REQUEST FOR PROPOSALS

Health Care Services Provider
For West Yellowstone, Montana

DUE DATE:
March 1, 2016
I. INTRODUCTION

A. GENERAL INFORMATION

Notice of Invitation—The Town of West Yellowstone (“the Town”) is seeking proposals from qualified firms, agencies, or organizations to provide health care services to the greater West Yellowstone community. These services may be provided from the facility currently known as the Guy Hanson Medical Clinic. There are no expressed or implied obligations for the Town to reimburse responding agencies for any expenses incurred in preparing proposals in response to this request.

1. Proposal Submission. Prospective providers should submit detailed proposals on or before 5:00 PM on March 1, 2016. Proposals should be mailed or delivered to:

   Mayor
   Town of West Yellowstone
   P.O. Box 1570
   West Yellowstone, Montana 59758
   “Sealed Proposal Do Not Open”

Proposal cover letters should designate who can answer questions concerning the submitted proposals. An officer empowered to bind the agency submitting the proposal must sign the proposal.

2. Proposal Format. One original copy of the proposal should be submitted in the format outlined in Section III, “Proposal Document Instructions.”


4. All agencies submitting a proposal shall agree not to include a provision in any contract or agreement with the Town requiring the Town to hold harmless or indemnify any person, partnership, association, corporation or other form of entity.

5. By responding to the RFP, the agency is agreeing to the terms, conditions and requirements set forth herein, unless expressly noted in writing in the firm’s written submission.

6. Schedule of key dates:
   a. March 1, 2016: Submit sealed proposals by 5:00 PM.

7. The RFP is not to be construed as creating a contractual relationship between the Town and any agency submitting a response to this RFP.
8. The Town shall have no obligation or liability to any agency responding to this RFP. All costs associated with responding to this RFP are borne solely by the respondent.
9. The Town may require follow-up oral interviews with selected respondents and may require the respondents to participate in negotiations.
10. The Town reserves the right to reject any or all responses, to modify the scope with one or more of the respondents, and to waive any/all requirements which the Town deems to be in its best interests.
11. By submitting the information the agency represents that it has examined and understands the RFP and has become fully informed of all the requirements of the RFP. All terms and conditions set forth in this document are accepted and must be incorporated in the submission unless explicit exception is made to individual items and accepted by the Town.
12. By submitting a response, the agency represents that it has the ability to meet the requirements outlined herein.
13. After evaluation of the responses, the Town will make its selection based on the response which best meets the needs of the Town, in the sole discretion of the Town.
   a. This Request for Proposals is not intended to create a public bidding process.
   b. The proposal with the lowest quoted prices or expenses will not necessarily be accepted.
   c. Nor will any reason for the rejection of any proposal be indicated.
   d. The Town reserves the right to privately negotiate with any firm with respect to the requirements outlined in this Request for Proposals.

B. EVALUATION AND SELECTION OF PROPOSALS

The Town will perform the evaluation of proposals in accordance with the criteria set forth in Appendix A. The following criteria will also be considered in the evaluation:

1. The agency has no conflicts of interest with regard to any other work performed for the Town.
2. The agency adheres to the instructions in this request for proposal on preparing and submitting the proposal.
3. The agency’s past experience and performance on comparable engagements.
4. The quality of the agency’s professional personnel to be assigned to the engagement and the quality of the agency’s management support personnel to be available for consultation.
5. The agency’s ability to serve the entire population, regardless of income or insurance status.
6. Other criteria deemed prudent.
7. The Town reserves the right to retain all proposals submitted and use any idea in a proposal regardless of whether that proposal is selected.
C. SUBCONTRACTING

Agencies are not permitted to subcontract or assign any part of the work covered under the scope of the agreement, without the express prior written consent of the Town.

D. MINORITY AND WOMEN-OWNED BUSINESSES

Minority-owned firms and women’s business enterprises are encouraged to submit proposals.

II. NATURE OF SERVICES

A. The Town of West Yellowstone is seeking proposals from qualified firms, or organizations to provide health care services to the greater West Yellowstone community. These services will be provided from the facility currently known as the Guy Hanson Medical Clinic.

If your organization is unable to provide any of the services listed below, please furnish the Town of West Yellowstone with a detailed plan of what services you can provide.

1) Provide primary health care for all ages with preferably a Physician and/or a mid-level provider and support staff YEAR ROUND.

2) Provide Urgent Care (walk-in service) 7 days a week in the high season from Memorial Day to the 1st Monday in November with preference of 24 hour service.

3) Provide after hours on-call Emergency service from 5:00-8:00pm weekdays and 8:00am-8:00pm on the weekends in the winter months from December 15 to March 15.

4) Provide visiting specialists and/or telemedicine on a normal rotation including mental health, substance abuse, and OB/GYN services.

5) Provide a Community Outreach Coordinator

6) Provide Lab Services at a minimum of CLIA-WAIVED tests in-house.

7) Provide Digital X-Ray services

8) Coordinate with EMS and Life Flight Service

9) Provide a Sliding Fee Scale based on family size and income in accordance with Federal Poverty Guidelines. Please state if your Sliding Fee Scale will only be in West Yellowstone or if other providers/specialists you work with will honor the Sliding Fee Scale too. Service must be provided to all, regardless of ability to pay.

