



Vicksburg
Mississippi

CITY OF VICKSBURG

REQUEST FOR PROPOSAL

**WELLNESS CLINIC AND HEALTH CARE PROGRAM FOR THE EMPLOYEES
OF CITY OF VICKSBURG, MISSISSIPPI**

PROPOSALS DUE: No later than Friday, May 8, 2026 by 9:00 a.m. (Central Standard Time)

QUESTIONS DUE: Friday, May 1, 2026 by 5:00 p.m.

ANSWERS DISTRIBUTED TO ALL PARTIES AND AS AN ADDENDUM: Tuesday, May 5, 2026 by 5:00 p.m.

LATE PROPOSALS WILL NOT BE ACCEPTED.

I. BACKGROUND

The City of Vicksburg is seeking a qualified wellness clinic and health care services vendor to provide healthcare services, including treatment of illnesses and injuries, drug testing, and dispensation of medications. These services will be provided to employees of the city and their dependents.

This Request for Proposals (RFP) will result in a multi-year agreement with a vendor for a period of (2) two years with the option to extend the agreement in two (2) one-year extensions. At the end of the original agreement either side may terminate the agreement with a minimum of thirty (30) day notice.

The City of Vicksburg reserves the right to withdraw this RFP, or reject any and all submittals in response to this RFP for any reason at any time during the bid process due to unforeseen or any change in circumstances. This RFP plus the resulting agreement shall be consistent with all terms and conditions associated with contracts entered into by the City of Vicksburg. The City of Vicksburg is not liable or responsible for any cost(s) incurred during the preparation, presentation or submission as a response to this RFP.

The City of Vicksburg currently provides a health clinic located at a designated site that provides medical services at least five (5) days per week. The clinic is staffed by one practitioner and one medical assistant, capable of providing basic healthcare, drug testing and physicals both annual and sports related.

II. SCOPE OF SERVICES

The scope of services to be potentially included, but not limited to, in the multi-year agreement are as follows:

- Employ trained medical professionals to provide medical services to City of Vicksburg employees and their dependents;
- Provide medical care to city employees and their dependents through at a facility located within the City of Vicksburg's limits;
- Provide laboratory testing for patients onsite;
- Dispense medication to patients;
- Provide referrals to external medical specialists as needed; and
- Offer coverage on a minimum of five (5) days per week either virtually or in-person.

III. REQUIREMENTS FOR PROPOSAL

The Proposal must include the following information:

- 1) Name and address of Medical Provider along with mailing address, phone number and email address of the representative authorized to act on behalf of the medical provider.
- 2) Proposal must be signed by the authorized representative on behalf of the medical provider organization.
- 3) A list of major team members with a description of the role of each member of the team and a description of the medical provider's organizational structure.
- 4) Financial terms of the proposal of services.

- 5) Summary of how the medical provider will meet the City's requirements as outlined in the **Section V-Information Requirements**.
- 6) Audited financial reports or other corporate financial records (will be kept confidential).
- 7) Medical provider's professional qualifications and experience in operating clinics and wellness programs.
- 8) Medical provider must have a minimum of five (5) years' experience, with a clinic that can be readily visited in the evaluation period.
- 9) Medical provider must have a health clinic located in the City of Vicksburg.
- 10) Must maintain all appropriate provider licenses, credentialing and Rx regulations.
- 11) Full compliance with all HIPPA regulations, all local, state and federal regulations and laws and insurance to cover in the case of a lapse.
- 12) Medical provider must agree to indemnify, hold harmless and defend the client from and against any and all liabilities rising out of any act or omission of the Contractor, its agents, subcontractors or employees in the performance of this Contract, and must maintain the following insurance limits:
 - a. Commercial General Liability: General Aggregate Limit \$5,000,000/Each Occurrence \$1,000,000
 - b. Damage to Premises Rented: Limit \$50,000
 - c. Medical Expense: Limit \$5,000
 - d. Products: Completed Operations Aggregate Limit \$5,000,000
 - e. Personal and Advertising Injury: Limit \$1,000,000
 - f. Professional Liability: Each "claim" \$1,000,000
 - g. Professional Liability: Aggregate Limit \$5,000,000

