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Cabarrus County Government
65 Church Street S
Concord, NC 28015

Employee Health Center Clinic
Request for Proposal (RFP)

TITLE:	Employee Health Center Clinic
DEPARTMENT:	Cabarrus County Human Resources
ISSUE DATE:	September 4, 2026
DUE DATE:	September 25, 2026, by 5 p.m.
ISSUING AGENCY:	Cabarrus County Government

Project Manager's Name:	Johanna Ray
Name of Department:	Human Resources Department
Mailing Address:	PO Box 707, Concord, NC 28026-0707
Phone:	704-920-2885
Fax Number:	704-920-2250
Email Address:	jrray@cabarruscounty.us

1. Purpose:

The purpose of this Request for Proposal (RFP) is to solicit offers from interested parties to provide on-site medical services to full-time employees, retirees, and their eligible dependents enrolled in the County's Group Health Insurance Plans. The County is particularly interested in vendors that specialize in representing high-quality and cost-effective clinics for employers of comparable size who can reduce healthcare costs and improve the health of their members.

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2. Deadline and Directions to Submit Proposal:

Sealed Proposals, subject to the conditions contained herein, will be accepted until **September 25, 2026, by 5p.m.** using the official clock in the Board of Commissioners Chambers.

Mailing:
Johanna Ray, Human Resources
PO Box 707
Concord, NC 28026-0707

Physical Location:
Johanna Ray, Human Resources
65 Church Street S, Suite 221
Concord, NC 28025

IMPORTANT NOTE: Indicate company name and opening date on the front of each sealed proposal envelope or package. One (1) original and five (5) copies of the proposal must be submitted, and a USB/electronic copy is required. The vendor will label each section and sub section for number 5, 6, 7 and 8. The vendor will decide on page size and binding. Proposals submitted by email or fax will not be accepted. Late and oral proposals will not be accepted.

3. Questions about this RFP:

Direct all questions and inquiries concerning this RFP to:

Attn: Johanna Ray
Human Resources Health and Wellness Manager
PO Box 707
Concord NC 28026-0707
jrray@cabarruscounty.us

Questions concerning the RFP requirements must be submitted in writing. They may be mailed or e-mailed (no phone calls).

Questions must be submitted no later than September 15, 2026, by 5 p.m. All questions submitted in writing will be answered in the form of an addendum to this Request for Proposals. No contact with County Departments will be allowed during the proposal process.

Amendment. Recipients of the proposal who want to be notified in the event an amendment is made must send their name, address, and email to jrray@cabarruscounty.us. Cabarrus County reserves the right to reject any and all bids and waive minor formalities.

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4. Scope of Work:

To improve the overall health of the employees of Cabarrus County Government, the County would like to continue offering an Employee Health Center to eligible employees, retirees, and dependents.

The Employee Health Center is expected to address basic level primary care, including routine medical care, health screenings, occupational medicine/ workers' compensation, and health improvement of the population. The County requires the following services:

- A low cost access point for employees, retirees and dependents to gain access to an onsite facility for Primary & Preventive Care by a mid-level professional (nurse practitioner or physician assistant) – controlling high risk and disease management, lifestyle management, chronic condition management, lab and pathology services, ability to provide scripts to pharmacy for fulfillment, coordination of care with employee's Primary Care Physician, and data-driven reporting services.
- Wellness Services - annual biometric screenings and health risk assessments, employee follow-up, ongoing health promotion and education. Enhancement of current wellness program in place which consists of biometric screenings, health coaching for premium discounts, health fairs, and educational seminars.
- New hire physicals, public safety physicals, occupational medicine and worker's compensation.
- New hire and reasonable suspicion drug and alcohol testing.
- Services will be available to all active benefit eligible employees, retirees and dependents 6 months and over who are covered by the health insurance plan.
- Cabarrus County has approximately 1350 full-time employees, 100 retirees and 400 dependents eligible to utilize the facility.
- The onsite clinic location is at 845 Church Street North, Suite 101 Concord NC. The location includes 3 exam rooms, lab, waiting area, front desk, three office spaces, break area, storage room, drug screening restroom, and staff restroom.
    - Current hours are 7:30 a.m. to 12 p.m. and 1 p.m. to 4:30 p.m. Monday to Friday.
    - Cost on PPO plan or waived employees, $0
    - Cost on HDHP plan, $5
    - Visits are on County time
- 2025 Clinic Utilization:
    - 1330 Unique Patients
    - 2593 total visits
    - 176 workers comp visits and 122 Occupational Medicine visits
- 2025-2026 Wellness Incentive Summary
    - 93% of employees participated in the Biometrics program for health insurance premium discount.
    - 77.5% of eligible employees met their incentive
    - 65.7% met the waist and weight incentive

