**Family Health Centers, Inc.**

**Request for Proposal**

**for**

**Revenue Cycle Management and Credentialing Services**

**Date Issued: 1/03/2025**

**Date Due: 1/17/2025 2:00pm EST**

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# I. Introduction

Family Health Centers, Inc. (FHC) is an independent, not-for-profit (501C3), Federally Qualified Community Health Center located in Louisville, Kentucky. FHC has been in business for over 45 years and operates eight clinical sites in the Louisville/Jefferson County metropolitan area. FHC currently employs in excess of 450 full, part time, and contract employees and operates on a $43 million dollar annual budget that includes federal, local, and state public funding sources.

FHC is committed to ensuring that goods and services are purchased in an effective and efficient manner that provides, to the maximum extent practicable, open and free competition that is compliant with the provisions applicable to federal, state, and local statutes. FHC has established and maintains appropriate procedures addressing the procurement of goods and services to accomplish this objective.

## Purchasing Standards & Regulations

In accordance with standards set by the federal government, grant recipients and vendors receiving grant funds must comply with these applicable federal standards and regulations:

* Appendix II 45 CFR Part 75 – Contract Provisions for Non-Federal Entity Contracts Under Federal Awards (HHS adoption of Uniform Grant Guidance)
* Equal Employment Opportunity. Except as otherwise provided under 41 CFR part 60, all contracts that meet the definition of ‘‘federally assisted construction contract’’ in 41 CFR part 60–1.3 must include the equal opportunity clause provided under 41 CFR 60–1.4(b), in accordance with Executive Order 11246, as amended by Executive Order 11375, and implementing regulations at 41 CFR part 60.
* Copeland “Anti-Kickback” Act (18 U.S. C. 874 and 40 U.S.C. 276c) - The contracts must also include a provision for compliance with the Copeland ‘‘Anti-Kickback’’ Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR part 3). The Act provides that each contractor or sub recipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.
* Davis Bacon Act: Contracts must also include a provision for compliance with the Copeland ‘‘Anti-Kickback’’ Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR part 3), Davis-Bacon Act, as amended (40 U.S.C. 3141–3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141–3144, and 3146–3148) as supplemented by Department of Labor regulations (29 CFR part 5). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination.
* Contract Work Hours and Safety Standards Act (40 U.S.C. 3701–3708)
* Rights to Inventions Made Under a Contract or Agreement (37 CFR Part 401). If the Federal award meets the definition of ‘‘funding agreement’’ under 37 CFR 401.2 (a) and the recipient or sub recipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that ‘‘funding agreement,’’ the recipient or sub recipient must comply with the requirements of 37 CFR part 401 and any implementing regulations issued by the awarding agency.
* Clean Air Act (42 U.S.C. 7401–7671q.) and the Federal Water Pollution Control Act (33 U.S.C. 1251–1387), as amended—Contracts and sub grants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401–7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251–1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).
* Byrd Anti-Lobbying Amendment (31 U.S.C. 1352) —Contractors that apply or bid for an award exceeding $20,000 must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.
* Debarment and Suspension (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 45 CFR 75.213and 2 CFR part 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235), ‘‘Debarment and Suspension.’’ SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549
* OMB Supercircular Guidance (section 200.320)

Additional contractual provisions required by FHC purchasing policy include:

* Contracts for more than the simplified acquisition threshold currently set at $150,000 by FHC must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.
* All contracts in excess of $10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

The percentage of the total costs of the program or project which will be financed with Federal money is zero percent (0%), thus one-hundred percent (100%) of this project will be funded with nongovernmental sources.

## RFP General Description

FHC is currently soliciting bids for fully outsourced, turnkey, Revenue Cycle Management (RCM) and Credentialing Services. FHC has been using the eClinicalWorks (eCW) EHR system and Waystar clearinghouse since January 3, 2023. The partner must have a deep understanding of eClinicalWorks, including how to set it up and use its advanced features. The partner should also provide ongoing staff training, help manage the system and suggest ways to improve processes to make billing and credentialing more effective and compliant with industry standards.