10) Provider will accept Medicaid, Medicare and Healthy Montana Kids assignment.
III. LEASE AND FINANCES
1. The Town will make its clinic facility available at a lease rate of $100 per month.
2. The Town may provide financial assistance according to a mutually-agreed upon budget for services.

IV. PROPOSAL DOCUMENT INSTRUCTIONS
A. General Requirements

Proposals should be printed on plain white paper and bound with one staple or binder clip. Proposals should include the following:

1. Title page, including:
   a. The name, address, and phone number of the agency’s contact person
   b. The name and address of the agency
2. Table of contents
3. A cover letter, including:
   a. A brief statement as to the proposer’s understanding of the work to be performed, the commitment to perform the work, and a statement as to why the agency believes it to be the best qualified to perform the engagement.
   b. A signature of the person authorized to commit the agency.
4. Body of proposal—see below

B. Body of Proposal

The purpose of the proposal is to demonstrate the qualifications, competence, and capacity of the agencies seeking to undertake duties as the main health care provider services for the Town in conformity with the requirements of this request for proposals. As such, the substance of proposals will carry more weight than their form or manner of presentation.

1. The proposal should demonstrate the qualifications of the agency and of the particular staff to be assigned to this engagement.
2. The proposal should include a business plan and budget that addresses all of the points outlined in the request for proposal. The proposal should be prepared simply and economically, providing a straightforward, concise description of the proposer’s capabilities to satisfy the requirements of the request for proposal.
3. The proposal should address the agency’s staffing plans.
4. Licensed in Montana—an affirmative statement should be included indicating that the agency is properly registered/licensed to operate in Montana.
5. Agency Qualifications and Experience—The proposal should state the qualifications of the agency, how many doctors/nurse practitioners/nurses and other staff it employs, and location of other offices from which the agency conducts
business. If applicable, the proposal should also discuss how long the agency has been in business and its capabilities to provide emergency, routine, and specialty health care services in a timely fashion.

6. Disclosure—the proposal should disclose whether or not the agency has had any malpractice suits, has lost privileges with a hospital, has been denied or lost any insurance contracts, or has had any formal complaints filed against them with a board of medical examiners and/or board of nursing.

C. Other Expenses

The Town will not be responsible for expenses incurred in preparing and submitting the proposal. Such costs should not be included in the proposal.

V. SPECIAL PROGRAMS

A. Contract Period

The Town’s contract with the selected health care provider will apply from January 1, 2017 to June 31, 2022.

B. Assignability

The selected health care provider cannot transfer any interest or provide for the assignment of health care services with the Town, without the expressed written permission and written consent of the Town Council.

C. Ownership

All proposals and reports become the property of the Town of West Yellowstone upon submission, for use as deemed appropriate.

D. Confidentiality

All proposals, for the purpose of bidding will be kept in strict confidence by the Town of West Yellowstone. The invitees and subsequently selected agency may not issue news releases or other public notification regarding this project without prior approval from the Town Council, which shall not be unreasonably withheld.
After determining that a proposal satisfies the requirements stated in the request for proposal, a comparative assessment of the relative benefits and deficiencies of the proposal in relationship to published evaluation criteria shall be made. The award of a contract resulting from this request for services shall be based on the best proposal received in accordance with the evaluation criteria stated in Appendix B.

After an initial screening process of the RFP, a technical question-and-answer conference or interview may be conducted, if deemed necessary by the Town to clarify or verify the proposer’s proposal and to develop a comprehensive assessment of the service.

The Town of West Yellowstone reserves the right to consider historic information and fact, whether gained from the proposer’s proposal, question-and-answer conferences, references or any other source, in the evaluation process.

The proposer is cautioned that it is the proposer’s sole responsibility to submit information related to the evaluation categories and that the Town of West Yellowstone is under no obligation to solicit such information if it is not included with the proposer’s proposal. Failure of the proposer to submit such information may cause an adverse impact on the evaluation of the proposer’s proposal.
APPENDIX B
PROPOSAL EVALUATION CRITERIA AND RATINGS

1. Agency Qualifications-Point Value 25
   a. Experience of organization/agency in providing medical care in rural setting
   b. Level of Service- i.e. DO/Physician or mid-level (qualifications of staff)
   c. Staffing Plan
   d. Experience coordination community resources
   e. References/Letters of Support

2. Provision of Services-Point Value 40
   a. Hours of Operation, please be specific with seasonality of community
   b. Ability to provide primary care
   c. Ability to provide urgent care
   d. Ability to provide on-call service
   e. Ability to provide digital X-Ray
   f. Ability to provide lab services

3. Ability to Serve Town of West Yellowstone Regardless of Ability to Pay-Point Value 25
   a. Accepts Assignment of Medicare/Medicaid/Healthy Montana Kids
   b. Offers Sliding Fee Scale
   c. Ability to Connect Patients to Other Human Services – i.e. home visitation, maternal child health, HRDC, domestic abuse, mental health etc.

4. Budget Proposals-Point Value 10

   Each proposal will be independently evaluated on the above factors by an evaluation team selected by the Town. No member of the selection and evaluation team will participate if they have a declared conflict of interest with any of the respondents. Interviews with prospective firms may be conducted following a review of the proposals received.