Date: 11/09/05 R0086100

PURCHASING DEPARTMENT
100 EAST 11TH STREET
RM 200
CHATTANOOGA, TENNESSEE
37402

REQUEST FOR PROPOSAL

Proposal will be received at this office
100 East 11th Street, CITY HALL ANNEX, Rm. 200
until
12/09/2005

Requisition No.: R0086100
Ordering Dept.: Personnel
Buyer: Debbie Talley
Phone No.: (423) 757-0643

****

Items Being Purchased: On-Site Medical Services

****

Request for Proposal for the City of Chattanooga, Tennessee

****

*****REQUEST FOR PROPOSALS MUST BE RECEIVED*****
4:00 PM Local Time on December 9, 2005

****

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.

****

PLEASE PROVIDE US WITH THE FOLLOWING
Phone/Toll Free No.: _____
Fax No.: _____
E-Mail Address: _____
Contact Person: _____
Employer's ID No.: _____

REQUEST FOR PROPOSAL

R0086100
for

On-Site Medical Services
for

The City of Chattanooga, Tennessee

Opening

December 9, 2005

4:00 PM EST

TABLE OF CONTENTS

1.0 INTRODUCTION		4
1.1	Purpose	4
1.2	Proposal Submittal	4
1.3	Schedule	4
2.0 GENERAL CONDITIONS		4
2.1	Conformity with RFP	4
2.2	Reservation of Rights	5
2.3	Error or Inconsistency in RFP	5
2.4	Non-Collusion	5
2.5	Rights to Submitted Material	5
2.6	Additional Information	5
3.0 SPECIAL TERMS AND CONDITIONS		6
3.1	City Background	6
3.2	Scope of Services	6
3.3	Minimum Qualifications	6
3.4	Proposer Background	6
3.5	Assignment Prohibited	7
3.6	Fees for Services	7
3.7	Term	7
3.8	Terms of Agreement	7
4.0 SELECTION PROCESS		7
4.1	Responses to Request for Proposals (RFP)	7
4.2	Oral Presentations	8
4.3	Selection	8
5.0 PROPOSAL FORMAT		8
6.0 REQUIRED FORMS AND EXHIBITS		9
Company Affidavit Required Form 1		10
EXHIBIT A		11
EXHIBIT B		13
EXHIBIT C		14
7.0 PRIMARY CARE		16
7.1 Workers Compensation		16
7.2 Communication Plan & Member Services		17
8.0 INDENTIFICATION OF HIGH RISK INDIVIDULAS		17
9.0 INTERVENTION		18
10. 0 MEASUREMENT TOOLS & RESULTS		19
11.0 HIPPA COMPLIANCE		20
12.0 PROPOSED PROGRAM COST		20
13.0Affirmative Action Plan		21

1.0 INTRODUCTION

1.1 Purpose

Chattanooga, Tennessee (the "City") is soliciting proposals from interested parties to provide on-site medical services to employees and dependents enrolled in the City of Chattanooga's Health Care Plan.

1.2 Proposal Submittal

Sealed proposals will be accepted by the Purchasing Department no later than November 30, 2005 at 4:00 PM. All proposals must be submitted in accordance with the conditions and instructions provided herein. All proposals must remain open for acceptance for ninety (90) days.

1.3 Schedule

RFP Released	November 09, 2005
Questions Deadline	November 18, 2005
Amendments to RFP Issued	November 22, 2005
Deadline for Proposal Submittal	December 09, 2005

This schedule is intended as a guideline for the timing of various events in this effort. City requirements and other factors may cause certain of these dates to vary from original intentions. In no event will the deadline for proposal submittal be changed.

2.0 GENERAL CONDITIONS

2.1 Conformity with RFP

All proposals must conform to the requirements presented in this RFP. Proposals not in conformity shall be rejected. Exceptions to any requirement under the terms and conditions and scope of services must be clearly noted in the proposer's response. To facilitate evaluation, all proposals must be submitted in the uniform format. ALL PROPOSALS MUST FOLLOW THE PRESCRIBED FORMAT AND SHALL INCLUDE COMPLETED FORMS WHICH ARE ATTACHED TO THIS RFP. FAILURE TO FOLLOW THE REQUIRED FORMAT OR COMPLETE THE REQUIRED FORMS COULD RESULT IN PROPOSALS BEING REMOVED FROM THE CITY'S CONSIDERATION.