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List of Priority Services for Cabarrus County Government:

Employee Services

- Integrated Care (physical and behavioral health)
- Acute care
- Chronic care
- Below the waist physicals
- Well visits for adults
- Sports physicals
- Allergy/testosterone injections
- EKG
- Virtual visits
- Lab orders from physicians
- Best of class customer service
- Referrals for X-ray/MRI/CT/Specialist/PCP
- Health coaching
- Coordination of care with group health plan network providers
- Patient care follow-up
- Physical Therapy
- Pharmacy

Employer Services

- Treatment and management of Workers' Compensation injuries as appropriate
- Recommend early return to work/light duty assignments for employees
- Provide pre-employment examinations as needed (EMS, Sheriff's, Transportation)
- Annual physical as needed
- Administer Drug & Alcohol testing or collection
- Audiology/hearing test
- Bladder Cancer and lead screening
- Referrals for Chest x-ray (two view)
- Fit for duty/physical ability testing
- Immunizations

Logistics

- Holidays for staff (County or Vendor holidays)
- Availability to cover shifts when staff is on PTO
- Vendor responsibility for cleaning clinic

Wellness

- Offer strategic wellness activities and attending health fairs
- Provide annual onsite health screenings and track biometrics for employees' qualifications of premium discount and offer health coaching

Other

- Additional value-added services that the vendor wishes to offer.

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5. Contract Period:

Actual terms of the contract:
Initial term: January 1, 2027-December 31, 2029
Optional renewal: three one-year periods
Maximum contract term: six years
Include annual price increase in Exhibit A (under #7)

6. Vendor Proposal Mandatory Requirements:

The proposal's response must clearly demonstrate the required qualifications, expertise, competence and capability of the vendor. Please provide a concise description of your company's ability to provide the services required in the *Scope* of this document. Costs incurred by company responding to this RFP are solely their responsibility.

Please include the answers to the following questions:

Vendor Organizational Information:

1. Please provide company history and background, company general information including company ownership and culture. Please indicate the length of time you have been providing onsite medical health centers.
2. Please provide contact information for the individual who would serve as the main point of contact for Cabarrus County:
   Contact Name
   Company Name
   Street Address
   City
   State
   Zip Code
   Phone
   Fax
   Web Site
   Email address
3. Summary of the Company's philosophy and/or vision.
4. Do you specialize in any particular industry?
5. Please provide an accounting for your book of business. This should include the total number of onsite clinics and shared site clinics. Please also provide the number of clinics who also receive occupation health services.

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General Compliance and Security:

1. Please describe the compliance, certifications, and policies your company (or any sub-contractor) has in place to ensure compliance with the following laws: HIPAA, OSHA, CLI A, GINA, COBRA.
2. Discuss your confidentiality and HIPAA compliance, including software programs for demographic reports and faxes.
3. What measures do you take to protect Protected Health Information (PHI)?
4. How do you manage liability? Provide details regarding your liability coverage.
5. Describe the certification around safety and security measures to protect your electronic medical records system and patient data. Also include any certifications, controls and procedures to enforce best practice stewardship of your internal operations in delivering your services. This may include SAS-70, I SO27001, CMMI, etc.
6. How is data stored? Is it encrypted?
7. Please describe any lawsuits or state board infractions that have been brought against your company in relation to providing onsite care.
8. Have your network security systems ever been breached? If so, please provide in detail the nature of the breach and the remedy.

Implementation and Account Management:

1. Describe the account management team proposed to develop, implement, and manage an onsite clinic. Detail the roles and responsibilities of each person proposed.
2. How will you transition the clinic from our current operation without disrupting patient care? Please provide a sample implementation plan.
    a. What would you consider to be the 3 greatest transition risk and how would you mitigate each.

