
CITY OF ROCK ISLAND



**ROCK ISLAND
ILLINOIS**

Request for Qualifications

ON-SITE MEDICAL PROVIDER SERVICES

DATE OF ADVERTISEMENT: 11/17/2025

PROPOSALS TO BE RECEIVED BY 5:00 PM: 12/8/2025

**NOTICE
Request for Qualifications
TO
CITY OF ROCK ISLAND**

ON-SITE MEDICAL PROVIDER SERVICES

The City of Rock Island requests for qualifications from any prospective Provider for the above captioned subject.

PROPOSALS ARE DUE 12/8/2025.

Sealed proposals will be received until 12/8/2025, at 5 P.M. (Rock Island Time) in the Human Resource Department, located at 1528 Third Avenue, Rock Island, Illinois 61201. No proposals will be accepted after 5 P.M. on the above-scheduled due date. Proposals transmitted by U. S. Mail or other delivery will be considered only when said proposals are submitted at the time fixed for receiving said proposals. The City does not guarantee that proposals received by mail or other delivery will be received in time for the scheduled due date and time.

One copy of the Request for Qualification (RFQ) must be submitted. (An electronic version is preferable for ease of distribution but paper or a faxed proposal is acceptable.) One original set of the Rate Proposal (Appendix B), Certification Affidavit (Appendix C) and Equal Employment opportunity Statement (Appendix D) shall be submitted in an envelope. Proposals received in a format that is different from that described in this RFQ will not be accepted.

All proposals shall conform to all the terms and conditions of this RFQ, as stated in this document. Failure to conform to the terms and conditions of the RFQ will render the proposal non-responsive and ineligible for further consideration.

Questions regarding this RFQ may be addressed to:

Rob Baugous, Human Resource Director
1528 Third Avenue
Rock Island, Illinois 61201
309-732-2053
Baugous.rob@rigov.org

Copies of the RFQ may be obtained at the above stated address during normal business hours, 7:00 A.M. through 5:00 P.M., Monday through Friday. The RFQ will be mailed in response to a fax request, 309-732-2053. No fee is required for the RFQ. The City assumes no responsibility for a RFQ sent through the U.S. Mail.

The City reserves the right to accept any RFQ or any parts thereof or to reject any and all RFQs. A successful Provider will be required to comply with all applicable Federal and State of Illinois Equal Opportunity Regulations as required.

I. SCOPE OF WORK

A. OVERVIEW/GENERAL SCOPE OF WORK

The City of Rock Island employs approximately 375 full-time employees. The city self funds both its group health and workers' compensation plans. The group health plan covers approximately 1,000 lives and includes full-time employees, their spouse and/or dependents, and retirees under age 65. Employees are scattered throughout the city and are located at different facilities but have become accustomed to using the onsite clinic in City Hall.

The City of Rock Island is soliciting proposals from Providers interested in providing a full-time mid-level provider (40 hours per week) and a full-time (40 hours per week) Medical assistant (MA). The purpose for the staff is to provide primary care, problem focused services to City employees and their dependents, if the employee is on the City's health care plan. Staff further provide medical services to city employees only (not dependents) who are not members of the health plan. The onsite clinic is located in the basement of City Hall.

The City seeks to establish a three (3) year contract for onsite medical services contingent upon available funding and mutual agreement between both parties. Contract period will be for three (3) years beginning approximately March 1, 2026, and concluding February 28, 2029.

Upon termination of this contract, the parties shall have the option to renew the contract for two additional one-year periods beginning February 28, 2029.

Coverage Requested:

The City retains the right to hire or reduce additional medical personnel at its discretion. The staff is expected to provide primary and urgent care, problem focused services for adults and children and they are:

1. Diagnosis, evaluate, treat, and manage acute illness and/or chronic disease status or injuries, both personal primary care and/or workers compensation related
2. Obtain medical histories to diagnose illnesses and injuries
3. Prescribe drugs/medications for acute illness, disease or injury. May provide prescription services for routine chronic illnesses and diseases.
4. Order, interpret, or perform, diagnostic tests such as routine lab, x-rays, EKGs
5. Conduct the City's post job offers physicals
6. Conduct the City's annual fire fighters' physicals
7. Conduct physical examinations such as school physicals, sports, camp etc.
8. Prescribe physical therapy and other rehabilitation treatments
9. Collect urine drug screens for post job offer post-accident, reasonable suspicion or random program

