

N O T I C E
REQUEST FOR QUALIFICATIONS
FAMILY NURSE PRACTITIONER FOR:

Corsicana Independent School District

Corsicana ISD will accept Proposals in a one-step process until 2:00 p.m., December 14, 2018, in the Corsicana Independent School District Administration Building at 2200 West 4th Avenue, Corsicana, Texas 75110. Address all submissions to:

Billy Harlan, Chief Administrative Officer
Corsicana Independent School District
2200 West 4th Avenue
Corsicana, Texas 75110

The scope and schedule for the project as currently defined are described by the Request for Qualifications.

The Request for Qualifications may be obtained by calling Corsicana ISD on or after November 26, 2018.

Request for Qualifications:
Billy Harlan, Chief Administrative Officer
Corsicana Independent School District
2200 West 4th Avenue
Corsicana, Texas 75110
(903) 602-8139

Corsicana I.S.D. reserves the right to waive any informalities and to reject any or all Proposals.

HEALTH CARE PROFESSIONAL

SELECTION SCHEDULE

- Request for Qualifications Released Thursday November 26, 2018
- Receive Qualifications Friday December 14, 2018
- Interviews, if required TBA
- Board Approval of Firm and Fee Monday January 14, 2019

Corsicana ISD is looking to enter into a contractual relationship with a local medical practice that employs one or more Family Nurse Practitioners. The Family Nurse Practitioners will need to be available to provide medical services to CISD employees and their children (“Qualified Individuals”) on a priority basis. CISD employees often miss work because they or their children become ill and have difficulty timely scheduling an appointment with a medical professional. CISD believes that it would be in its best interest to enhance treatment options for CISD employees and their children in order to reduce employee and student absenteeism. The medical practice would have to have one or more Family Nurse Practitioner available during business hours who could treat a Qualified Individual on reasonably short notice.

The Qualified Individual, whether it be an employee or student, would be responsible for going to the medical practice’s office and then simply presenting themselves for treatment as any other patient would do.

CISD expects that the Family Nurse Practitioner who sees the Qualified Individual will use normal and reasonable medical expertise in treating (and referring for additional care if necessary) the Qualified Individual and all health care decisions would be left to the Family Nurse Practitioner and patient. The medical practice would bill for the services rendered and then receive all payments from the payor (insurance company, Medicare, private pay, etc.), as the medical practice would do with any of its other patients. The District asks that any co-pay payable by a Qualified Individual pursuant to their applicable insurance plans be limited to \$10.00.

In addition, CISD will agree to pay an agreed upon sum of money to the medical practice on a periodic (yearly or monthly) basis in order to make sure that Family Nurse Practitioners are available to treat the Qualified Individuals on a priority basis. The amount of the payment you propose should be included in your response to this Request. Furthermore, CISD would also encourage (and will ask the medical practice to encourage) Qualified Individuals to utilize wellness care in order to diagnose and treat problems before they become serious.

The Family Nurse Practitioner will have physician/patient and other professional healthcare privileges with any Qualified Individual they treat. CISD expects that the medical practice will

honor those privileges for Qualified Individuals the same way it would for any other patient of the medical practice.

CISD expects that the medical practice will also comply with all federal, state and local laws and regulations, especially including laws and regulations pertaining to HIPAA, patient billing and collecting for services provided.

The medical practice will have to indemnify and hold the District harmless from any and all claims and causes of action in any way arising out of the provision of medical services to Qualified Individuals or discharging its duties under this agreement.

The medical practice will be expected to carry professional liability coverage in the amount of \$1,000,000 per occurrence/\$3,000,000 aggregate, to cover the acts and omissions of the healthcare professionals who provide services to Qualified Individuals. The medical practice will be expected to carry a general liability policy to provide coverage for covered risks.

CISD will expect that the medical practice which is selected to provide professional medical services and to enter into a contract with CISD to formalize the relationship. The contract to be negotiated between CISD and the medical practice will include such matters as the length of the contract, whether and how the contract may be renewed, termination provisions, indemnity provisions, expectations regarding level of service and other matters that are typically included in contracts of this type.

Qualifications are to include the information requested in the Questionnaire below in the sequence and format prescribed. In addition to and separate from the requested information, organizations may provide supplementary materials further describing their capabilities and experience.

Qualifications (5 copies and 1 digital copy) are to be submitted to:

Mr. Billy Harlan
Corsicana Independent School District
2200 West 4th Avenue
Corsicana Texas 75110

Queries about the Request for Qualifications (RFQ) should be addressed to:

Mr. Billy Harlan
Corsicana Independent School District
2200 West 4th Avenue
Corsicana Texas 75110

HEALTH CARE PROFESSIONAL

QUESTIONNAIRE

Please provide the following information in the tabbed sequence and format prescribed by this questionnaire. Supplemental materials providing additional information may be attached, but the information requested below is to be provided in this format.