## RFP Respondents General Responsibilities

Vendors are also required to submit firm timetables for the planning, implementation, and go live presented in the RFP response. In addition to the RCM and credentialing, the vendor must include any setup timelines, training, tech support and maintenance services with the RFP response.

## 2025 Family Health Centers RCM and Credentialing Overview

* Annual Fee for Service charges $32M, adjustments $13M, receipts $15.8M
* Payer Mix: Medicaid 53%, Medicare 11%, Commercial 11%, Patient Pay 25%
* Approximately 61 providers: MD, DO, APRN, LCSW, LPCC, DMD, RDH
* 8 locations

# II. RFP Instructions

## Completing the RFP

Provide a complete description of the services included in your bid response as well as a project scope and estimated timeline to go live on 6/1/2025. The bid response must also include draft service agreement.

FHC expects this to be a “TURN KEY” RCM and Credentialing solution as of go-live 6/1/2025, meaning that any and all services required for a seamless transition are included in the bid. FHC also expects proposals will meet or exceed the bid specifications.

No verbal agreements will be considered during the bid process. The quality of the response to the RFP will be viewed as an example of the vendor’s capabilities.

Quoted prices and discounts are to be guaranteed for at least 240 days from the bid close date.

## Format, Due Date

**BIDS:** Hardcopy bids for RCM and Credentialing services will be received in the office of Family Health Center-Portland, Room 419 at 2215 Portland Avenue until 2:00 P.M., EST., Friday January 17, 2025. Electronic bids may also be submitted via email to jmoore@fhclouisville.org by the date and time noted above. No late bids will be accepted and the bid opening is public.

All submitted bids will be considered the property of FHC. All proposals should include copies of product descriptions for the proposed instruments and equipment.

Name one person to be the coordinator for your RFP response, this individual will be the point of contact for any necessary clarification.

Contact Name:

Company:

Title:

Address:

Phone:

Fax:

Email:

## Contract

The bid should include a service agreement for all proposed services. If the vendor does not wish to submit an actual contract with the bid, due to alternatives proposed and pending choices from those alternatives, a service agreement should be submitted with the bid.

## Confidentiality

Information submitted will be used by FHC for the sole purpose of evaluating vendor responses. However, since FHC’s receives public funds the bids are subject to open records requests in accordance with Kentucky State regulation KRS 61.878. Because of these provisions, redacted contents of the bid can be viewed by government entities or other bidders upon the opening date and all bids will be tabulated during the public bid opening.

## Selection Process

Several factors will influence FHC’s decision in selecting the vendor. In addition to cost considerations, proposals will be evaluated based on the following factors:

* Qualifications and Experience
	+ Overall experience and reputation in the industry
	+ FQHC expertise
	+ eClinicalWorks expertise
	+ Stability of organization
	+ Leadership and assigned team qualifications
	+ Strength and relevance of references
	+ Engagement of Kentucky-specific laws, regulations, & processes
	+ Engagement with partners (ex: KYPCA & eCW)
* Technical Capabilities:
	+ 100% outsourced billing & credentialing: basic billing, coding, A/R, WRAP, non-billable, reporting (see table in section IV for entire scope of services)
	+ Training and continuous improvement for Providers, Front Office Staff, and Management
	+ Capacity for eCW design and setup
	+ Capacity to support special projects, audits, HRSA OSV
	+ Service and support resources, including overall skill level of technical personnel
	+ Internal staffing model: recruitment & retention, offshore/nearshore employees, total workforce
	+ FHC staff training capacity: patient access, providers and management
	+ Communication capacity
	+ A credible commitment towards enhancement of future capabilities and technological enhancements/services, for example (AI)
* Transition plan for continuity of RCM and Credentialing operations beginning on 11/1/2023

**In addition, vendors must submit a draft contract or service agreement in response to this RFP.**

Vendors submitting a bid must be recognized as a current provider of the services requested, and has proven service and support systems in place prior to submitting the bid.

