



Request for Quote

Date:	August 18 th , 2020
Request Title:	Medical Provider Oversight
This request is being issued in accordance with Section 331.341 and 384.103 of the Iowa Code. Only responses received from qualified persons will be considered.	

CG Public Health (the Department) is seeking an appropriately qualified independent contractor to provide services associated with oversight of health department programming that requires provider review, signature and administration.

Qualifications

To be considered, the contractor must be a licensed medical provider able to independently provide these services in the State of Iowa (medical doctor or doctor of osteopathy).

Services Requested

Review and sign standing orders, policies and procedures for the department’s sexual health and vaccine administration programs:
HIV, viral hepatitis, chlamydia, gonorrhea, herpes, and syphilis testing and treatment policies and procedures
Standing order for treatment for patients testing positive for chlamydia, gonorrhea and syphilis
Vaccination administration (Advisory Committee on Immunization Practices (ACIP) indicated vaccines + pre-exposure rabies vaccine) policies and procedures
Pregnancy and tuberculosis testing
Act as the designated authorized and receipting licensed physician for pharmaceuticals and medical supplies for the Department’s disease prevention programs to:
Access the 340B medication portal this is used for accessing medication for treatment of chlamydia, gonorrhea and syphilis
Be the designated provider on record for the Community-Based Screening Services program for treatment of chlamydia, gonorrhea and syphilis
Authorize purchase of medical supplies from private distributors
Access emergency pharmaceuticals due to an allergic reaction (e.g. Epinephrine & Benadryl)
Credential with insurance companies for Department reimbursement of vaccine services, those currently are:
Medicare, Medicaid including managed care organizations, United Healthcare to include UMR, Blue Cross & Blue Shield, and Veteran’s Affairs.

Anticipated term of contract

It is anticipated that the term of the contract awarded will be almost five (5) years from 10/1/2020 through 8/31/2025. The Department reserves the right prior to the contract award to determine the length of the initial contract term and option to renew, if any.

Anticipated payment structure

The payment structure of the contract awarded will be based on annual payments in advance of award and each annual renewal period for years 2, 3, 4 & 5.

Notices and requirements

The selected individual will be an independent contractor and in no way an employee of the Department.

Liability coverage is provided under the Iowa Communities Assurance Pool for all required actions and responsibilities described above. There is a \$15,000,000 limit per occurrence. The Iowa Communities Assurance Pool is owned and funded by nearly 800 cities, counties and other governments to meet the unique needs of governments.

Subcontracting will not be permitted under the resulting contract. The selected independent contractor is expected to self-perform all work.

Termination of successful contract will be allowed without penalty or incurring further obligation upon 90 days of written notice.

Submission instructions

Department contact person:

Kara Vogelson

Deputy Director of Administration

Cerro Gordo County Department of Public Health

2570 4th St. SW Suite 1

Mason City, IA 50401

kvogelson@cghealth.com

Questions Due Date August 31st, 2020

Questions about this request must be received by the date above. An addendum containing all questions and answers will be posted on our website at www.cghealth.com.

Response Due Date and Time September 15th, 2020 by 4:30 PM

Please submit the following:

Name

Mailing Address

Email

Phone

Qualifications

Annual Cost for Services

Include all costs associated with the performance of work for one year. The annual quote will be fixed for the duration of the contract.