,650	1,209	293	1,295
*based on dates of service: October 2018- September 2019					
Total Population Engagement	48.8%	78.5%	38.0%	18.2%	34.2%
High Risk & Chronic Population Engt**	65.9%	81.9%	50.2%	30.1%	35.9%
** Total Utilization includes coaching, acute visits, labs/other					
Occupational Health Services		Total			
Physical Exams		1,109			
Injury Treatment (Medical)		398			
Injury Treatment (PT)		1,847			
Drug & Alcohol Screening		649			
Vision Screening		463			
Audiometry Testing		461			
Spirometry		375			
Vision Screening		463			
Immunizations/PPD Tuberculin Testing		281			



Appointment Statistics



Occupational Health Top Injury Visit Summary

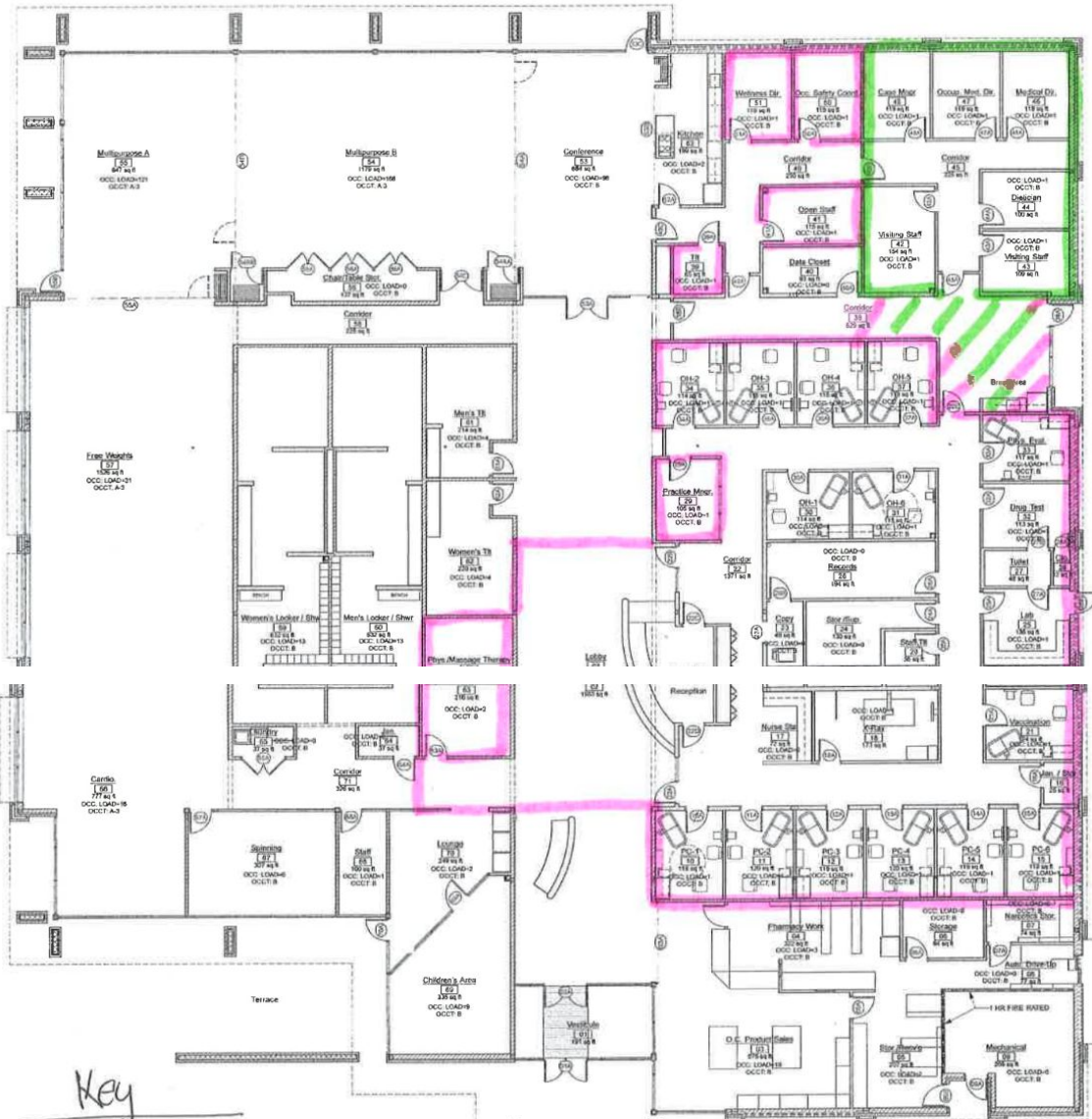


ATTACHMENT B

(below are partial pieces of a single summary sheet for enlargement)

2/27/2020

WellAdvantage Center Floor Plan.png



Key

- Marathon
- City of Chattanooga
- Shared space Marathon/COC

ATTACHMENT C

(Respondents may email dmkeylon@chattanooga.gov with a copy to rfp@chattanooga.gov for an MS Word version of the document below (questions). THE SUBJECT LINE **MUST READ "RFP 196880 CLINIC DOCUMENTS REQUESTED"** TO FACILITATE E-MAIL SEARCH AND FIND.)