## Disclaimer

Please note that FHC will select the vendor based upon the best overall solution and value and is not obligated to select the lowest priced bidder; this RFP does not commit FHC to any specific course of action. In addition, FHC reserves the right to purchase either selected components, or to not select any vendor or purchase any services resulting from this RFP.

## Conflict of Interest

No public official, Family Health Centers board member, or Family Health Centers employee, shall participate in any decision related to the award of this RFP, which affects their personal interests or has any financial interest, directly or indirectly, in this RFP or the proceeds thereof.

## RFP Related Questions

Submit any RFP related questions to:

**Jon Moore, Revenue Cycle Billing Manager**

**Family Health Centers**

**2215 Portland Avenue**

**Louisville, Kentucky 40212**

**Phone: 502-953-4729**

**Email:** **jmoore@fhclouisville.org**

# III. Vendor Background

## Company Information

1. Provide a brief description of the company including: identify the company name, physical address, city, state, zip code, telephone, fax number, and website.
2. Provide a brief company history.
3. Provide a brief profile of your company:
	1. List leadership and their respective qualifications.
	2. Current size of company, (headcount/FTE).
	3. Do you have a parent company? If so, provide name of parent company.
	4. Is the company private, public, owned by private equity, etc? Explain.
	5. Company location(s).
	6. Length of time in business.
	7. Length of time providing RCM and credentialing services.
4. Qualifications of the company to respond to the RFP, generally and including:
	1. Provide the number and type of clients.
		1. How many of these were at RHCs/FQHCs?
		2. How many of these were RHCs/FQHC’s in Kentucky?
	2. How many employees are dedicated to proposed services(s)?
		1. Where are the personnel located?
	3. Describe experience and relationship with eClinicalWorks, including examples of design and setup of billing workflows.
	4. Describe experiences and relationships with other RCM and Credentialing organizations within Kentucky (example: KYPCA).
	5. Describe transition plan to ensure effective and successful knowledge transfer and maintain continuity of operations prior to go-live on 6/1/2025.
	6. Describe Medicaid and Medicare WRAP billing experience.
	7. List any RCM and Credentialing components not offered by company?
5. For the RHCs/FQHCs that you are supporting, answer the following based on the last three years:
	1. Percentage that are currently supporting.
	2. Percentage, which are transitioning implementation.
	3. Percentage delayed or canceled implementation and reason for same.
6. How many NEW clients acquired within the last year?
	1. How many new clients were RHCs/FQHCs?
7. Has your company, its owners, managers, employees and/or contractors been excluded from participation in Medicare, Medicaid, State Child Health Insurance Program or other health care programs? Provide an explanation for the exclusion.
8. Legal Actions:
	1. Have any clients filed legal action claiming breach of contract or otherwise seeking remedies through such action? Provide brief description.
	2. Is your company now involved in any litigation with a client or other entity? Provide a brief description.
9. Financial Stability:
	1. Provide an annual report if responding vendor is listed on the stock market; basic financial report if your organization does not produce an annual report.
	2. Provide an up to date financial profile of your company including Dunn & Bradstreet information on separate corporate letterhead.
	3. Pending or eminent merger/acquisition?
10. How are customer requests for additional services, enhancements and customizations handled?
11. If your company relies on contractual agreements with outside service organizations to provide support for the services defined in your RFP response, please explain the nature of the agreement and give name(s) and contact information for the service provider(s).

## References

Provide a minimum of three (3) references of your clients that have purchased services similar to that being proposed in the RFP. References should be of similar size in terms of clients served and/or provider total compared to FHC. Include contact names, telephone numbers, physical address, and dates of engagement.

# IV. Scope of Work

Failure to meet the required criteria for RCM and credentialing services could result in the disqualification of the bid.

