Purchasing Department
432-240-1960 | www.midlandisd.net
615 W. Missouri Ave. Midland, Texas 79701

On-Site/Near-Site Health Clinic
Request for Proposal (RFP)
RFP # 27-40

I. PURPOSE

This Request for Proposal ("RFP") is issued by Midland Independent School District ("MISD" or "District"), located in Midland, Texas, with approximately 2,500 employees enrolled in the District's health plans. The purpose of this RFP is to solicit proposals from qualified and experienced service providers to provide an On-Site/Near-Site Health Clinic (the "Clinic") and related services for MISD employees and covered members, as more specifically described in Section III of this RFP.

Through this RFP, MISD seeks to evaluate qualified vendors and determine the feasibility of implementing an on-site or near-site health clinic as an enhancement to the District's comprehensive employee benefits program. MISD's primary objectives in considering a clinic include:

- Attracting and retaining employees by enhancing the District's overall benefits offering;
- Supporting and strengthening the District's culture of health and wellness and expanding upon existing wellness initiatives;
- Reducing employee absenteeism and supporting improved employee health, engagement, and productivity;
- Increasing access to convenient, high-quality primary care and preventive health services for eligible employees and health plan members; and
- Increasing the District's ability to manage and control primary care utilization and costs, with the potential to improve overall health plan value and reduce long-term health care expenditures.

Responding vendors should demonstrate the ability to provide an appropriate clinic facility. Vendors may propose an existing facility suitable for use as the clinic or, alternatively, a near-site clinic location for which the vendor will assume responsibility and cost for the facility and required build-out, as applicable. The selected provider will deliver a high standard of patient care and confidentiality.

This RFP contains the submission requirements, scope of services, service period, terms and conditions, and other pertinent information necessary for the preparation and submission of a complete and responsive proposal.

The District intends to award a **single contract** to the vendor whose proposal demonstrates the capability, experience, service model, and overall value necessary to fulfill the requirements and specifications of this RFP.

II. BACKGROUND

MISD currently offers three health plan options to eligible employees. All three options are traditional copay plans administered by Blue Cross Blue Shield of Texas through the Blue Choice PPO network. The District contributes $503 toward the cost of employee health plan coverage. All MISD health plans are self-funded.

MISD has approximately 2,500 employees and 4,000 total members enrolled in its health plans. MISD Care Clinic currently provides Acute/Urgent Care services to employees enrolled in an MISD medical plan and their eligible dependents covered under the employee's health plan. The clinic provides services Monday through Friday.

III. SCOPE OF SERVICES

The selected provider shall furnish all professional, clinical, administrative, operational, and compliance services necessary to operate the Clinic. Services include, at minimum:

- Primary Care Medical Services
  - Provide medical care to members for acute conditions
  - Provide medical care to members with chronic conditions
  - Provide medical care for urgent conditions.
  - Offer virtual visits as an option for primary care

- Prevention & Chronic Conditions Management

- Provide long-term prevention and chronic conditions management programs, including but not limited to:
  - Physician/nurse "reach out" program to reach members with highest risks.
  - Disease/case management
  - Annual and ongoing preventive screenings
  - Provider health seminars
  - Collaborate with existing healthcare partners and health insurance TPA programs.
  - Specialty Services
  - Provide Mental Health Services
  - Offer virtual visits as an option for Mental Health Services
  - Conduct pre-employment physicals as requested.
  - Give inoculations and vaccinations including flu shots, tetanus, etc. as Desired or promoted by the district or during wellness related health screenings and or events.
  - Assist with On-Site wellness screenings at various campus locations to conduct biometrics and measurements.
  - Are there specialty services you engage in, and if so, how do you transition employee/dependent patients to the care of local in-network specialists?
  - Ability to provide other specialty services not being requested at this time.