1. Firm Information:

Name of firm:

Address of principal office: Phone, Fax:

Form of Business Organization (Corporation, Partnership, Individual, Joint Venture, Other?): Year founded:

Primary individual to contact:

2. Organization:

2.1 How many years has your organization been in business?

2.2 How many years has your organization been in business under its present name? Under what other or former names has your organization operated?

2.3 If your organization is a corporation, answer the following: Date of incorporation, State of incorporation, President's name, Vice-President's name(s), Secretary's name, Treasurer's name.

2.4 If your organization is individually owned, answer the following: Date of organization, name of owner.

3. Licensing:

3.1 Please identify all licensed professionals who work for the organization. Identify the licenses they currently hold.

4. Experience:

4.1 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

4.2 Has your organization or any of its employees been sued in the last five years?

5. Experience of the Health Care Professional:

5.1 Describe the experience of every health care professional you would assign to perform duties pursuant to this contract (degrees held, licenses and professional organizations to which the individual belongs, any professional certifications, length of service as a health care professional).

Fees:

The medical practice will be expected to bill and collect the reasonable and necessary fees it charges for providing care and treatment to the Qualified Individuals. CISD requests that co-

pays payable to the medical practice be limited to \$10.00 per visit.

You should also propose a fee you will want Corsicana ISD to pay for treating the Qualified Individuals on a priority basis. In establishing the fee which Corsicana ISD will pay the medical practice, the medical practice should take into account the following matters:

1. The medical practice's willingness to see Qualified Individuals on a priority basis on short notice. This may require the medical practice to dedicate one or more Family Nurse Practitioners to seeing Qualified Individuals before seeing its other patients.
2. The medical practice will have to have sufficient staff in order to treat the medical practice's regular patients and also be available to see Qualified Individuals on a priority basis.

HEALTH CARE PROFESSIONAL

CRITERIA FOR SELECTION

Per the Government Code, Corsicana ISD may consider a wide variety of circumstances in determining to whom to award the contract. Corsicana ISD will select a firm who provides the best value for the district based on the following:

	Corsicana ISD Selection Criteria	Possible Score
1	The willingness of the medical practice to see Qualified Individuals on a priority basis.	20
2	The quality of the medical service provided	30
3	Willingness of the medical practice to encourage Qualified Individuals to make wellness visits to the medical practice	10
4	Proposed price to Corsicana ISD	20
5	Any other relevant factor that the school district would consider in selecting a medical practice	20
	TOTAL	100

HEALTH CARE PROFESSIONAL

MEDICAL PRACTICE'S RESPONSIBILITY TO DO CRIMINAL HISTORY CHECKS

Corsicana ISD requires persons and organizations who provide services to a school district to submit to a criminal history review when a person or organization has continuing duties related to the contracted services and direct student contact. You must certify to the District that you have complied.

The covered person or organization with a disqualifying criminal history is prohibited from serving at a school district. In this case, a person with a disqualifying criminal history will also be prohibited from seeing Qualified Individuals for services pursuant to this contract. The following offenses are disqualifying if, at the time of the offense, the victim is under 18 or enrolled in a public school:

- (a) a felony offense under Title V, Texas Penal code;
- (b) an offense for which a defendant is required to register as a sex offender under Chapter 62, Texas Code of Criminal Procedure; or
- (c) an equivalent offense under federal law or the laws of another state.

The District reserves the right to designate other convictions or other criminal history information as disqualifying.

Each Family Nurse Practitioner or other employee of the medical practice who has or may have contact with any student shall be required to provide the information set forth below.

I certify that I have obtained all required criminal history record information regarding myself through the Texas Department of Public Safety's Fingerprint Based Application Clearinghouse of Texas (FACT). I further certify that I do not have a qualifying criminal history. I agree to notify the District in writing within three business days if I am arrested or adjudicated for a disqualifying reason during the contract term.

I agree to provide the District, upon request, my full name and other requested information so the District may obtain my criminal history record information. I understand the District may terminate my services at any time the District determine in its sole discretion that my criminal history is not acceptable.

Non-compliance or misrepresentations regarding this certification may be grounds for contract termination.

Printed Name & Signature

Date

NOTIFICATION OF CRIMINAL HISTORY OF CONTRACTOR

- (a) *A person or business entity that enters into a contract with a school District must give advance notice to the District if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.*

- (b) *A school district may terminate a contract with a person or a business entity if the District determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The District must compensate the person or business entity for services performed before the termination of the contract.*

- (c) *This section does not apply to a publicly held corporation. Added by Acts 1995, 74th Leg., ch. 260, ss. 1, eff. May 30, 1995.*