Employee Information Guide

Effective: February 1, 2019

Department of Human Resources

ATTACHMENT D

(below are partial pieces of a single summary sheet for enlargement)



Prime Alert Report	Date: 02-21-2020
Paid Period: 01/01/2019 through 12/31/2019	Total Subscribers: 2897

Prime Alert Report	Date: 02-21-2020
Paid Period: 01/01/2019 through 12/31/2019	Total Subscribers: 2897

Utilization Categories				
Utilization Category	% of Total Claims	Benchmark % of Total Claims	Difference	> %5 Above Avg.
Inpatient	20.46%	21.43%	-0.98%	
Outpatient	16.38%	21.11%	-4.73%	
Practitioner	24.93%	21.91%	3.02%	
Miscellaneous	1.62%	2.48%	-0.86%	
Pharmacy	30.45%	26.53%	3.91%	
Provider Admin Specialty Drugs	6.17%	6.54%	-0.37%	
Total	100.0%	100.0%		

Claimants and Paid Claims by Dollar Range with Comparison to Benchmark Average			
Dollar Range	Number of Claimants	% of Total Members	Paid Claims
NO PAID DOLLAR	392	6.1%	(\$102,651)
\$1 - \$499	1,930	30.02%	\$396,474
\$500 - \$999	944	14.68%	\$697,467
\$1,000 - \$2,499	1,229	19.11%	\$2,005,883
\$2,500 - \$4,999	788	12.26%	\$2,784,159
\$5,000 - \$9,999	530	8.24%	\$3,724,876
\$10,000 - \$24,999	396	6.16%	\$6,205,106
\$25,000 - \$49,999	154	2.4%	\$5,534,499
\$50,000 - \$74,999	68	1.06%	\$4,132,414
\$75,000 - \$99,999	30	0.47%	\$2,579,767
\$100,000 AND ABOVE	44	0.68%	\$7,478,448
Total	6,505	101.17%	\$35,436,443

(above table, right side, continued below)

% of Total Paid Claims	Benchmark % of Total	Difference	>5% Above Avg.
-0.29%	-0.39%	0.1%	
1.12%	1.85%	-0.73%	
1.97%	2.29%	-0.32%	
5.66%	5.51%	0.15%	
7.86%	6.85%	1.0%	
10.51%	9.69%	0.82%	
17.51%	17.25%	0.26%	
15.62%	14.75%	0.87%	
11.66%	9.57%	2.09%	
7.28%	6.43%	0.85%	
21.1%	26.19%	-5.09%	
100.0%	100.0%		

end of table above, new table below

Claims Paid by Top 5 Diagnostic Categories with Comparison to Benchmark Averages (Excludes Pharmacy Claims)				
Rank	Diagnosis	Paid Claims	Paid Claims Per Member Per Month	
			Group	Benchmark
1	DISEASES OF THE MUSCULOSKELETAL SYS	\$3,800,901	\$49.26	\$36.86
2	DISEASES OF THE CIRCULATORY SYSTEM	\$3,058,136	\$39.63	\$31.53
3	FACTORS INFLUENCING HEALTH	\$2,964,381	\$38.42	\$40.96
4	SIGNS AND SYMPTOMS	\$1,995,179	\$25.86	\$22.82
5	INJURY AND POISONING	\$1,870,890	\$24.25	\$20.51

(above table, right side, continued below)

Variance	> 5% Above	% of Total Paid Claims		> 5% Above
	Avg.	Group	Benchmark	Avg.
33.63%	X	15.42%	12.18%	
25.71%	X	12.41%	10.42%	
-6.21%		12.03%	13.53%	
13.32%	X	8.09%	7.54%	
18.21%	X	7.59%	6.78%	

end of table above, new table below

(above table, right side, continued below)

> 5% Above % of Total Paid Claims > 5% Above				
Variance	Avg.	Group	Benchmark	Avg.
135.16%	X	3.65%	2.11%	
46.82%	X	3.51%	3.26%	
10.31%	X	3.04%	3.75%	
436.41%	X	2.88%	0.73%	
3,141.07%	X	2.81%	0.12%	

ATTACHMENT E

(below are partial pieces of a single summary sheet for enlargement)



Executive Summary - Utilization Dashboard
City of Chattanooga
Current Paid Period: 01/01/2019 through 12/31/2019
Prior Paid Period: 01/01/2018 through 12/31/2018

(above table, left side, continued below)