- Occupational Health
  - Do you have the ability to have the clinic certified to handle claims under Workers Compensation?
  - Describe your experience in providing the occupational services in the Scope of Services and the resources that you have organizationally to oversee and support these services.
  - How do you intake employees with occupational injuries? What type of on duty injuries can you treat on-site?
  - How do you determine whether the injury happened at work? Do you have experience and training in causation?
  - Describe your referral process for on-the-job injuries/illnesses. How do you handle an injury that needs an x-ray or other special assessment that is not available On-Site?
  - Do you have experience providing occupational case management services?
  - Do you offer pre-employment and reasonable suspicion drug screenings and DOT physicals? What is

the turn-around-time for drug screen results and what is the method of communicating the results?

- ❖ Wellness / Lifestyle Management / Disease Management / Population Management
  - Do you offer a Health Risk Assessment? Biometric screenings? Flu/Vaccine clinic?
  - Please explain, in detail, your approach to improving the health of members. Describe your disease management, wellness, and coaching programs.
  - Describe your process for engaging an individual with a targeted health condition.
  - Will you assist in On-Site employee education? If yes, how?

- ❖ Staffing Model, Clinic Access
  - Please describe in detail how patients from the MISD population might access your clinic. How will they schedule appointments? Are there options to access care virtually?
  - For a group of MISD size, how many hours would you recommend the clinic be open? What staffing model (MD, NP, PA vs clerical staff) are you proposing specifically for the MISD population? List positions and hours per week and a brief explanation of why you recommend this staffing mix.
  - How long are your typical initial and established office visits? Why? Are there documented improvements in care and/or cost that result from your approach?
  - Do you have a pipeline established with potential staff (e.g physician, nurse practitioner, or medical assistants) for a new clinic in the Texas area? If not, how long do you anticipate it taking to recruit qualified clinicians? What level of involvement would MISD have in the selection process? If a Near Site clinic, will clinical staff be devoted to MISD participants?
  - Explain the procedure for adding future clinic/medical staff hours. How will the clinic handle medical staff vacations, illnesses etc.?

- ❖ Patient Centered Medical Home & Referral Management
  - How do you integrate with the local health care community? How do you handle referrals to specialists?
  - Do you have the ability to bring in specialists (e.g., allergists, nutritionists, and chiropractors) as needed?
  - Do you support the Patient-Centered Medical Home model?

- ❖ Employee Cost Sharing (cost of visit to clinic)
  - Do you have existing customers with HDHP designs with Health Savings Accounts (HSA)? What is your recommendation for setting employee cost sharing under this arrangement to ensure eligibility with an HSA? (e.g., % of Medicare)
  - Should MISD require employee copays, deductibles at the Clinic, what methods of payment do you accept?

- ❖ Clinic Management / Medical Malpractice
  - What is the management structure for the clinic?
  - Who oversees the operational management? Who oversees the clinical care delivered in the clinic?
  - Describe the line of reporting up through your organization. On average, how many hours per week do you budget for in your fees for a physician to be On-Site to see patients, support staff via clinical

consultation, chart audits, and other QA processes?
- How has your firm indemnified, to the degree possible, your clients from medical malpractice liability? Please describe this program in detail.

❖ Quality Assurance
- Describe your approach to ensure high-quality care.
- What is your process for staff evaluation?
- How do you measure and ensure patient satisfaction?

❖ Laboratory Testing & Imaging
- Do you collect lab specimens on-site at your clinics? What relationships do you have with lab vendors to pick up and process the specimens? Are you able to conduct On-Site screenings for employees at various campus locations?
- Is this vendor able to report the results directly into your electronic health record system? Please describe the arrangement and process in detail.
- Do you have options for imaging and advanced imaging in your On-Site / Near Site? If yes, does the imaging fall under your PEPM cost, a direct pass-through, or cost plus?

❖ Prescription Drugs
- MISD will not be changing its selected PBM or pharmacy strategy for 2026 but will consider On-Site/Near Site vendor prescription drug strategies and capabilities for future plan years.
- Please describe your clinics Rx program.
- Describe pharmacy options for a clinic serving a population the size of MISD? Which would you recommend?