IV. EVALUATION CRITERIA

The criteria used in the selection of the top three (3) medical providers will be based on the following:

- Overall evaluation score based on stated requirements
- Company qualifications and experience
- Range of services offered
- Company network with specialists, labs, and hospitals
- Presence in organizations, companies or municipalities of similar size and need
- Ability to provide quality healthcare, wellness programs, and other services
- Customer Service and reputation
- Fiscally clear and sound business plan
- Overall responsiveness and approach to the RFP

V. INFORMATION REQUIREMENTS

The required information for submission should include, but is not limited to, the following criteria and **each medical provider must provide a business plan**:

- **Company description:**
 - A general description of the submitting company, including years in business, history, core values, company vision.

- Company's main point of contact and a list of key personnel, and an overview of the company's experience related to the services to be provided in response to this RFP.
- **Health center operations:**
 - Provide information about the staffing model to be used.
 - The recommended number of provider hours.
 - The average wait-time for patients, eligibility for using the health center.
 - The average number of appointments your company has made in the past twelve months.
 - Describe which, if any, lab services can be offered onsite at the health center.
 - Describe how patients can make appointments, options for telemedicine visits and after-hours support, provider and patient access to electronic medical records (EMR), mail-order home delivery services for medications, and billing processes for patients at external facilities.
 - Describe your company's experience with occupational health and workers' compensation services, and the types of injuries that can be treated at the health center.
- **Company affiliations:**
 - Disclose all relationships that currently exist or may exist in the future pertaining to referrals, labs, X-rays, specialists, pharmaceuticals, hospitals, etc. that may be utilized by patients.
- **Wellness programs:**
 - Describe your company's wellness program and incentives for participation, options for wellness coaching and educational programs, health risk assessments, and data analytics for related programs.
 - Provide a way to measure outcomes and success of wellness programs.
- **Primary care and Other Patient Services:**
 - How are appointments at your clinic scheduled? Will you schedule employees based on appointment type or block scheduling? How are lab work appointments scheduled?
 - Is the appointment scheduling process available online?
 - Are appointment reminders sent via e-mail or telephone call? If so, how far in advance?
 - How far in advance can an employee make an appointment?
 - Will you have a different appointment scheduling process for City of Vicksburg employees and their dependents? How many appointments will be scheduled weekly for City of Vicksburg employees and their dependents?
 - Describe your approach to scheduling patient visits, walk in visits and procedures for call support or telemedicine capabilities.
 - Describe the types of medical problems that can be addressed onsite.
 - Describe the medications to be administered onsite.
 - Please describe your referral process when a disease state escalates.
 - Do you refer directly to a specialist or a primary care physician if one is identified for the member?
 - Describe the primary care case management process.
 - Describe what happens if the medical team is not available on the day the care is needed.
 - What if a problem occurs after hours? How is this handled and coordinated?
 - What system do you use to maintain employee health information?
 - How does your company identify high risk members?
 - How would you propose providing diabetic training for employees?
 - How would you propose providing exercise and nutritional counseling for employees and their dependents?

- Would you offer a tobacco cessation program? Describe the type of program.
 - What other topics would you include in your wellness initiatives? Please define.
 - **Occupational Injuries:**
 - A future possibility exists that the clinic may be utilized for on-the-job injuries/illnesses. Please describe your capabilities in this area.
 - How would occupational injury/illness treatment be kept separate from primary or urgent care?
 - Describe your reporting capabilities for occupational injury/illness treatments.
 - How would billing occur for occupational injury/illness? Do you have different charges for such types of treatment?
 - Describe your referral process for on-the-job injuries/illness.
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VI. **SUBMISSION INSTRUCTIONS**

The guidelines for submission of the RFP package should be as follows:

- ✓ The RFP package should be delivered in a completely sealed envelope or package.
- ✓ The outside of the package should be clearly marked **“WELLNESS CLINIC AND HEALTH CARE PROGRAM FOR THE EMPLOYEES OF CITY OF VICKSBURG, MISSISSIPPI”**
- ✓ The RFP may be submitted in person or mailed to the following address:

City of Vicksburg
Attn: City Clerk’s Office
1401 Walnut Street
Vicksburg, MS 39180

- ✓ All packages should contain ten (10) of the submitted Statement of Proposals, which should be printed on 8.5” x 11” single-sided paper. All submitted RFP’s should follow instructions and be complete in scope as requested by the City of Vicksburg. These RFP’s are to be submitted in person or by mail no later than Friday, May 8, 2026 at 9:00 a.m. (CST).
- ✓ Late submissions will not be accepted and will be returned unopened to the original sender.
- ✓ **RESPONDENTS ARE CAUTIONED THAT THE CITY CLERK DOES NOT RECEIVE THE DAILY U.S. MAIL ON OR BEFORE 9:00AM. BIDS WILL BE TIME-STAMPED ACCORDING TO THE CITY CLERK’S TIME CLOCK.**
- ✓ **Please submit any questions regarding this RFP to Deborah Nickson, City Clerk via email at dnickson@vicksburg.org.**
- ✓ **This is a Request for Proposal. It is expected that participants will outline the cost structure for the clinic including estimated cost of salaries, any per member per month charge, facilities and materials charges.**

✓ While these estimates will serve to understand reasonable and customary charges for the individual provider, final financial agreements will be negotiated after the vendor has been selected. Both sides will then agree to negotiate in good faith to reach a financial agreement that is equitable to both parties.

✓ Qualifications will be reviewed and evaluated by a selection committee based on the criteria listed herein. At the discretion of the selection committee, companies may or may not be invited to participate in an interview or subsequent Request for Proposal (RFP) process. We thank you in advance for your qualification submission and welcome any questions you may have during the process.

VII. SCHEDULE

The following is the proposed schedule for the requests for proposals:

Activity/Event	Anticipated Date
Proposal Due Date	May 8, 2026
Proposal Opening Date <u>No immediate decisions are rendered.</u> <u>Proposals will be referred to the Selection Committee</u>	May 8, 2026 at 10:00 a.m. Robert M. Walker City Hall Annex; 1415 Walnut Street, Vicksburg, Mississippi 39180
Interview Consultants	May 11 through May 15, 2026
Consultant Selection/Negotiate Professional Services Agreement (PSA)	May 18 through May 22, 2026
PSA Execution, Award and Notice to Proceed	May 25, 2026

Note: The above schedule is for informational purposes only and is subject to change at the City's discretion.

CITY OF VICKSBURG, MISSISSIPPI

NOTICE IS HEREBY GIVEN that sealed proposals will be received by the Board of Mayor and Aldermen of the City of Vicksburg, Mississippi in the City Clerk's Office located at 1401 Walnut Street, Vicksburg, Mississippi for **WELLNESS CLINIC AND HEALTH CARE PROGRAM FOR THE EMPLOYEES OF CITY OF VICKSBURG, MISSISSIPPI.**

To receive a copy of the Request for Proposals, email City Clerk Deborah A. Kaiser-Nickson at dnickson@vicksburg.org. All requests must be made via email; phone calls will not be accepted.

All proposals must be received by 9:00 a.m. on Friday, May 8, 2026 sealed and plainly marked on the outside of the envelope **"WELLNESS CLINIC AND HEALTH CARE PROGRAM FOR THE EMPLOYEES OF CITY OF VICKSBURG, MISSISSIPPI"**

The Board of Mayor and Aldermen of the City of Vicksburg reserves the right to waive irregularities and to reject any or all proposals. All proposals must be addressed and mailed/hand-delivered to:

City of Vicksburg
Attn: City Clerk's Office
1401 Walnut Street
Vicksburg, Mississippi 39180

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Dates of Publication:

Wednesday, April 15, 2026
Wednesday, April 22, 2026