	Prior Period	Current Period	Percent Change
Inpatient Admit / 1,000 Members	72.1	71.2	-1.17%
Inpatient Days / 1,000 Members	484.8	444.3	-8.36%
Avg. Inpatient Length of Stay	6.7	6.2	-7.27%
Inpatient Paid Claims PMPM	\$89.60	\$93.95	4.86%
Percent of Total Paid Claims	20.58%	20.46%	-0.59%
Inpatient In-Network Utilization	97.65%	94.25%	-3.48%
Outpatient Visits / 1,000 Members	1,629.2	1,701.2	4.43%
Outpatient Paid Claims PMPM	\$73.84	\$75.24	1.9%
Percent of Total Paid Claims	16.96%	16.38%	-3.39%
Outpatient In-Network Utilization	100.0%	100.0%	0.0%
Physician Office Visits/ 1,000 Members	9,122.2	9,189.3	0.74%
Physician Paid Claims PMPM	\$114.85	\$114.48	-0.32%
Percent of Total Paid Claims	26.38%	24.93%	-5.49%
Physician In-Network Utilization	100.0%	100.0%	0.0%
Miscellaneous Paid Claims PMPM	\$7.79	\$7.43	-4.59%
Percent of Total Paid Claims	1.79%	1.62%	-9.54%
Miscellaneous In-Network Utilization	100.0%	88.03%	-11.97%
Prescription Drug Paid Claims PMPM	\$124.33	\$139.82	12.46%
Percent of Total Paid Claims	28.56%	30.45%	6.62%
Provider Administered Specialty PMPM	\$25.00	\$28.33	13.32%
Percent of Total Paid Claims	5.74%	6.17%	7.44%
Total In-Network Utilization	99.41%	95.57%	-3.87%
Total Paid Claims PMPM	\$435.41	\$459.26	5.48%

(above table, right side, continued below)

Benchmark	Benchmark - Prior Period	Benchmark - Current Period
54.6	32.05%	30.51%
282.4	71.66%	57.32%
5.2	30.0%	20.54%
\$82.88	8.11%	13.36%
21.43%	-3.98%	-4.55%
97.09%	0.57%	-2.93%
1,298.9	25.42%	30.97%
\$81.65	-9.57%	-7.85%
21.11%	-19.68%	-22.41%
97.93%	2.11%	2.11%
7,020.3	29.94%	30.89%
\$84.72	35.57%	35.14%
21.91%	20.41%	13.79%
97.0%	3.09%	3.09%
\$9.57	-18.66%	-22.39%
2.48%	-27.76%	-34.65%
N/A	N/A	N/A
\$102.60	21.19%	36.28%
26.53%	7.63%	14.76%
\$25.29	-1.17%	12.0%
6.54%	-12.22%	-5.69%
97.34%	1.92%	0.76%
\$386.71	12.59%	18.76%

Key:

Stoplight	
Red	> 5% above Benchmarks
Yellow	2 to 5% above Benchmarks
Green	< -5% of Benchmarks

Prior Period Not Applicable: Derived prior period is outside the 48 month range of information in the Interactive Reports database.

ATTACHMENT F

(below are two pages of the pricing summary form)

(Respondents may email dmkeylon@chattanooga.gov with a copy to rfp@chattanooga.gov for an MS Excel version of the document below (pricing form). THE SUBJECT LINE **MUST READ "RFP 196880 CLINIC DOCUMENTS REQUESTED"** TO FACILITATE E-MAIL SEARCH AND FIND.)

City of Chattanooga

Onsite Medical Clinic
Proposed Fee Schedule
Clinic Administrative Cost

Instructions:

1. Your proposed pricing must include all cost associated with operating the clinic.
2. The City is requesting each bidder provide their estimated compensation cost for clinic staff based on current staffing.
3. If your proposal would include either an increase of staff or a reduction in staff those changes should be listed in the Changes for Operating the Current Clinic Model section.
4. The proposed administration cost must cover all services not listed under pass through cost.
5. Only those services listed under Pass Through Charges may be billed to the City.
6. Please complete the pricing section below as well as the actual Lab cost per CPT code to be paid by the City.

Clinic Administrative Cost*	Per Employee Per Month	Monthly	Annual Year One	Annual Year Two	Annual Year Three
One Time Start Up Fee					

The administration fee should cover all services associated with operating the clinic. The only services to be billed separately are listed under Pass Through Charges.

Clinic Administration Based on 2870 Employees/Retirees					
Telemedicine 24/7 for Medical Services					

Pass Through Charges:	Per Employee Per Month	Estimated Monthly Cost	Estimated Annual Cost Yr 1	Estimated Annual Cost Yr 2	Estimated Annual Cost Yr 2
Labs performed in the Clinic	<i>Complete Lab Pricing</i>	<i>Complete Lab Pricing</i>	<i>Complete Lab Pricing</i>	<i>Complete Lab Pricing</i>	<i>Complete Lab Pricing</i>
Clinic Staff Salaries Including Payroll Taxes					
Clinic Staff Benefits					
Vaccines and Durable Medical Equipment					
On-Site Behavioral Health Clinician*					

** This is a new service being required by the City.*

Changes Recommended for Operating Current Clinic

Model:

(List Changes and Cost Impact)					

Total Cost:					
-------------	--	--	--	--	--

(above chart is attached to end of RFP document, enlarged)

City of Chattanooga
Onsite Medical Clinic RFP
Proposed Fee Schedule

Please provide the lab charges to be billed to The City of Chattanooga for each of the following lab tests. The cost requested is the actual amount the City would be expected to pay, net of any discounts or other arrangements.