❖ Information Technology and Integration Capabilities
- Please detail your clinic's capabilities, including which tools you have available. (e.g., Online appointment scheduling, a health risk assessment survey tool, electronic health record, ePrescribing, electronic laboratory test ordering and results)
- Describe how you will integrate with MISD's Third Party Administrator, BCBSTX? (e.g., eligibility, disease management, deductible/out of pocket accumulation, etc.) Do you agree to submit a zero-dollar claim (ghost claim) to the district's selected TPA?
- If MISD includes occupational health as part of the On-Site clinic, would your system allow you to track and report on Workers' Compensation claims separately from medical claims?
- Please provide a list of the different partners/clinic administrators you already have an interface built with to exchange data. (i.e., Pharmacy Benefit Managers, Third Party Administrators, Mental Health/Employee Assistance Program providers)
- Space requirements, Equipment & Clinic Implementation
- Will you purchase equipment, supplies, and non-prescription medications for use in the clinic? Is the pricing you are proposing included in your PEPM, a direct pass-through with no markup or cost-plus?
- How much space do you recommend for a clinic that serves the population of MISD? Please provide a sample plan.

- What is your typical implementation period from award of contract to Clinic opening? Please provide a sample implementation timeline. What is the absolute minimum time requirement for implementation from award of contract to clinic opening?

❖ Orientation, Employee/Dependent Engagement, & Reporting
- What type of support would your company provide to MISD to engage employees? Please provide a sample plan detailing employee outreach and orientation program that can occur prior to the clinics opening.
- Describe your approach for promoting the Health Clinic to employees and their dependents on an ongoing basis. Describe the type of frequency of communications provided and your engagement statistics.
- Will your organization have the ability to provide the district with the following ongoing reports, including but not limited to:
  - Collaborative establishment and tracking of set objective goals for the clinic
  - Engagement by unique member and dependent status, by month
  - Percentage of the population engaged by risk and impact of that engagement on plan paid and risk control
  - Care coordination comparing those engaged vs. not engaged
  - ER utilization
  - Physical and Mammogram Compliance
  - Polypharmacy rates
  - Biometric control or improvement
  - Gaps in medication adherence
  - Cost efficient use of medications
  - Engagement and improvement of risk control for persons with Chronic Conditions of Diabetes and Hypertension comparing
  - Cost savings
  - Cost avoidance
  - Occupational Health/Workers Comp reporting
  - Is there flexibility in reporting based upon the district's needs?
  - Please describe how you will objectively assess if your services are having the intended impact.
  - Is your organization able to integrate predictive modeling, population stratification, gaps in care tracking and risk stratification results into the operation of the clinic? Please describe your approach to accomplish this.

❖ HIPAA Privacy / Security
- Is your company HIPAA compliant?
- Present a privacy/security plan to demonstrate the policies/procedures you have in place to comply with the Health Insurance Portability and Accountability Act.
- Have your network security systems ever been breached? If so, please explain.
- ERISA / COBRA & other regulatory questions
- MISD is a Non-ERISA Plan. Is your Clinic considered a "Plan" and subject to requirements such as a

plan document or summary plan description? If yes, would you provide?
- Do you agree that health clinics generally are group health plans subject to COBRA?
- If yes, do you provide a recommendation for the COBRA premium?

❖ ROI & Feasibility Analysis
- What type of utilization do you typically see in years 1-3?
- Describe in detail your approach to reducing medical costs for the district.
- How does your clinic measure and calculate ROI? Will you provide performance guarantees around ROI?
- For a group with MISD demographics and size, what ROI would you project in years 1-3? Please detail anticipated clinic costs and employee cost sharing.

❖ Permits And Licenses
- Firms should be fully licensed to complete all work required. Copies of all applicable licenses should be provided with your response.