2.2 Reservation of Rights

This RFP does not commit the City to award a contract or to pay any costs incurred in the preparation of a proposal in response to this request. The City reserves the right to reject any or all proposals, to seek additional or new proposals, to waive technicalities or informalities and to accept any proposal deemed to be in the best interest of the City. Any contract will be awarded on the basis of recognized competence and integrity within the field and other factors deemed relevant by the City, and while price will be an important factor in the City's decision, price will not be the sole determining factor.

2.3 Error or Inconsistency in RFP

Any proposer believing that there is any ambiguity, inconsistency or error in this RFP shall promptly notify the City of Chattanooga Purchasing Department in writing of such apparent discrepancy. FAILURE TO SO NOTIFY THE CITY BY THE DEADLINE FOR PROPOSAL SUBMITTAL SHALL CONSTITUTE A WAIVER OF CLAIM OF INCONSISTENCY, AMBIGUITY OR ERROR.

2.4 Non-Collusion

Each proposal shall contain a company affidavit, a copy of which is attached as Required Form #3.

2.5 Rights to Submitted Material

All proposals, responses, inquiries, or correspondence relating to or in reference to this RFP, and all reports, charts, displays, schedules, exhibits, and other documents provided by proposers, will become the property of the City when received. No submission or supporting documentation will be returned to proposer. The City is subject to the Tennessee Public Records Act and must comply with the disclosure requirements of such laws. Neither party shall be liable for disclosures required by law.

2.6 Additional Information

All inquiries or requests for additional information relative to this RFP should be in writing and directed to: Debbie Talley, Buyer
Phone: (423) 757-5184
Fax: (423) 757-7201
E-Mail: talley_deb@mail.chattanooga.gov

3.0 SPECIAL TERMS AND CONDITIONS

3.1 City Background

The City of Chattanooga has currently a fully insured health plan through Cigna. The City anticipates becoming self funded in July 2006. The City currently has 8,000 covered lives on the health insurance plan including 2,500 employees**.** See *Exhibit A* for summary data of last year's office visits and prescription data.

3.2 Scope of Services

The Scope of Services to be provided is described on Exhibit C attached and made apart of the RFP.

3.3 Minimum Qualifications

(1) Prior experience in processing medical services
(2) Prior experience in administering healthcare program
(3) Prior experience with on-site medical services

3.4 Proposer Background

The following information about the proposer must be included in the proposal:

1. Qualifications and experience of the proposer, including type of business entity, organizational size, structure and history of the organization, experience in the provision of services, and location of the office that would contract for services to the City. List all past and present contracts for the provision of consulting services for public entities, indicating the type of public entity, the name and telephone number of the public officer in charge of the contract, the years in which the services were provided, and if such contract has been terminated the reason for termination. If no contracts with public entities exist, please provide five (5) other entities to include information listed above.

2. Qualifications (including relevant professional designations and descriptions) and experience of the type of personnel who will be directly assigned to carry out the services described in this RFP for the City.

3. Any other information that the proposer believes would be helpful to the City in evaluating the proposer's ability to provide the services described in this RFP.

4. Please include along with your proposal your company's most recent public financial report.

5. Disclose any pending lawsit(s).

6. Disclose any active or planned mergers, sale, or acquisition(s).

3.5 Assignment Prohibited

The contract awarded pursuant to this RFP shall not be assignable or transferable by either party. In the event that the contract is awarded to a business entity, the contract shall contain a "key person" clause authorizing the City to terminate the contract if the individual who is designated as primarily responsible for the contract does not retain primary responsibility.

3.6 Fees for Services

Proposers must provide fee quotes on Required Form 1. Fee schedules quoted shall include all amounts which the City would be expected to pay to the proposer for the services provided, and such amounts shall be firm for fixed costs not subject to increase during the term of any contractual agreement arising between the City and the proposer. Fee quotes should also include a detailed explanation for any variable costs.

3.7 Term

The term of the Contract will be one (1) year with an option to renew for an additional four (4) one (1) year periods. The successful proposer will agree to a thirty (30) day notice of cancellation with cause. The contract renewal shall be at same fee schedule per agreement of both the City and the On-Site Medical Services Provider. The Contract may be terminated for cause, to be described in the contract between the parties.

3.8 Terms of Agreement

By submitting a proposal, the proposer agrees that the terms of this RFP and the proposer's written materials submitted in response will become a part of their contract with the City if the proposer is awarded the contract. All contracts between the parties shall be governed by and enforced in accordance with the laws of the State of Tennessee and any applicable Federal Law or Statute.