Lab Test	CPT Code	Cost per test

ATTACHMENT G

(Respondents may email dmkeylon@chattanooga.gov with a copy to rfp@chattanooga.gov for an MS Word version of the document below (questions). THE SUBJECT LINE **MUST READ "RFP 196880 CLINIC DOCUMENTS REQUESTED"** TO FACILITATE E-MAIL SEARCH AND FIND.)

PROPOSER QUESTIONS - All Offerors must answer the following questions:

If your proposal includes services provided by more than one vendor, please answer the following questions for each vendor where appropriate and state clearly which vendor is answering the question.

1. Provide an overview of your company to include the following:
 - Name
 - Address
 - Years in Business
 - Ownership Structure
 - Number of employees
 - Annual Revenue for 2018 & Calendar Year-to-date 2019
 - Number of clients
 - Number of Clinics managed
 - Staff Turnover Rate
2. Describe the mission and goals of your organization including pertinent business strategy and vision.
3. Describe your philosophy regarding your role in employee health and wellness and briefly describe evidence of your organization's commitment to that philosophy.
4. Give City 2 public entity references (one active client and one terminated client).
5. Give City 2 private entity references (one active client and one terminated client).
6. List your top three strengths and give examples.
7. Please describe in detail how the City account will be managed. Include names, titles, responsibilities and decision points. Profile key account personnel in terms of name, title, responsibility, educational qualifications and the number of years and level of experience in the on-site industry. Also include resumes for each key member on your team.
8. Will the City have a dedicated account manager? How many other accounts does this person have?

9. Please explain the roles and responsibilities of account manager.
10. Who will be the City's main contact for handling day to day operations and issues?
11. Please describe your corporate support staff, including their roles in detail.
12. Who will ensure that quality control measures are being maintained?
13. Detail the process, timing and names/titles of key personnel involved in escalation if at any time City of Chattanooga is not satisfied with the service levels provided.
14. Please explain your onsite clinical structure and identify the roles and responsibilities of the onsite clinical management staff.
15. Please include along with your proposal your company's most recent public financial report.
16. Disclose any pending lawsuit(s) or any active or planned mergers, sale, or acquisition(s).
17. Describe your certification requirements and the scope of practice for the providers you would utilize for the health centers.
18. Please provide blinded samples for ALL standard reports that the City will be offered as part of the quoted fees.
19. One detailed case study for an employer client similar in size, industry and complexity to the City. Case study should include an overview of the employer, scope of clinic services and staffing, challenges faced, keys to success and most recent outcomes (financial, clinical and utilization).
20. CV for the proposed day-to-day Clinic staff. Must include number of years as an account manager, number of years with your organization and maximum number of clients they will be assigned to.
21. Provide Sample Implementation Plan as requested under the Implementation Section Question 3.
22. Please provide a sample for ALL standard communications that the City will be offered as part of the quoted fees for the on-site clinic.

PRIMARY CARE CLINIC

1. Please explain your company's analytical approach/science that you use to prepare staffing, budget, implementation and ongoing clinic costs. Is your company willing to put fees at risk for implementation timeline and startup costs?
2. Based on current clinic services and current staffing please provide any changes you would need to make in terms of staffing to meet all aspects of the services requested in this RFP. If any additional staff should be needed provide estimated cost for each role to be added and identify any other staffing changes within the current structure you would recommend.

3. What appointment system do you use to track utilization (appointments and walk-ins)? How are appointments scheduled? Can appointments be scheduled on-line?
4. Describe the primary care process for acute/chronic health coaching.
5. What clinical decision making support tools are made available and used in your daily practice?
6. Will you assist in on-site employee education (Lunch & Learns) as requested? If yes, how?
7. Do you have a website for participants for health information, education and scheduling? Please describe.
8. How do you handle referrals to specialists? What information is used to determine which specialist to refer to?
9. Do you use transparency tools to help patients to make choices in the providers they seek for care when a referral is necessary?
10. What is your position regarding Biometric Screenings and do you recommend an alternative approach or even expansion of the current screenings?
11. Explain your process for performing Biometric Screenings and/or other screenings (including, but not limited to thyroid, PSA, EKG, etc.) and your recommended schedule.
12. Do you offer laboratory services? What vendor do you utilize for lab services? Are these costs billed on a pass through basis and will you agree to a third party audit to ensure these services have no mark-up when billed to the City?
13. Please describe your method for achieving HIPAA compliance.
14. Are appointment reminders sent via e-mail or telephone call? If so, how far in advance?
15. How far in advance can an employee make an appointment? Do you schedule based on appointment type or block scheduling?
16. How are lab work appointments scheduled?
17. Describe your approach for walk-in visits and is there any restrictions on when walk-ins will be seen?
18. Describe your telemedicine capabilities.
19. How do you communicate with an established primary care physician chosen by the member?
20. Describe the type of reporting you will provide to an established primary care physician chosen by the member.
21. If a medication change is made, will you notify an established primary care physician chosen by the member?
22. Please describe your referral process when a disease state escalates?
23. Describe the primary care case management/care coordination process.