IV. PRICING

Vendors must submit their pricing through the "Line Items" tab in IonWave, using the pricing sheet template referenced as *Attachment A*. Additionally, the completed pricing sheet must be uploaded as a response attachment. *Failure to complete these items will result in disqualification.*

- Provide detailed information on your recommended pricing model for an On-Site/Near Site clinic for MISD. Make sure to include specific details on the cost of services, supplies (overhead, utilities etc.)
- Indicate whether your pricing is being offered at a pass through or cost-plus model.
- For any optional services, please provide an outline of charges.

Please provide a recommendation on any services that your organization can add in the future that have the ability to improve member health and reduce/moderate medical cost.

Pricing shall be firm for the life of the bid. The District will evaluate all submitted pricing. It will choose the option that offers the greatest overall cost savings and the best value to MISD.

V. CONTRACT

A. Term

The initial term of the contract shall be three (3) years, with the option to renew for one (1) additional two-year term, subject to mutual agreement. The awarded Vendor shall enter into a Master Service Agreement (MSA), subject to review and approval by MISD.

B. Termination and Default

Either party may terminate this Agreement for convenience upon at least ninety (90) days' prior written notice to the other party. During the notice period, the Clinic shall continue providing services in accordance with the terms of this Agreement, unless otherwise mutually agreed in writing.

Either party may terminate this Agreement for cause if the other party materially breaches any provision of this Agreement and fails to cure such breach within thirty (30) days after receiving written notice describing the breach. If the breach is not reasonably capable of being cured within thirty (30) days, the breaching party shall have a reasonable additional period to complete the cure, provided that it has commenced and is diligently pursuing the cure.
Either party may terminate this Agreement immediately upon written notice if the other party loses a license or authorization required to perform its obligations, becomes legally prohibited from providing the services contemplated by this Agreement, or engages in conduct that presents an immediate and material risk to patient safety or legal compliance.

Upon termination, the Employer shall pay all undisputed amounts properly due for services provided through the effective date of termination. The parties shall cooperate in good faith to provide for an orderly transition of services and handling of patient records in accordance with applicable law, including applicable privacy and health-information requirements.

Termination of this Agreement shall not affect any rights or obligations that accrued before the effective date of termination or any provisions that by their nature are intended to survive termination.

C. Contract Award
MISD reserves the right to issue its own contract, incorporating the requirements of this RFP and the successful Proposer's response. It is the intent of MISD to award a single contract to fulfill the requirements of this RFP. The contract shall become effective upon execution by both parties.

Services not specifically included in the awarded contract may be procured separately through a competitive process.

VI. INSURANCE REQUIREMENTS

A. General Liability
The Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damage to property, which may arise from or in connection with the performance of the work hereunder by the Contractor, its agents, representatives, or employees. A failure to obtain and maintain such insurance or to file required certificates and endorsements shall be a material breach of contract.

The Contractor maintenance of insurance as required by the agreement shall not be construed to limit the liability of the Vendor to the coverage provided by such insurance, or otherwise limit MISD's recourse to any remedy available at law or in equity

For the duration of this contract and any extension hereof, Contractor shall carry in a solvent company authorized to do business in Texas, comprehensive general liability insurance in the following amounts:

$1,000,000.00 – Per Occurrence
$1,000,000.00 – General Aggregate
$1,000,000.00 - Products/Completed Operations-Occurrence & Aggregate

With respect to the above-required insurance, MISD and its officers and employees shall be named as additional insured as their interests may appear. MISD shall be provided with thirty (30) calendar-day advance notice in

writing of any cancellation or material change. MISD shall be provided with certificates of insurance evidencing the above-required insurance before the commencement of this contract and thereafter with certificates evidencing renewal or replacement of said policies of insurance at least fifteen (15) calendar days before the expiration or cancellation of any such policies. Notices and Certificates required by this clause shall be provided to the MISD Purchasing Office.

B. Workers' Compensation

For the duration of this contract and any extension hereof, Contractor shall carry Workers' Compensation and Employers' Liability Insurance in the amount required by Texas law: $500,000.00.