4.0 SELECTION PROCESS

4.1 Responses to Request for Proposals (RFP)

This RFP is intended to provide interested companies with uniform information concerning the City’s requirements for proposed On-site Medical Services. In responding to this RFP, companies must adhere to the required format and use the attached forms. Each proposal submitted will be subject to the same review and assessment process. The following factors, listed in no particular order, will be given primary consideration:

1. Quality and completeness of proposal
2. Adequacy and qualifications of staff for this contract
3. Cost of services
4. Total experience
5. Experience with comparable clients
6. Ability to perform the work in a timely and professional manner

4.2 Oral Presentations

Following submission of proposals, the City may request oral presentations which will be scheduled in advance to most effectively accommodate the scheduling requirements of the City. The following limits shall be observed by companies during oral presentations:

The oral presentation may not be considered as a "negotiation session". Only material contained in the original formal written proposal will be considered in any subsequent evaluations.

Companies shall observe time limitations imposed prior to the oral presentation. Presentations may not exceed one hour in length.

4.3 Selection

Following the process described above, the City will make all decisions regarding selection of the finalists, contract negotiation, and the award of the contract. The decision of the City will be considered final.

5.0 PROPOSAL FORMAT

Proposals should be written in a concise, straightforward and forthright manner, and superficial marketing statements and materials should be avoided. Proposals should be organized in the following manner, using required forms as appropriate:

1. Title Page - Each proposal must begin with a title page containing the words “On-Site Medical Services – City of Chattanooga" and the name of the proposer, the name, title and telephone number of the representative having signature authority for the proposer.
2. Table of Contents
3. Proposal Summary
4. Company Background Information (see Section 3.4 above).
5. "Key Person" Designation - identify the individual who will have primary responsibility for the contract with the City.
6. Qualifications (including relevant professional designations and descriptions) and experience of the type of personnel who will be directly assigned to carry out the services described in this RFP for the City, including the "key person."
7. Proposed Fee Schedule - Required Form 1.
8. Exceptions and Restrictions - should the proposer take any exception to any provision or requirement contained in this RFP, it must be clearly stated in this section.
9. Claims and Complaint History - list any claims filed against the proposer (or its agents or employees) with the proposer's liability insurance carrier for professional errors and omissions, including the nature and resolution of such claims; list all written complaints filed with local, state or federal regulatory agencies, business organizations, or other outside agencies against the proposer or any of its agents or employees within the past five (5) years, together with an explanation of their resolution.
10. Relationship with City – The on-site medical provider will serve as an independent contractor and that as such, the company will provide the coverage necessary for the proper maintenance of their business and will hold the City harmless for any claim for

damages by a third party or any of their employees for negligence by the proposing company

11. Proof of Insurance Coverage - The on-site Medical Provider and the Medical Professional must maintain throughout the term of this Agreement, professional liability insurance covering the acts and omissions of the Medical Professional, in the minimum annual coverage amounts of $2,000,000 per occurrence and $2,000,000 in the aggregate with an insurance company reasonably satisfactory to the on-site medical provider. The provider will require the Medical Professional to notify the provider immediately in the event he or she does not have the required coverage and will promptly remove and replace such Medical Professional with another qualified Medical Professional. The on-site medical provider shall provide Employer proof of such professional liability insurance maintained by the Medical Professional. The on-site medical provider shall provide evidence of liability insurance in the amount of $2 million and shall name City of Chattanooga as an additional insured on said policy. This requirement shall not take away from or limit the agreement of the provider to indemnify and hold harmless the employer as set forth herein. Required Form 2.
12. References - list comparable clients for whom you have performed services similar to those required under this RFP, any other relevant client references, and bank references (see section 3.4.1).
13. Company Affidavit - Required Form 3.
14. Duration of Offer - Statement that the proposal constitutes a firm offer which may be accepted at any time within ninety (90) days from and after the date of proposal opening.
15. Binding Authority - name, address, and telephone number of the person with authority to bind the company and to answer questions or provide clarification concerning the company's proposal.
16. Sample Contract - If the proposer wishes to use its standard contract as a starting point in final negotiations, the contract must be included.

6.0 REQUIRED FORMS AND EXHIBITS

Form 1 - Proposed Fee Schedule
Form 2 - Insurance Coverage Documentation
Form 3 - Company Affidavit

Note: Failure to submit the required forms may be considered grounds for rejection of proposal.