10. Provide Breath alcohol testing for reasonable suspicion or random program
11. Conducts and evaluates exposures i.e. BBP
12. Return Work Evaluations for work and non-work-related matters
13. Manages and performs immunizations i.e. Hep B, flu
14. Perform the biometric screens, interpretations of Health Risk Assessments, know your numbers etc. and assist in the development of action plans for employees to receive benefit discounts on their health care contribution
15. Counseling and educating patients on health behaviors, self-care skills, and treatment options
16. Referrals for physician, diagnostics or treatment
17. Maintains confidentiality of employee health information and health records
18. City of Rock Island historical utilization. For 2024, 75% of the visits are group health related for urgent and primary care services, 25% are related to employer paid services (ie. new hire and return-to-work physicals, flu shots, etc.) and workers compensation.

The clinic is presently open eight (8) hours a day, 7:30 am – 4 pm, Monday through Friday. The clinic will be closed on holidays celebrated by employees working at city hall (New Years Day, Martin Luther King Jr Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the day after Thanksgiving, Christmas Eve and Christmas Day). After-hours incidents will be referred to designated clinics and the ER as needed.

It is imperative the on-site medical provider is able to document clinic utilization and cost savings to the self-insured plans. A suitable database or occupational health and safety software must be available to track visit types in group health, workers' compensation and employee paid services (ie. work and return-to-work physicals, flu shots, etc.), program savings and other pertinent data to assess the success and cost-effectiveness of the onsite professional services.

19. Reporting. The selected provider will deliver on a scheduled basis management reports to include:

- a. Clinic census data
- b. Financial performance data
- c. Employee satisfaction data
- d. Referral data
- e. Cost savings
- f. Return on Investment

20. Quality Assurance and Liability. The selected provider will demonstrate proof of high patient service quality through its patient satisfaction program, patient complaint handling and its conformance with regulatory requirements. Given the oversight by Risk Management and Employee Benefits, this aspect will be emphasized during the selection process. The provider will clearly state the extent to which it will accept liability for the services provided and the extent to which the City will be liable. The provider will disclose any examples of liability cases that it may be aware of to assist the City in determining its potential liability.

21. Add-On Services. The provider, with City approval, will recommend additional services on an as needed basis. Such services will be evaluated on medical and cost aspects as well as overall impact to the City and their partners.
22. Transportation: Under certain circumstances transportation to and from various City of Rock Island facilities may be required. The provider will demonstrate proof that all staff to be assigned to the City of Rock Island’s clinic will possess a valid State of Illinois or Iowa driver’s license and will maintain reliable transportation throughout the contract.
23. Healthcare Integration: The provider will continue to facilitate the integration of the on-site provider and clinic operations into the current programs utilized by the City of Rock Island. This includes the use of Employers Health as a healthcare facilitator, as well as any programs that the City may adopt in coordination with a healthcare or wellness program.

B. TIMETABLE

<u>Action</u>	<u>Date</u>
1. Issue of RFQ	11/17/2025
2. Submission of Proposal	12/8/2025
3. Proposal Review	12/8/2025 –12/12/25
4. Provider Presentations	week of 1/5/26
5. Contract Award	1/16/2026

Providers should be prepared to make presentations to the Selection Advisory Committee in the week of January 5, 2026. The presentations will consist of an overview of your response to the RFQ and a question and answer session.

The final recommendation will be made to City Council on February 9, 2026.

The provider should be expected to begin work effective on March 1, 2026.

II. COST PROPOSAL

A. PROPOSED FEES

The provider will clearly state its management fees to the City. These will be reported as all inclusive and will be itemized by component (if appropriate). The fees will be fixed for the duration of the agreement unless otherwise specified. The City may request the provider to provide quotes with the focus of the clinic providing primary care services only to employees of the City (no Employer related services

included within the quotation).

The provider will clearly state how operating costs will be allocated and accounted for. The provider will manage clinic costs in line with city requirements. The provider will detail all costs anticipated to provide the service. The provider will clearly state variable and fixed fees. Provider will further identify separately upfront start-up costs and repetitively occurring costs (management fee, licensing fees, insurance renewals, software costs, etc). The provider will separately indicate anticipated expenses for travel if separate from the quoted repetitive charges. Provider will express those costs in a ‘not-to exceed’ amount.

Describe any other charges that will be billed to the City under the contract, such as postage, copying, telephone service, travel expenses, etc. and when such miscellaneous charges are imposed.