24. What if a problem occurs after hours? How is this handled and coordinated?
25. Based on the historical clinic visits and current hours of operation would you recommend any changes to the number of hours the health center should be open. During these hours how many appointment times will be provided per clinician and how many clinicians are recommended weekly?
26. Will health center providers be required to refer to a particular hospital or other medical provider? If yes, describe.
27. Are your medical providers PECOS certified?

MEMBER EXPERIENCE AND COMMUNICATION

1. Describe the process a member would experience upon arrival for an appointment, including the check-in process.
2. What approach do you recommend to identify whether a presenting patient is actually eligible to participate in the clinic?
3. Describe your process for ensuring customer satisfaction.
4. How do you respond to employee and client complaints about your service?
5. Do you use employee/client satisfaction surveys? If so, how? What percentages of employees/clients receive them, and what percentage is returned? Provide copies of your company's surveys and other related material.
6. Describe your process for hiring new staff. Will you agree to allow the City to interview and approve any candidate being considered to work in the health center?
7. What is your attrition rate for MD/DO/PA/NP and RN staff on other large contracts? What is the average length of a clinic contract?
8. Please explain your process for communicating changes in services or staffing to City of Chattanooga HR/Benefits and site management.
9. How do you link the clinic to the Employee Assistance Program and wellness screening events?
10. What communications and support materials do you routinely provide for members? Can we customize these materials? Discuss the frequency and type of communications and provide examples. Is there an additional fee for these types of communications?
11. Describe your ability to communicate with an employee population that is geographically dispersed like the individuals including but not limited to the Fire, Police, Youth and Family Development and Public Works. What types of media do you use? Is there an additional fee for these types of communications?
12. Provide your web address and any access codes needed to explore your services.
13. If a member needs assistance logging in to the website or needs a password reset, how is this handled?
14. Describe the process for engaging the targeted individual.

15. Describe the process for persons you are unable to reach.
16. Please describe the information made available to patients to help them understand their health status, set goals and monitor progress.
17. Discuss your solutions to effectively manage or prevent moderate-to-high risk conditions such as Diabetes, Hypertension, Lipid Disorders, Depression, Tobacco Cessation, and Obesity) Please describe the most effective program you have administered for these conditions and the key reasons for success.
18. Describe the process for documentation and tracking of each conversation.
19. Describe and provide samples of any management reports on intervention activity.
20. Indicate what type of provider interventions and education your Plan provides and the results of these interventions.
21. Will members be able to access their medical information or any other services online? Please explain.
22. Do you offer any other Wellness or Fitness services through a mobile service or app?

WELLNESS INTEGRATION

1. What would your organization define as the most important elements for a successful on-site clinic program regarding the development of a wellness culture?
2. Do you have corporate medical programs and nursing support with expertise in the areas listed below? Please list programs and elaborate:
 - Acute/Urgent/Primary care
 - Health Coaching.
 - Health and Wellness/Preventive care programs.
 - Disease Management/Chronic care programs.
 - Collaborate in infectious disease preparedness and management
3. Our expectation is that the vendor will employ a full-time dietician which enhances our overall initiatives. Please provide detail on how you would support these initiatives:
4. What is your protocol for health coaching for a high risk individual?
5. Do you offer health risk assessments? What risk factors are identified in your profile? Please include a copy of your health risk assessment.
6. Describe your capability to provide employee education (live, on-site sessions) on various healthcare topics, such as managing chronic conditions, exercise and nutrition, etc.
7. Do you have the capability to expand clinic services to include an on-site physical therapist and/or mental health provider? Please describe.

8. Can you assist in the execution of our existing incentive program, BlueHealth Rewards, or other wellness programs? Will you provide clinical based recommendations for the incentive program to improve outcomes?
9. Can you provide on-call phlebotomy services for the City of Chattanooga Police Department?
10. How would you propose providing exercise and nutritional counseling for employees?
11. Would you offer a tobacco cessation program? Describe your program.
12. What other topics would you include in your wellness initiatives? Please define.
13. How frequently would you offer programs? Please provide a sample schedule for a year.

IDENTIFICATION OF HIGH-RISK INDIVIDUALS

1. How would your company identify high-risk members?
2. Please describe your methodology for tracking and intervening with high-risk members on an ongoing basis.
3. Do you stratify members by severity of risk for complication? Please elaborate.
4. Describe the guidelines you use for biometric screenings.
5. Describe how your organization can provide clinic utilization to BCBSTN along with results data at \$0 billing.
6. Describe the biometric screening and health risk assessment tools your organization offers and any cost associated with the screening. Provide a sample.

OCCUPATIONAL CLINIC

1. How do you intake employees with occupational injuries?
2. How do you determine whether the injury happened at work? Do you have experience and training in causation?
3. Is your Occ. Med physician trained in the use of non-physiological signs in assessment of injuries? Please give examples.
4. Will you be able to provide analysis of outside medical treatment when a case is sent outside of the clinic?
5. Will you be able to provide PPI ratings per the AMA 6th edition?
6. How do you balance seeing scheduled appointments and walk-in (Occ.-Med) appointments at the same time?
7. How do you handle an injury that needs an x-ray or other special assessment that is not available onsite?
8. How would occupational injury/illness treatment be kept separate from primary or urgent care?
9. What if a problem occurs after hours? How is this handled and coordinated?