Practitioner Qualifications and Identification:

1. Please submit a description of your clinic model you would recommend, including the qualifications for the practitioner on-site.
    a. Who is your Medical Director? Please explain your process for oversight of the clinic and dispensary if applicable and depending on state requirements.
    b. What is your model for personnel to service the clinic? Medical Office Assistant (MOA), Nurse Practitioner (NP), Physician Assistant (PA), Doctor of Osteopathic Medicine (DO), Doctor of Medicine (MD)?
    c. Please provide relevant examples of clinics where you have successfully staffed and retained qualified MOAs, RNs, NP, PA, DO or MD?
    d. Average length of time to identify and hire an RN, NP, PA, DO, or MD?
    e. Please list the longevity of the RNs, NPs, PAs, DOs, or MDs employment. Include the total number of licensed health care practitioners either employed or under contract.
2. What training is required/provided for your clinicians? Please list and describe.
    a. Behavioral Health
    b. Motivational Interviewing

   c. Health Coaching
   d. Diabetes Prevention
   e. Tobacco Cessation
3. What type of electronic systems doe your clinicians use to manage patients? A detailed description of the software used for practice management, health center administration, and patient management. Include the name of the software and the version currently in use.
   a. Who will own the medical record and access upon contract termination?
4. Describe your approach to recruiting, credentialing, onboarding and retaining staff for our onsite clinic:
   a. Recommended staffing plan (expected time to fill for clinical staff).
   b. Recommended hours/days of operation.
   c. Staffing during vacations, illnesses, etc.
      i. What service level commitments will you make regarding staffing coverage and provider continuity.
   d. Staff recruiting, selection and replacement procedures.
   e. Staffing scalability.
   f. Contingency plan if a position becomes vacant.
5. Describe appointment scheduling, but not limited to
   a. Normal appointment length.
   b. Employee online and telephonic scheduling.
   c. Appointment reminders.
   d. Maximum patient wait time.
   e. Appointments availability per day for APP and labs.
   f. How will you balance seeing scheduled appointments and walk-in workers' compensation cases.
   g. What are your options for clinic opening/closing and lunch periods?
6. Describe your process for handling complaints by patients (medical treatment and customer service) and if you implement patient satisfaction surveys. Will the survey results be shared with Cabarrus County?

<u>Wellness/Chronic Condition/Disease Management Services:</u>

1. How do you tie the wellness program into the services offered by the onsite clinic?
2. Describe your Health Risk Assessment.
   a. Describe your HRA and how it is administered. Is the tool available via the web, paper, telephonically?
   b. How is the data from the Health Risk Assessment used?
   c. Can biometric data be uploaded into the HRA?
   d. Can you upload another carrier/vendor HRA into your system?
3. Describe your biometric screening services.
   a. Describe your biometrics Screening Process (including options/recommendations for venipuncture vs finger stick).
   b. Data collection process and how you will report data to Cabarrus County for employee premium discounts based on results.

   c. What third parties, if there are any, do you use?
   d. How will you communicate results to the participant?
4. Describe your health coaching model.
   a. Describe your outreach and risk stratification for your health coaching programs.
   b. Please provide a listing of your chronic condition management programs.
   c. What type of training/background do your health coaches hold?
   d. How do you provide continuing education to ensure your coaches stay current in their field?
   e. Do you have multi-lingual coaches? For what languages? If not, do you offer a language translation service?
   f. Besides onsite coaching, what other types of programs do you offer either online or telephonic? Please provide program details.
   g. Discuss your solutions to effectively manage or prevent moderate-to-high risk conditions (such as Diabetes, Hypertension, Lipid Disorders, Depression, Tobacco Cessation, High-Risk Pregnancy and Obesity).
   h. Please include an example of your health coaching data evaluation. Is the report monthly, quarterly or yearly?

<u>Data Integration and Reporting:</u>

1. Provide a listing/sample of all reports which are part of your standard reporting package with a reporting schedule.
   a. Onsite activity.
   b. Type of visit activity.
   c. HRA and member profile.
   d. Member participation.
   e. Member intervention.
   f. Absenteeism.
   g. Productivity measures.
   h. Clinical outcomes.
   i. Health Risk change.
      i. Average # of risk factors/employees or members.
      ii. Average “Health Age”.
      iii. Risk factor distribution (low, moderate and high-risk categories).
   j. Health Coaching outcomes and/or health behavior change.
   k. Return On Investment or Value.
   l. Financial summary/savings.
   m. Service level/satisfaction of care.
2. Provide a detailed description of your ability to report information electronically for all healthcare related services. Can you import and export data from third party vendors? Describe the data inputs you can receive, the cost for these data feeds, and how often these data feeds are refreshed:
   a. Eligibility.
   b. Medical and pharmacy claims.

   c. Laboratory claims.
   d. Health Risk Assessment.
   e. Self-reported data.
3. Can the Employer view online reports? If so, please describe the features of this tool. If not, how are reports communicated to the Employer?
4. Detail your capabilities to create custom and ad hoc reports based on the Employer's need.
   a. Describe any additional fees associated with these report requests.
   b. What is the timeframe needed to process these report requests?
5. Will the employee be able to view his or her own data?