Describe any software that is provided or required in conjunction with the medical services provided. If any software or hardware is required or recommended, include a detailed itemization of these items.

Please clearly identify what services, if any, you do not provide within your proposal. For services provided, please clearly indicate the fees. (See Appendix A)

B. SUBMISSION

All Providers must submit one (1) sealed proposal, including one (1) original signature set, in envelopes provided for that purpose in the proposal. The Provider is required to submit one (1) original set of the Cost Proposal with signature. The Cost Proposal must be clearly marked as such. The Provider shall carry the following information on the face of the envelope:

Provider’s Name and Address
Subject of Proposal (On-Site Medical Provider Services)

When proposals are sent by mail to the Human Resource Director, the Provider shall be responsible for delivering to the Human Resource Director before the advertised date and hour for the receipt of proposals. If the mail is delayed, proposals postmarked after the bid closing will not be considered and will be returned unopened. Response documents should be prepared simply and economically, providing a straightforward, concise delineation of capabilities proposed to satisfy the requirements of the RFQ.

III. PROVIDER QUALIFICATIONS

The Provider must demonstrate that it has been in business for a minimum of five (5) consecutive years and has a minimum of one (1) year of experience in the services required in Section I, *Scope of Work*. Additionally, the Provider shall provide detail regarding its experience in Onsite Staffing.

The following elements must be included in each Onsite Medical Provider Services proposal:

Description of Company
Experience

References
Insurance Requirements

The submittal requirements for each of these elements follow. Please note that proposals must include the information requested here in the manner specified. If the information is not included in the manner specified, the proposal will be considered non-responsive and may be eliminated from consideration.

A. DESCRIPTION OF COMPANY

The Provider shall describe its company on one 8 1/2" x 11" page. The following data is to be included:

- Name of provider; including a current profile of the company
- Address of corporate headquarters and Quad City Area location, if differing
- Website, telephone and fax number(s) for Quad City Area locations(s)
- Form of company; i.e. sole proprietor, partnership, professional corporation
- Provide the Federal Employer Identification number (FEIN) of the Provider and/or in case of a sole proprietorship or partnership, provide the Social Security Number (SSN) for all owners or partners
- Date company formed; date incorporated if a corporation
- Company principals including president, chairman, vice presidents, secretary, chief operation officer, chief financial officer, general manager(s)
- Name(s) of principal members of company responsible for administration of this contract. Include a resume or vitae of each of these primary contacts.
- Licenses (provide a copy of all licenses and/or permits required to do business in the State of Illinois)
- The Provider will disclose any pending acquisitions, divestitures or conflicts of interest that could impact this contract. Please note: The Affidavit of Ownership may have similar information listed above but must be filled out and executed (See Appendix B).
- The Provider will disclose any pending lawsuits related to on-site medical services. List all claims filed against the Provider (or its agents or employees) for professional errors or omissions. In addition, list all written complaints filed with local, state or federal regulatory agencies, business organizations, or any additional agencies within the last three (3) years. A statement explaining the circumstances surrounding these events should be submitted.

B. EXPERIENCE

The Provider will provide a listing of other government agencies or private entities for which similar work has been performed by the Provider (i.e., provide name of entity, address, phone number, contact person, and brief description of project). The Provider will provide detail regarding experience performing On-site Medical Services of comparable scope to the work outlined in Section I of this RFQ.

C. REFERENCES

The proposal should include the names, addresses and phone numbers of at least three non-affiliated references (reference letters may also be included) currently being staffed in a similar capacity.

D. EQUAL EMPLOYMENT OPPORTUNITY

It is the policy of the City that all persons regardless of race, color, religion, sex or national origin shall have maximum practicable opportunity to participate in the performance of contracts or subcontracts.

The Provider shall refer to Appendix C for the Equal Employment Opportunity policy.

Please note: Failure to provide the information as required above may render your proposal non-responsive and may result in disqualification.

IV. INSURANCE REQUIREMENTS

The Provider, at its sole expense and prior to engaging upon the work agreed to be done, shall procure, maintain and keep in force during the entire term of the Agreement requires such insurance. The specific type(s) and amount(s) of coverage of this Agreement are specified below. The City must be named as an additional insured party on every insurance certificate for this Agreement in respect to Commercial General Liability in addition a waiver of subrogation should be afforded coverage on both the commercial general liability and worker's compensation.