10. Describe your referral process for on-the-job injuries/illnesses.
11. How will you collaborate and communicate with the City's administration and the City's third party administrator?
12. What is your company's philosophy on "return to work" to include light duty and or restricted duty policies?
13. What supporting occupational reports and reporting will you provide? Does your reporting system include OSHA 300, 300a, and 301 reports? Can this data be broken down to the department or individual level?
14. What type of injury reporting can be extrapolated from your EMR (i.e. produce monthly or quarterly trend reports with criteria set forth by the City to assist City management in identifying safety trouble spots so that training and preventive actions can be taken)?
15. Do you have experience providing occupational case management services?
16. How would you provide ROI for occupational health case management?
17. How would you integrate the City's injury on duty program with the occupational clinic?
18. Do the occupational providers have experience and training specific to occupational health to including:
 - OSHA recordkeeping
 - NFPA
 - FMCSA medical certification
 - POST certification
 - Spirometry
 - Audiometry
 - BAT
19. How would you staff the occupational clinic and what would the responsibilities of each staff person be?
20. Describe your process for fitness for duty and "return to work" planning and communicating?
21. Do you offer pre-employment and reasonable suspicion drug screenings? Specify the cost of each and your ability to offer on call services after the clinic is closed during the week and on weekends? What are the additional charges for these services?
22. What is the turn-around-time for drug screen results and what is the method of communicating the results?
23. Do you have a Medical Review Officer (MRO) and what is the cost for this service?
24. What type of injury on duty injuries can you treat on-site?
25. Will you provide more than one medical provider to treat IOD claims?

26. Describe how you would collaborate with the City's third party administrator in cases that required impairment ratings and/or PPI settlements.

DATA INTEGRATION & REPORTING

1. Can individual level electronic medical records (EMR) be shared with other vendor partners, such as a wellness incentive vendor, on-site pharmacy, health plan, or occupational health third party administrator (TPA)? If yes, please describe the integration process.
2. Do you own your own reporting system or do you use a third party solution?
3. How do you measure the outcome and success of the overall program? How do you evaluate the effectiveness of your services?
4. What indicators do you use to track the success of the clinic results and ROI? List the
 - Utilization measures
 - Employee/member satisfaction measures
 - Changes in the cost of care
 - Productivity or absenteeism indicators
5. Describe your company's performance standards with respect to employee inquiries (both written and telephonic), wait time, monthly invoice accuracy (statistical, payment, financial, technical), patient satisfaction surveys. What performance standards are you willing to guarantee?
6. Explain how you determine utilization for primary care/ acute care, occupational care, disease management and other wellness programs. What method of tracking do you use to determine savings for this model?
7. Describe and provide sample copies of your standard management, activity, and utilization reports. Please describe the following capabilities and features of your clinical information platform:

Electronic Medical Record (EMR);

- Does the EMR have data fields that can be customized to match our population such as department, gender, age group, occupation etc.?
- Does the EMR use standard codes (CPT, ICD10, etc.) or does it use an internal coding system?
- What do you use as the patient's primary identifier (e.g. patient ID, social security number, employee ID)? Do you have the ability to store Employee ID in your system?
- Does the EMR have data fields related to Occupational Health such as department, type of injury, and date of injury?
- Describe any quality control measures that are embedded in your EMR.
- Do you use a TPA software vendor for Occupational Health/OSHA data?

- Describe your security measures for data transfer and applications and also describe your requirements from the City?
 - Has your network security systems ever been breached? Describe.
 - Does the EMR generate reports? If so, can they be customized? Please provide samples.
8. Will we be able to access reports in real time? Please describe.
 9. We may request ad hoc reports for special purposes. Would you charge for producing such "non-standard" reports?
 10. What is your schedule for standard reporting?
 11. How will you process visit charges and claim adjudication for HDHP members? Will there be an additional charge?
 12. What predictive modeling method do you utilize? Please explain.
 13. How do you measure and report on value-based metrics such as target population engagement rates, patients making progress, changes to prevalence rates, standard of care compliance, and patient satisfaction?
 14. What methods do you use to effectuate behavior change? Please describe how provider selection, training and evaluation take patient engagement and behavior change into account.
 15. Do you allow third party data transfers including inbound and outbound for lab interfaces, health risk assessment data, incentive tracking, claims adjudication and workers' compensation? Is there additional cost for these transfers?
 16. How will you collaborate and communicate with occupational care and third party administrators and other stakeholders, including outside community-based providers?
 17. Can your software integrate with other medical records systems?
 18. Do you track member wait-time at the clinics? If so, how is this reported?
 19. What system do you use to maintain employee health information?
 20. Do you have the ability to submit an 837 file transaction for clinic utilization?
 21. Do you have a process in place to handle rejects from the 837 file transaction? If so please define.
 22. How often would you submit an 837 file transaction?
 23. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
 24. Do you utilize a standard data set that can be compared and contrasted with utilization data?
 25. Describe your contingency plan/action steps should your projected utilization, shift in visits, and/or savings potential not come to fruition according to plan.