Occupational Services:

1. Discuss your knowledge, experience, and training of OSHA and/ or MSHA (mining) requirements for Occupational Health.
2. Do you facilitate worker's compensation injuries?
3. Reporting?
4. How will you balance seeing scheduled appointments and walk-in workers' compensation cases.
5. Describe your experience with integrating onsite services with:
   a. Worker's Compensation providers.
   b. New hire drug and alcohol collection site.
   c. Worker's compensation assessment and treatment.
   d. Drug testing in accordance with latest (DOT) requirements.
   e. Pre-employment or occupational appointment scheduling.
   f. Fit for Duty Exams.
   g. Audiometry testing
   h. Describe how you evaluate job descriptions and issuing return to work notes with potential restrictions.
   i. How will you plan to communicate with the county when issues arise?

Communication:

1. Provide your standard communication plan and provide sample materials.
2. Describe the frequency and type of communications that eligible recipients will receive to introduce the onsite healthcare program and services pre-open through opening and then reference ongoing communication processes and programs you offer to educate and engage the eligible population.
3. Describe the user experience on your portal and please provide a URL and password for a portal demo.
4. Can this portal/website be integrated into a client's already established benefits portal with single sign-on?
5. Do you have Mobile App capability? Please describe its capability including ability to send secure text messages.
6. Describe all social media integration your organization utilizes to engage participants.
7. Outline your company's responsibility/client responsibility in these processes.

8. Describe how you engage diverse populations, i.e. demographic spread (age, gender, etc.), multiple locations, or have limited access to internet, etc.?
9. Describe how you engage the family to participate in programs which they are eligible to participate?

Cabarrus County is considering adding the following services for the clinic. Response is optional.

Prescriptions services:

1. Describe your on-site dispensary/pharmacy process addressing but not limited to
    a. Formulary selection and typical listing
    b. Pharmacy Utilization Control Program
    c. E-prescriptions
    d. Ninety (90) day refills
    e. Mail order pharmacy programs
    f. Dispensary opening, same day as clinic or delayed.
    g. How do your fees integrate with consumer driven health plans without disqualifying contributions to an HSA?

On-site physical therapy services:

1. Describe your organization's experience providing onsite physical therapy services in clinical settings.
    a. What clinical credentials, licensure, and certifications do your physical therapist hold?
    b. How do you ensure adequate staffing levels, including coverage for vacations or unexpected absences?
    c. What types of physical therapy services do you offer onsite (orthopedic rehab, chronic pain management, post-operative therapy, pediatric)?
    d. Do you offer initial evaluations and ongoing treatment plans?

7. Compensation:

1. Please clearly outline your fees associated with the Onsite clinic. Use Exhibit A to include the following services but not limited to those services. Please note services will not be billed to the health plan.
2. Are you willing to provide clients with a performance guarantee? Describe your guarantee of performance in detail, including:
    a. Methodology is used to calculate the guarantee.
    b. Discuss how you see projected health plan cost savings and how this will be monitored and reported.
    c. How often is the guaranteed performance monitored?
    d. How is it reported?

8. Criteria for Evaluation:

All proposals will be evaluated according to vendor RFP requirements, but not necessarily limited to:

- Terms, condition and pricing of services
- Ability to improve the health of membership
- Depth of the proposer's experience
- Types and cost of the amenities available

Financial 25%
Program cost including implantation fees, clinic operational fees, program management fees and health screenings.

Integration: 15%
Integration capabilities with external third-party vendor partners and carries and resources in the community to streamline care.

Primary Care, Wellness program and reporting/analytics: 20%
Offerings support short- and long-term goals and performance expectations. Reporting and analytic capabilities and interpretation to provide strategic direction.

Service Commitment: 20%
Implementation, clinic program management, and account management support

Fit with County Objectives; Operations and Culture: 20%
Ability to promote employee engagement in good health, integrate and support other program offerings.

9. Conflict-of-interest:

Include any conflicts of interest including financial or personal relations that could appear to bias the performance of services.

- Direct or indirect financial interest
- Relationships to Couty officials, employees, contractors or their immediate family members.
- Participation in contracts where personal benefit may occur in carrier selections or vendor recommendations.