(a) Workers' Compensation Insurance according to statutory coverage

Employer's Liability Insurance
Bodily Injury by accident \$1,000,000
Bodily Injury by disease \$1,000,000
Bodily Injury by disease for each employee \$1,000,000

(b) Commercial General Liability Insurance

General aggregate limit \$1,000,000
Products/completed operation aggregate \$1,000,000
Personal and advertising injury \$1,000,000
Each Occurrence \$1,000,000

(c) Professional Liability Insurance Malpractice Insurance

Each Occurrence \$1,000,000
Aggregate \$1,000,000

PROVISIONS

The Provider's insurance coverage shall be primary insurance with respect to the City.

Any insurance or self-insurance maintained by the City shall not contribute to the Provider's insurance.

The insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled, non-renewed or reduced in coverage or in limits except after sixty (60) days prior written notice by certified mail, return receipt requested, has been given to the Human Resource Department (Risk Manager) of the City.

Insurance (workers' compensation - general liability) is to be placed with insurers authorized to do

business in the State of Illinois with Best's rating of no less than A: covering all operations under this contract. Exceptions to this clause are at the discretion of the City.

Providers shall furnish the City with certificate(s) of insurance and with original endorsements affecting coverage required by this clause. The certificate(s) and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. Certificate(s) and endorsements are to be received and approved by the City. The City reserves the right to require complete certified copies of all required insurance policies at any time.

The City shall have no responsibilities whatsoever to Provider with respect to any insurance coverage, its procurement or the absence thereof.

Providers expressly understand and agree that any insurance protection furnished by the Provider hereunder shall in no way limit its responsibility to indemnify and save harmless the City under the Provision of this Agreement.

The City maintains the rights to modify, delete, alter or change these requirements. The insurer shall agree to waive all the rights of subrogation (workers' compensation - general liability - malpractice) against the City for losses arising from this Agreement.

V. EVALUATION AND SELECTION PROCESS

The City will review all proposals in accordance with the evaluation criteria. The City reserves the right to accept or reject any, some, or all proposals, to take exception to parts of proposals, and to request written clarification of proposals and supporting materials. The City further reserves the right to negotiate with any Provider with respect to amendments to their proposal.

The City may award a contract based upon initial proposals received without discussion of such proposals. Accordingly, each initial proposal should be submitted on the most favorable terms which the Provider can submit to the City. The proposals will be rank ordered, with a recommendation for selection by the Selection Advisory Committee (SAC). The SAC shall consist of the Human Resource Director and Risk Manager. The Human Resource Director, with the concurrence of the SAC and the Health Care Planning Committee, will make a final recommendation that will be forwarded to the City Council for consideration.

The City will use the following criteria to evaluate proposals:

1. Understanding of the Project: Demonstration that the Provider understands on-site medical services.
2. Cost of Services: Proposed services will be evaluated for cost efficiency.
3. Professional qualifications and experience of the Provider;
4. Professional qualifications, certifications and experience of committed personnel;
5. Experience with public employers;

6. Performance of the Provider on other contracts in terms of quality of work and compliance with performance schedules.
7. Compliance with Insurance Requirements: Stipulations contained in Section IV, Insurance Requirements.
8. Submission of Licenses and Permits: Submittal of such documentation to perform business in the State of Illinois.
9. Equal Employment Opportunity policy: It is the policy of the City that all persons regardless of race, color, religion, sex or national origin shall have maximum practicable opportunity to participate in the performance of contracts or subcontracts. If such qualifications are present, they should be described in your proposal and will be taken into consideration in awarding the contract (See Appendix D).

VI. CHECKLIST

The following list of items must be included in order for a proposal to be considered responsive. Failure of the Provider to include each item listed in the checklist will render the proposal non-responsive and rejected.

1. **A COVER LETTER** signed by an authorized representative of the Provider. The cover letter must contain a commitment to provide the services described within the required timeframes with the personnel specified in the proposal. The letter shall indicate that the proposal is a firm offer for a period of at least one hundred and twenty (120) days.
2. **EXECUTIVE SUMMARY (OR INTRODUCTION)** shall include the name of the Provider, the location of the Provider's principal place of business and, if different, the place of performance of the contract, branch office locations, the age of the Provider's business and the average number of employees over the most recent five-year period. The summary must also include a brief statement of understanding and the Provider's approach to performing the services required by the City (maximum length: two (2) pages).
3. **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT** (Appendix C)
4. **COST PROPOSAL** must be completed consistent with the information requested in this RFP (Appendix A).
5. **PROVIDER QUALIFICATIONS**, the submittal of elements as required in Section III, must be provided.
6. **INSURANCE REQUIREMENTS** must be acknowledged and agreed to by the Provider. The Insurance Requirements are included in Section IV.
7. **CERTIFICATION AFFIDAVIT** (Appendix B) must be completed, executed and attested by the Provider.