Exhibit A - City Background Information
Exhibit B - Scope of Services

Required Form 1
COMPANY AFFIDAVIT

The affiant states with respect to this Proposal to City of Chattanooga, Tennessee:

I (we) hereby certify that if the contract is awarded to our firm that no member or members of the governing body, elected official or officials, employee or employees of said City, or any person representing or purporting to represent the City, or any family member including spouse, parents, or children of said group, has received or has been promised, directly or indirectly, any financial benefit, by way of fee, commission, finder's fee or any other financial benefit on account of the act of awarding and/or executing a contract.

I hereby certify that I have full authority to bind the company and that I have personally reviewed the information contained in the RFP and this proposal, and all attachments and appendices, and do hereby attest to the accuracy of all information contained in this proposal, including all attachments and exhibits.

I acknowledge that any misrepresentation will result in immediate disqualification from any consideration in the proposal process.

I further recognize that City of Chattanooga reserves the right to make its award for any reason considered advantageous to the City. The company selected may be without respect to price or other factors.

Signature _____ Date _____

Name _____ Phone _____

Title _____

Firm Name_____
Type of business organization (corporation, LLC, partnership, proprietorship)

Address _____

City, State, Zip _____

Exhibit A – Prescription Drug Usage, PCP visit information, Job Injury, Employee Physicals and Drug Testing

All information stated below is for Fiscal Year 2004 – 2005

Primary Care Physician Visits – (Office Visit charge only) 25,392 @ $35.10 $ 891,267.70
Primary Care Physician Visits – all other charges
1,937,815.00

Injured on Duty Office Visits – 1,074 annually @ $134.51

144,466.99

New Employee Physicals:

Basic Physicals 185 annually @ $50 each
9,250.00
Fire/Police Recruits – 40 annually @ $550 each
22,000.00

Fire Departments Physicals – 350 annually (see attached exhibit for details)

63,465.00

Drug Tests – 200 annually @ $30 each

6,000.00

Prescription Drug Usage – Plan Year 9/2004 – 8/2005 Total $
$3,794,040.00

TOP 50 PRESCRIBED DRUGS BY TOTAL NUMBER OF PRESCRIPTIONS

Prescription	Script Type	Total Scripts
Hydrocodone w/Acetaminophen	Generic	2,004
Lipitor	Non-Preferred	1,453
Zithromax	Preferred	1,373
Hydrochlorothiazide	Generic	1,076
Toprol XL	Preferred	1,046
Prevacid	Preferred	1,040
Triamterene	Generic	988
Zocor	Preferred	986
Lisinopril	Generic	932
Synthroid	Peferred	921
Amoxicillin	Generic	921
Norvasc	Preferred	917

Zoloft	Preferred	897
Alprazolam	Generic	862
Premarin	Preferred	859
Diovan HCT	Preferred	828
Metformin HCL	Generic	786
Atenolol	Generic	779
Furosemide	Generic	764
Singulair	Preferred	760
Zyrtec	Non-Preferred	739
Nexium	Non-Preferred	734
Ambien	Preferred	711
Diovan	Preferred	702
Lotrel	Preferred	697
Lexapro	Non-Preferred	687
Clonazepam	Generic	667
Prednisone	Generic	633
Allegra	Non-Preferred	631
Levothyroxine Sodium	Generic	611
Fluoxetine HCL	Generic	602
Propoxphene Napsylate w/APAP	Generic	595
Cephalexin	Generic	586
Avandia	Preferred	582
Pravachol	Non-Preferred	582
Plavix	Preferred	579
Protonix	Preferred	538
Promethazine HCL	Generic	536
Potassium Chloride	Generic	524
Metoprolol Tartrate	Generic	508
Effexor XR	Preferred	502
Wellbutrin XL	Preferred	498
Zetia	Non-Preferred	497
Lorazepam	Generic	495
Lantus	Preferred	491
Altace	Preferred	470
Advair Diskus	Preferred	466
Albuterol	Generic	442
Verapamil HCL	Generic	436
Hyzaar	Preferred	430