10. Oral Presentations:

During the evaluation process, the County may, at its discretion, request anyone or all companies to make oral presentations for the purpose of clarification or to amplify the materials presented in any part of the proposal. However, companies are cautioned that the County is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms

available. Not all companies may be asked to make such oral presentations.

11. References:

Provide the number of Clients with onsite clinics, and the number of employees serviced in each clinic. If spouses or dependents are eligible to have healthcare provided in the clinic, please provide that information as well.

Please provide 4 references (3 current clients; 1 past client).

12. Liability Insurance:

1. Workers' Compensation: $100,000 bodily injury per each accident, $100,000 bodily injury per disease per employee, $500,000 bodily injury per disease policy limit
2. Automobile Liability: $1,000,000 per occurrence (if applicable)
3. General Liability: $1,000.000 per occurrence/$2,000,000 aggregate
4. Cyber Insurance: $3,000,000 minimum coverage per occurrence
   Professional Liability/Medical Malpractices Insurance $1,000,000 per claim/$3,000,000 aggregate coverage
   a. APP needs to be covered under professional liability policy
5. County listed as additionally insured.

13. Final Selection:

A recommendation will be made by **October 30, 2026.**

Note: The right is reserved to accept the response that the County determines to be in the best interest of the County and its employees. The County reserves the right to reject any or all proposals. All submittals become property of Cabarrus County.

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EXECUTION OF PROPOSAL **DATE:** _____

The potential Firm certifies the following by placing an "X" in all blank spaces:

___ This proposal was signed by a partner of the firm.

___ The potential vendor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.

___ All labor costs associated with this project have been determined, including all direct and indirect costs.

___ The potential vendor agrees to the conditions as set forth in this **Request for Proposals** with no exceptions.

Therefore, in compliance with the foregoing Request for Proposal, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within thirty (30) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

CLINIC _____

ADDRESS_____

CITY _____ ST _____ ZIP_____

PHONE_____ FAX_____

BY_____TITLE_____

_____
Signature

_____ _____
Type or Printed Name Federal Identification Number

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

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General Procurement Instructions

1. All proposals must be received by the issuing agency no later than the date and time listed on the cover sheet of this proposal. One (1) original and five (5) copies of the proposal must be received from each vendor (1 original, 5 copies). Each proposal must be signed and dated by an official authorized to bind the firm. Late proposals will not be considered for award.

2. Award of the Contract will be made to the lowest responsible bidder. Proposals will be evaluated according to completeness, content, experience with similar projects, ability of the vendor and its staff. The award of a contract to one vendor does not mean that the other proposals lacked merit, but that, all factors considered, the selected proposal was deemed to provide the best value to the County.

3. Vendors are cautioned that this is a request for offers and the County reserves the unqualified right to reject all offers when such rejection is deemed to be in the best interest of the County.

4. Any costs incurred by vendor in preparing or submitting offers are the vendor's sole responsibility; the County will not reimburse any vendor for any costs incurred prior to award.

5. Proposals must be submitted in accordance with the requirements of the RFP. Failure to include any required information may cause rejection of the proposal.

Exhibit A
Cost structure

Detailed Cost for Onsite	**-Yearly Cost -Monthly -One-time fee -PMPM fee**	**Specify what will Increase Year 2/3/4**
Health Risk Assessment, Biometric Screenings and analytics (cost per participant)		
Staffing Needs		
Cost of 1 FT APP		
Cost of 1 FT MOA		
Cost of 1 FT registration		
Health Coach		
State additional fees (per member per month fee)		
Operation management and administration		
Medical Director		
Occupational medicine support		
Cost of Marketing		
Cleaning clinic		
Any additional staffing costs		
Additional fees		
Clinic Certifications		
CLIA		
Licensing for EMR		
IT expenses		
Wellness programs		
Labs/Immunizations		
Other fees not stated		
Set up cost		
IT needs and cost		
Cost per exam room		
Lab room		
Medical equipment		
Supplies		
Additional start up costs needed		
Estimated monthly variable costs-ongoing		
Medical supplies		
Lab fees		

Any additional cost for Occ Med services?		
Physical		
Drug screen collection		
Hep B vaccine		
Skin test, tuberculosis		
Ua DIP stick/tablet reagent		
Hearing test		
Vision test		
Other fees not stated		
Analytical data and reporting fees		
Optional-RX-fixed		
Cost for set up		
Cost for pharmacist		
Other fees not stated		
Optional Physical Therapy		
Cost for set up		
Cost for staff or per visit		
Other fees not stated		
Total Fixed Cost		
Total estimated variable cost		