VII. INDEMNIFICATION

To the fullest extent permitted by law, the Contractor shall indemnify, defend, and hold harmless Midland Independent School District (MISD), its Board of Trustees, officers, employees, and agents from and against any and all claims, damages, losses, liens, causes of action, suits, judgments, and expenses, including attorney's fees and other legal costs, of any nature, kind, or description, to the extent arising out of or resulting from the performance of the Contractor's work or services under this contract, including but not limited to:

- Injury or death to persons,
- Damage to property,
- Defects in materials or workmanship, or
- Violations of any applicable laws, regulations, or codes,

Provided that such claim, damage, loss, or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property, and is caused in whole or in part by any negligent act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable.

This indemnity obligation shall not be limited by any insurance requirements or by any limitation on the amount or type of damages, compensation, or benefits payable by or for the Contractor under workers' compensation acts, disability benefit acts, or other employee benefit acts.

VIII. SUBCONTRACTOR AND/OR SUPPLIER IDENTIFICATION

The Bidder shall indicate the name of each subcontractor and/or supplier the bidder will use in the performance of the contract. The Bidder shall specify the work to be performed by the subcontractor or the materials to be provided by the supplier. The Bidder must ensure that the subcontractor and/or supplier meet all insurance requirements. Any changes to the subcontractors and/or suppliers listed below shall require prior approval.

Name, Address & Phone Number	Service / Supplies

IX. PROPOSAL FORMAT

Proposals must be submitted electronically through the MISD bidding system, IonWave, at https://midlandisd.ionwave.net/Login.aspx. Proposers are responsible for ensuring their submissions are complete and received before the deadline.

Additionally, a written Proposal is required, and must follow the guidelines stated below. All submissions must use the Times New Roman font, with a minimum font size of 10-point. Written Proposals can be uploaded as an attachment under the Response Attachments tab in IonWave.

Proposals must be organized in the following order and include, at a minimum, the components listed below:

1. **Title Page**
   Include the RFP number, RFP title, and the Proposer's legal name, address, and primary contact information.

2. **Table of Contents**

3. **Introduction and Qualifications**
   Provide an overview of the firm, including relevant experience, qualifications, licenses/certifications, permits and key personnel.

4. **Scope Proposal Response**
   Provide a detailed response demonstrating how the Proposer will meet the requirements outlined in the Scope of Work.

5. **Responses to Questionnaire**

6. **Pricing Model**

7. **References**
   Include at least three (3) references, preferably from public-sector clients. Provide the organization name, contact person, phone number, and email address.

8. **Required Forms:**
   - Attachment A: Pricing Sheet with Authorized Signature (from an individual with legal authority to bind the Proposer to the terms of the proposal.)
   - Completed Vendor Packet (If not an active Midland ISD vendor)
   - Completed/Signed CIQ
   - Completed/Signed W-9
   - Completed/Signed Form 1295

X. SCHEDULE OF EVENTS

To meet the District's schedule, requests for clarification or additional information must be submitted in writing no later than **August 28, 2026**. Questions submitted after this date may not elicit a response. All requests for clarification should be made in https://midlandisd.ionwave.net/Login.aspx.

The following Schedule of Events represents the district's estimate of the timetable that will be followed in connection with this solicitation.

Event	Date
Release Request for Proposals	August 21, 2026
Deadline for Questions and/or Comments	August 28, 2026 5:00 PM (CT)
Deadline for Responses to Questions	September 3, 2026
Proposal due	**September 15, 2026 2:00 PM (CT)**

The District reserves the right, at its sole discretion, to adjust this Schedule of Events as it deems necessary. If necessary, the District will communicate adjustments to any event in the Schedule of Events in the form of an amendment. Amendment to this RFP will only be issued and posted on the Districts Website at: https://midlandisd.ionwave.net/CurrentSourcingEvents.aspx

XI. LEGAL REQUIREMENTS AND CONFIDENTIALITY

This Request for Proposals is the confidential property of MISD and is not to be disclosed or distributed to any third party without the expressed authorization of MISD. Proposals submitted in response to this Request shall not contain any proprietary or confidential information or any invention or material describing any invention or item that might be construed as proprietary or as an invention. Proposals submitted will become the property of MISD. Any Service provider responding to this Request and submitting any Proposal will be, and remain, an independent entity from MISD and will perform its activities in a manner consistent with that status.