Exhibit B – Physical Costs – Fire Department

2006 Estimated Physical Costs - Fire Department

Type of Charge	Needed	Cost	Total Cost	Balance
Recruit Physical	20	$455.00	$9,100.00	$9,100.00
Complete Physical	392	$132.00	$51,744.00	$60,844.00
Limited Physical	0	$57.00	$0.00	$60,844.00
Titers	94	$60.00	$5,640.00	$66,484.00
Hepatitis B vaccination	60	$45.00	$2,700.00	$69,184.00
EKG	46	$40.00	$1,840.00	$71,024.00
Stress Test	46	$100.00	$4,600.00	$75,624.00
Chest X-ray	22	$78.00	$1,716.00	$77,340.00
Pulmonary Function Test	0	$25.00	$0.00	$77,340.00
			Ending Balance	**$77,340.00**

Complete Physical	Cost
Audiogram	$20.00
Vision Test	$0.00
Vital Signs	$0.00
Pulmonary Function Test	$25.00
PPD (TB skin test)	$12.00
CBC with diff	$5.00
Urine Dip	$5.00
CMP (Comprehensive Metabolic)	$20.00
Lipid Profile	$0.00
Physical Exam	$45.00
Respiratory Questionairre	$0.00
Total	**$132.00**

Limited Physical	Cost
Vital Signs	$0.00
Respiratory Questionairre	$25.00
PPD (TB skin test)	$12.00
Audiogram	$20.00
Vision test	$0.00
Total	**$57.00**

Recruit	Cost
Audiogram	$20.00
Breath Alcohol Test	$25.00
Drug Screen 10-panel	$30.00
Chest X-ray	$78.00
EKG	$40.00
Vision Test	$0.00

***NOTE**
All recruits who have not received the Hepatitis B vaccination series (3 shots) will need to receive this series and have titers drawn 60 days after receiving their thirs shot in the series.

Vital Signs	$0.00
Spirometery	$25.00
PPD (TB test)	$12.00
CBC with diff	$5.00
Urine Dip	$5.00
CMP (Comprehensive Metabolic)	$20.00
Lipid Profile	$0.00
Physical Exam	$45.00
Lift Test	$50.00
Stress Test	$100.00
Total	**$455.00**

***NOTE**
Those who have had positive TB test previously will have chest X-rays instead of the TB test. The X-rays will att $66 ($78 for x-ray - $12 for TB test = $66).

Exhibit C – Scope of Services

City of Chattanooga seeks a company to offer on-site medical services to its employees and dependents to include but not limited to primary care, health risk assessments, call support, immunizations, injections, new hire physicals, fire department physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceuticals, disease management, and primary care case management. In addition to on-site healthcare, the city desires the on-site medical services to provide health risk assessments and handle job injury services including treatment of injuries and case management. The provider will work with City's existing wellness program to provide educational, intervention and incentive programs. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPPA) and Clinical Laboratory Improvement Act (CLIA).

The City has designated at least three (3) sites as potential on-site medical offices. The City would like to have doctors and physician extenders to rotate among the three sites throughout each week as needed.

In order for the City to fully understand your services please answer the following questions as thoroughly and succinctly as possible:

7.0 Primary Care:

1. How are appointments scheduled?
2. Is the appointment scheduling process available online?
3. Describe the types of problems that can be addressed on-site.
4. Describe the medications to be administered on-site.
5. What if a disease process escalates?
6. Will your physician(s) have hospital privileges? Where?
7. Describe the primary care case management process.
8. What if the medical team is not available on the day the care is needed?
9. What if a problem occurs after hours?

7.1 Workers Compensation:

1. Describe the types of problems that can be addressed on-site.
2. What if a medical condition escalates?
3. Describe the role of the On-site physician in conjunction with the City's Job Injury case management services provided by Cariten.
4. What if the medical team is not available on the day an accident happens?
5. What if a problem occurs after hours?
6. How is case management triggered?
7. Describe process for determining fitness for duty.
8. How will medical treatment be delivered and managed for sworn police/fire officers who are covered under Tennessee's Heart/Lung Bill.

7.2 Communication Plan & Member Services:

Please provide a proposed communication plan for introducing the onsite healthcare and wellness program and reference the ongoing communication process. Outline your company's responsibilities in these processes.

Please include copies of your educational materials and timelines for distribution.

1. How can employees communicate with the medical team?
2. How do you determine locations of service and standard hours of operation for member services?
3. Will you utilize existing resources for clinics?
4. Is your health risk assessment available both on-line and off-line?
5. Can your website be linked with the City of Chattanooga's website?
6. Describe your ability to communicate with an employee population that is geographically dispersed. Provide examples if appropriate.
7. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
8. How can an employee access your company for Member Services after hours?
9. Provide your web address and any access codes needed to explore your services.
10. Are you willing for City to use its own branding in communication and program materials?