VII. TERMS AND CONDITIONS

1. EXAMINATION BY PROVIDER

Providers are expected to examine all parts of the RFQ. Failure to do so will be at the Provider's own risk.

2. COMPETENCY OF PROVIDER

No proposal will be accepted from or contract awarded to any person, firm or corporation that is in arrears or is in default with the City upon any debt of contract, or that is defaulter, as surety or otherwise, upon any obligation to said City, or has failed to perform faithfully on any previous contract with the City.

3. INCURRING COST

All costs incurred in the preparation and submission of responses shall be borne by the Provider.

4. WITHDRAWAL OF PROPOSALS

Provider may withdraw their proposals at any time prior to closing time for the receipt of proposals. However, no Provider shall withdraw or cancel its proposal for a period of one hundred and twenty (120) calendar days after said advertised closing time for the receipt of proposals, nor shall the successful Provider withdraw or cancel or modify its proposal, after having been notified by the Personnel Director that said proposal has been accepted by the City.

5. INCOMPLETE PROPOSALS

Providers must address all requirements outlined in this RFQ. Proposals submitted to the contrary will be considered incomplete and may be rejected.

6. CONSIDERATION OF PROPOSALS

The Human Resource Director shall represent the City in all matters pertaining to this proposal. The Human Resource Director reserves the right to reject any or all proposals and to disregard any informality in the proposals when, in his opinion, the best interests of the City will be served by such action.

7. REQUEST FOR EXPLANATION AND INFORMATION

General questions regarding the Proposal process should be addressed to:

Rob Baugous
Human Resource Director
City of Rock Island
1528-3 Avenue

Rock Island, IL. 61201
(309) 732-2053
baugous.rob@rigov.org

8. INADVERTENT ERROR

Inadvertent errors that have a correction submitted after the designated filing date may be considered, at the sole discretion of the Human Resources Director, if the Provider submits with the correction, sufficient information to prove the error was inadvertent. Amendments are not favored and, in case of doubt, requests will be denied. The City reserves the right to request additional information at any time from any or all Providers based on the initial evaluation of proposals.

9. SUBMISSION OF PROPOSALS

All prospective Providers shall submit electronic proposals to the Human Resources Director including one (1) original signature set, to the Human Resources Director, and shall carry the following information on the face of the envelope: Provider's name, address and subject matter of proposal.

When proposals are sent by mail to the Human Resource Director, the Provider shall be responsible for their delivery to the Human Resource Director before the advertised date and hour for receipt of the proposals. If the proposal is postmarked following the bid closing, proposals thus delayed will not be considered and will be returned unopened.

10. ACCEPTANCE OF PROPOSAL

A contract will be awarded to the responsive Provider whose proposal, in conforming to the RFQ; will be the most advantageous to the City, price and other factors considered. The City may accept within the time specified therein, any proposal, whether or not there are negotiations subsequent to its receipt, unless the proposal is withdrawn by written notice received by the City prior to the response due date. If subsequent negotiations are conducted, they shall not necessarily constitute a rejection or counter proposal on the part of the City.

11. ASSIGNMENT

The Provider shall not assign, sublet, or transfer all or any part of the interest of the Provider in this Agreement without the prior written consent of the City.

12. CONFLICT OF LAWS

The Provider expressly agrees that the Agreement shall be governed by Illinois law and that Illinois law will be the controlling law in the event of any disputes, claims or controversies should arise out of or in connection with this Agreement and any subsequent contract that is awarded pursuant thereto. Any party to a dispute request that a hearing be scheduled within Rock Island County in Illinois subject to the reasonable availability of the parties and their representatives.

In the event that any of the provisions of the Agreement conflict with any provisions set forth in the RFQ, it is the intentions of the parties that the provisions of the Agreement shall control.

15. CONTRACT TERMINATION

The contract may be terminated in whole or in part unilaterally by the City at any time with 30-day notice to the Provider, subject to equitable settlements of all interests and obligations that have accrued to date of termination.