XII. EVALUATION CRITERIA

The proposal evaluation process is designed to award the contract, not necessarily to the Respondent of least cost, but rather to the Respondent with the best combination of attributes (i.e., qualifications and experience, cost) based upon the evaluation factors specifically established for this RFP.

Respondents must provide all information outlined in the Evaluation Factors to be considered responsive. Proposals will be evaluated based on the responsiveness of the Respondent's information to the Evaluation Factors, which will demonstrate the Respondent's understanding of the Evaluation Factors and capacity to perform the required services under this Request for Proposals. Proposals will be evaluated based on the following Evaluation Factors listed on the next page.

Evaluation Criteria	Possible Points
1.The purchase price;	35
2. The reputation of the Vendor and the Vendor's goods or services The proposer shall provide three (3) references of projects comparable in size and complexity to the requirements delineated within this solicitation. The Proposer shall exclude MISD departments and/or employees from the reference list.	15
3. The quality of the Vendor's good or services;	15
4. The extent to which the goods or services meet District's needs;	15
5. The vendor's past relationship with the district;	15
6. The impact on the ability of the district to comply with laws and rules relating to historically underutilized businesses:	0
7. The total long-term cost to the district to acquire the vendor's goods or services;	0
8. For a contract for goods and services, other than goods and services related to telecommunications and information services, building construction and maintenance, or instructional materials, whether the vendor or the vendor's ultimate parent company or majority owner: A) has its principal place of business in this state; or B) employees at least 500 persons in this state	0
9. Any other relevant factor specifically listed in the request for proposal.	5
TOTAL POINTS:	**100**

QUESTIONNAIRE

Please submit the requested information in the following order:

- Submitting Organization – Experience and Qualifications

a. Company / Organization Name
b. Public/private – name of organization owning company (if applicable)
c. Please provide the complete name and address of your organization. Will our account be serviced at this location? If not, please provide the name and location of the facility that would be responsible for the MISD account.
d. Years in worksite clinic business and total number of employees
e. Number of current clinic clients and total number of primary care clinic versus occupational health only clinic locations in Texas.
f. Provide additional details around employer populations served e.g. size range, industry, governmental etc.
g. Provide a brief description of your organizational history, business philosophy and management structure.
h. Is your organization involved in any pending legal action relative to the delivery of the proposed services to your clients? If YES, please explain the nature of the action and any impact such action would have on MISD should your organization be selected.

Attachment A – Pricing Sheet

On-Site/Near-Site Health Clinic Pricing	Employee	Covered Spouse/Dependent
Enrollment / Access Fee	$	$
Primary Care Visit	$	$
Preventive Care Visit	$	$
Urgent/Sick Visit	$	$
Telehealth Visit	$	$
Lab Services	$	$
Immunizations	$	$
Wellness Screening	$	$
Chronic Condition Management	$	$
Occupational/Work-Related Visit	$	N/A
Additional Services	$	$

Pricing Component	Amount
Monthly Fee per Eligible Employee	$
Monthly Fee per Covered Member	$
Annual Employer Fee	$
Implementation / Startup Fee	$
Minimum Monthly Commitment	$
After-Hours / Additional Coverage	$
Other Fees:_____	$
Total Annual Clinic Fee:	**$**

Notes:_____

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By submitting a Bid, the VENDOR warrants that the prices, terms, and conditions will remain firm for acceptance for 120 days from the bid opening date.

Full Legal Name of Company _____

Authorized Signature _____

Printed Name _____

Mailing Address _____

_____

Phone # _____ Email _____