8.0 Identification of High Risk Individuals:

Understanding that there are a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

1. How would your company identify high-risk members (i.e. health risk assessment, member services calls, medical claims data, pharmacy claims data, etc)?
2. Please describe your methodology for tracking and intervening with high-risk members on an on-going basis.
3. Do you stratify members by severity of risk for complication? Please elaborate.
4. What Health Risk assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.

5. How often do you recommend distributing the HRA?
6. Please describe turnaround time for each of the following areas:

   a). Providing the HRA results to individuals.

   b). Contacting individuals for possible interventions.

   c). Providing City with a summary report of the initial HRA results.

7. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their person profile.
8. What level of participation can we expect in years one, two and three of this program?
9. Describe how your organization will set and reach participation goals?
10. Do you recommend using incentives? If so, please describe the incentives your organization recommends.
11. Please describe your plan to involve new employees in the HRA process.
12. Please describe your capabilities to update an individual's HRA record while conducting follow-up calls.
13. How does your HRA monitor and report individual change from year to year?

9.0 Intervention:

Please describe a typical intervention conversation.

1. Are intervention conversations monitored for quality assurance? How?
2. Describe the process for engaging the targeted individual.
3. Describe the process for persons you are unable to reach.
4. Describe and provide samples of any support materials used with the intervention.
5. Describe the process for documentation and tracking of each conversation.
6. Describe and provide samples of any management reports on intervention activity.
7. How do you link to on-site or community programs (Employee Assistance Program, wellness screenings, etc.)?
8. Describe your methods for ensuring confidentiality of caller information.
9. Indicate what type of provider interventions and education your Plan provides and the results of these interventions.

10.0 Measurement Tools & Results:

Provide a copy of your quality assurance program. This should include standards and measurement criteria for onsite healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring the outcomes and success of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide City.
3. Provide examples of the following:
   - i. Onsite healthcare activity report
   - ii. HRA and member profile
   - iii. Member participation
   - iv. Member intervention
   - v. Financial summary/savings report
   - iv. Are management reports available online?
4. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since inception of the program. Please include the following:
   - a. Program Outcomes
   - b. Utilization Measures (list measures)
   - c. Member Satisfaction
   - d. Changes in the Cost of Care
   - e. Productivity/Absenteeism (list indicators)
6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

11.0 HIPPA Compliance:

1. Is your firm HIPPA compliant?
2. Describe your system for the assurance of personal health data security.
3. Have your network security systems ever been breached? Describe.

12.0 Proposed Program Costs:

It is the City's intention to provide onsite health care and Population Health Management services including health risk assessment to every employee and their dependents on our self-funded medical plan.

1. Please include the following in your detailed pricing proposal.
   a. Baseline fees
   b. Start-up costs / fees
   c. Indicate all payment terms and conditions
   d. Number of year's baseline fees is guaranteed
   e. Do you offer any performance guarantees
2. Indicate outcome measures you are willing to use and performance standards you are willing to guarantee including financial penalties for non-performance.

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 that 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, or 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. In all construction contracts or subcontracts in excess of $10,000 to be performed for the City of Chattanooga, any contractor and/or subcontractor is further required to file in duplicate within ten (10) days of being notified that it is the lowest responsible bidder, an affirmative action plan with the EEO Director of the City of Chattanooga. This plan shall state the Contractor’s goals for minority and women utilization as a percentage of the work force on this project.

5. This Plan or any attachments thereto shall further provide a list of all employees annotated by job function, race, and sex who are expected to be utilized on this project. This plan or attachment thereto shall further describe the methods by which the Contractor or Subcontractor will utilize to make good faith efforts at providing employment opportunities for minorities and women.

   During the term of this contract, the Contractor upon request of the City, will make available for inspection by the City of Chattanooga copies of payroll records, personnel documents and similar records or documents that may be used to verify the Contractor’s compliance with these Equal Opportunity provisions.

6. The Contractor will include the portion of the sentence immediately preceding paragraph 1 and the provisions of paragraphs 1 through 6 in every subcontract so that such provisions

will be requested of each subcontractor. The Contractor agrees to notify the City of Chattanooga of any subcontractor who refuses or fails to comply with these equal opportunity provisions. Any failure or refusal to comply with these provisions the contractor and/or subcontractor shall be a breech of this contract.

_____

(Signature of Contractor)

_____

(Title and Name of Company)

_____

(Date)