PROGRAM MANAGEMENT AND QUALITY ASSURANCE

1. Provide a copy of your quality assurance program. This should include standards and measurement criteria for on-site healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention and educational materials.
2. Describe your quality team and best practices and evidence-based medicine utilized to provide the proposed health care services.
3. How will you measure and improve quality?
4. Please describe the process and frequency of determination and reporting of ROI for clinic performance and clinical metrics. Please provide a sample of reporting that the City of Chattanooga will receive that focuses on participation, cost, clinical outcomes (biometrics), and ROI.
5. Describe what criteria your company utilizes for assessing the quality of outside providers and clinics.
6. Are intervention conversations monitored for quality assurance? How?
7. How do you recruit clinic staff? What procedures do you use? Provide examples of their compensation.
8. What is your average length of time to identify and hire a RN, NP, PA, DO, or MD?
9. Do you offer any behavioral health training to your clinicians? Are they trained in Motivational Interviewing or other types of health coaching?
10. Give examples of 5 risk management mechanisms you employ that reduce unnecessary care and cost. Are there others that you intend to incorporate in the future? Please provide specifics, including your rationale for pursuing these activities.

IMPLEMENTATION

1. Please describe how you would transition a pre-existing on-site clinic. Provide a detailed timeline and implementation plan for the transition.
2. What is your plan to communicate to eligible members of a possible change in medical providers?
3. The current staffing model is included in the RFP. Please explain how you would assign staff to meet the City's stated requirements.
4. The current staffing model is included in the RFP. If current staff is not willing to continue their employment with a new provider, what is your process for hiring new staff? What is the timeline?
5. Describe in detail your plan for setting up your technology infrastructure. Describe your plan for transferring and initiating all
6. how you will receive the transfer of medical information into your EMR. Provide a narrative with attachments for labs, diagnostic reports, letters, etc. for both primary and occupational health.

7. Will closure be necessary during the implementation period? Please explain
8. Explain how you will ensure consistency in care of those individuals that have been identified as high risk and are already participating in the wellness program. How can your company compliment disease management programs already in place?

FEES

All fees associated with your proposal must be provided in Attachment F. Attachment F must be completed as requested and any additional fees must be included.

PERFORMANCE GUARANTEE

If a performance guarantee is included in your proposal, please describe in detail and include the answers to the following questions:

1. Are you willing to provide clients with a performance guarantee? Describe your performance guarantee in detail including:
2. Describe your guarantee, in detail.
3. What methodology is used to calculate the guarantee?
4. How often is the guarantee performance monitored? How is it reported?
5. What variables do you put at risk? If fees are at risk, please describe the percentage and what that is at risk.

TERMINATION

1. Please state what records would belong to us upon contract termination. How would the records be transferred?
2. Describe how your organization will support a transition in the event of contract termination.
3. Confirm that all clinic staff will not be under a non-compete agreement and may remain with the City should a new vendor be selected in the future.
4. Confirm you will agree to a non-solicitation agreement of existing clinic staff for a period of 90 days from the date of notification of contract termination.

(Respondents may email dmkeylon@chattanooga.gov with a copy to rfp@chattanooga.gov for an MS Word version of the document above (questions). THE SUBJECT LINE **MUST READ "RFP 196880 CLINIC DOCUMENTS REQUESTED"** TO FACILITATE E-MAIL SEARCH AND FIND.)

Appendix A: Offeror Qualification Data Form

OFFEROR QUALIFICATION DATA

All questions must be answered clearly and comprehensively. If necessary, separate sheets may be attached.

1. Company Name of Offeror (Please list official name, and any and all “doing business as” names, if any, associated with the company):

2. Main office address:

3. Phone: _____ Fax: _____

a. Email Address: _____

4. Proposers federal tax identification number: _____
(Please attach Form W-9)

5. The Offeror is organized as a (specify type of entity, e.g. sole proprietor, partnership, for profit corporation, non-profit corporation, limited liability company, etc.)

6. The date the Offeror was organized in its current form:

7. If a corporation or limited liability company, the state where it is formed:

8. Is your company registered with the Tennessee Secretary of State?

a. YES

b. NO - Please explain

9. How many years have you served the population described in this solicitation:

10. Describe any pending plans to reorganize or merge your organization.

11. Have you, or any officers and/or directors of your company, ever been debarred or suspended by a government from consideration for the award of contracts?

a. YES - Please list the contract party, and explain

b. NO

12. Have you, or any officers and/or directors of your company, ever been disqualified, removed, sued, or otherwise prevented from proposing on or completing any contract?

a. YES - Please list the contract party, and explain

b. NO

13. Have you, or any officers and/or directors of your company, ever been charged with liquidated damages on a contract?

a. YES - Please list the contract party, and explain

b. NO

14. Bonding, as applicable

a. Limit: \$ _____

b. Bonding Company: _____

c. Address: _____

d. Phone Number: _____

Appendix B: Experience Reference Form

Experience Reference Form

Bidder/Offeror: _____

(Attach as many copies of this form as may be needed)

Reference

Name of Project: _____

Location: _____

Service Date Range:

Firm Name for Contact Person: _____

Name of Contact Person: _____

Telephone Number for Contact Person: _____

Email Address (required): _____

Reference

Name of Project: _____

Location: _____

Service Date Range:

Firm Name for Contact Person: _____

Name of Contact Person: _____

Telephone Number for Contact Person: _____

Email Address (required): _____

Appendix C: Affirmative Action Plan Form

City of Chattanooga, Purchasing Division

July 2016

Affirmative Action Plan

The City of Chattanooga is an equal opportunity employer and during the performance of this Contract, the Contractor agrees to abide by the equal opportunity goals of the City of Chattanooga as follows:

1. The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or handicap. The Contractor will take affirmative action to ensure that applicants are employed, and the employees are treated during employment without regard to their race, color, religion, sex, national origin, or handicap. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay, or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the provisions of this nondiscrimination clause.
2. The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or handicap.
3. The Contractor will send to each labor union or representative of workers with which he/she has a collective bargaining agreement or other contract or understanding, a notice advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
4. During the term of this contract the following non-discriminatory hiring practices shall be employed to provide employment opportunities for minorities and women:
 - a. All help wanted ads placed in newspapers or other publications shall contain the phrase "Equal Employment Opportunity Employer."
 - b. Seek and maintain contracts with minority groups and human relations organizations as available.

- c. Encourage present employees to refer qualified minority group and female applicants for employment opportunities
 - d. Use only recruitment sources which state in writing that they practice equal opportunity. Advise all recruitment sources that qualified minority group members and women will be sought for consideration for all positions when vacancies occur.
5. Minority statistics are subject to audit by City of Chattanooga staff or other governmental agency.
 6. The Contractor agrees to notify the City of Chattanooga of any claim or investigation by State or Federal agencies as to discrimination.

(Signature of Contractor)

(Title and Name of Company)

(Date)

Appendix D: Iran Divestment Act Form

**Chapter No. 817 (HB0261/SB0377). "Iran Divestment Act" enacted.
Vendor Disclosure and Acknowledgement**

By submission of this bid, each Offeror and each person signing on behalf of any Offeror certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Offeror is not on the list created pursuant to § 12-12-106.

(SIGNED) _____

(PRINTED NAME) _____

(BUSINESS NAME) _____

(DATE) _____

For more information, please contact the State of Tennessee Central Procurement Office,
<https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-/public-information-library.html>

Appendix E: No Contact/No Advocacy Statement

No Contact/No Advocacy Statement City of Chattanooga, Purchasing Division

State of _____
County of _____

_____ (agent name) says that:

(1) He/She is the owner, partner, officer, representative, or agent of _____ (business name), the Submitter of the attached sealed solicitation response to Solicitation #__196880_;

(2) _____ (agent name) swears or affirms that the Submitter has taken notice, and will abide by the following No Contact and No Advocacy clauses:

NO CONTACT POLICY: After the posting of this solicitation, a potential submitter is prohibited from directly or indirectly contacting any City of Chattanooga representative concerning the subject matter of this solicitation, unless such contact is made with the Purchasing Division.

NO ADVOCATING POLICY: To ensure the integrity of the review and evaluation process, companies and/or individuals submitting sealed solicitation responses, as well as those persons and/or companies formally/informally representing such submitters, may not directly or indirectly lobby or advocate to any City of Chattanooga representative.

Any business entity and/or individual that does not comply with the No Contact and No Advocating policies may be subject to the rejection or disqualification of its solicitation response from consideration.

Submitter Signature: _____

Printed Name: _____

Title: _____

Date: _____

Appendix F: Supplier Information Form (for vendors new to City)



City of Chattanooga Supplier Information Form

Business Name: _____

PO Address: _____

Remittance Address: _____

If your business Tax Filing Status is Individual/Sole Proprietor or a Partnership and you provide a service to the City of Chattanooga, you will be issued a 1099 Form for the preceding Tax year. Please indicate which address you wish your document sent to if applicable:

1099 Address: _____

Contact Name: _____

Primary Phone Number: _____

Primary Fax Number: _____

Primary Email: _____

Are you Providing: (Check All That Apply)

- | | | | |
|---------|--------------------------|--------------|--------------------------|
| Service | <input type="checkbox"/> | Construction | <input type="checkbox"/> |
| Goods | <input type="checkbox"/> | | |
| Both | <input type="checkbox"/> | | |

Vendor Type (Must be Marked-Check All That Apply)

- | | |
|--|--------------------------|
| MBE-Minority Business Enterprise | <input type="checkbox"/> |
| WBE-Woman Business Enterprise | <input type="checkbox"/> |
| SDVBE-Service Disabled Vet Business Enterprise | <input type="checkbox"/> |
| LGBTE-LGBT Business Enterprise | <input type="checkbox"/> |
| None of the Above | <input type="checkbox"/> |

Preferred Payment Method

- | | |
|-------|--------------------------|
| Check | <input type="checkbox"/> |
| ACH | <input type="checkbox"/> |

ACH-Please provide remittance notice email and complete Separate City ACH Authorization Form:

Authorized Representative Signature

Print Name

Date