## RCM

| Revenue Cycle Management Scope | Yes | No | Comments / Clarifications |
| --- | --- | --- | --- |
| * 1. A commitment to familiarization and a provider/patient-centered approach with FHC’s unique patient population, their needs and challenges.
 |[ ] [ ]  Click here to enter text. |
| * 1. A commitment to transparency and effective communication with FHC as the RCM partner, including holding frequent status meetings; and creating agendas and distributing meeting minutes.
 |[ ] [ ]  Click here to enter text. |
| * 1. Provide 100% “Turn-key” complete billing solution.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Post charges, adjustments, receipts and invoice for services and programs including: adult primary care, pediatrics, women’s health, behavioral health, social services, enabling services, lab, prenatal programs, vaccines programs, special grants, clinical pharmacy, refugee health services, Family Planning - Title X, Louisville Metro cancer screening, occupational health services, motor vehicle accidents, medical liabilities, work comp injuries, home health visits, RESPITE beds, flu shot clinics, various education programs, dental.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Work with external partners: Louisville Metro Public Health and Wellness, KPCA, KPCA-CIN, third party carriers, CMS, DMS, Quest and other labs, third party collection agencies, eClinicalWorks, Orchard Harvest, Waystar, etc.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Posting Charges (billable and non-billable).
 |[ ] [ ]  Click here to enter text. |
| * + 1. Clearinghouse Claim generation, submission & verification including crossover claims, secondary payors, tertiary payors, worker compensation, etc.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Claim denial review, unpaid claims follow-up.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Appeal denied claims.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Payment Posting & adjudication.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Process electronic payments via patient portal.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Coding verification, support, and correction including applying modifiers as appropriate and identified trends by provider to support ongoing education and improvement.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Coordinating Collections on Patient Balances.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Daily Deposit Tracking/Reporting.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Provide a dedicated line for FHC’s patients for management of billing questions and concerns Reviewing Patient and Insurance Overpayments.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Respond to and answer patient billing related questions.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Bad Address Corrections – assist with Escheatment/Unclaimed Property.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Patient Monthly Statements.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Clearing out Clinical Encounter Errors.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Ensuring patient account accuracy: registration, insurance information, demographics, slides, consent forms, etc.
 |[ ] [ ]   |
| * + 1. Assist with Insurance eligibility verification and training for the Front Office.
 |[ ] [ ]    |
| * + 1. Unapplied Credits.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Insurance payment verification via bank statement.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Insurance refund requests.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Insurance credit card payment processing and posting.
 |[ ] [ ]  Click here to enter text. |
| * + 1. PPS, Medicare & Medicaid Wrap payment setup and optimization .
 |[ ] [ ]  Click here to enter text. |
| * + 1. Develops, builds, and documents RCM workflows and policies in eCW
 |[ ] [ ]  Click here to enter text. |
| * 1. Month end reporting: charges, adjustments, receipts, denials, visits/encounters, productivity, CPT/ICD code utilization, AR, bad debt, clinical and business line performance, other RCM metrics,.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Recurring and ad hoc data reports, including accounts receivables and aging detail, total revenue and reimbursements, bad debt, unbilled charges, charge reconciliation, denial trends by reason code, etc., with an eye on industry standard KPIs and annual UDS (Table 5, 9D and 9E) needs and other reporting functions as required.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Describe your process for selecting what RCM reports, dashboard reporting your organization will provide.
 |[ ] [ ]  Click here to enter text. |
| * 1. Describe expertise in eClinicalWorks, including EHR setup and modification, and staff training.
 |[ ] [ ]  Click here to enter text. |
| * 1. Provide a detailed description of the team or teams with which FHC will work, including details as to where the assigned team is located as pertains to business hours and accessibility.
 |[ ] [ ]  Click here to enter text. |
| * 1. Describe your staffing model, including recruiting and training/development.
 |[ ] [ ]  Click here to enter text. |
| * 1. Describe your vision for an ongoing cadence of work regarding the frequency of meetings, reporting, onsite visits, etc.
 |[ ] [ ]  Click here to enter text. |
| * 1. Describe training solutions for FHC (Front Office and Centralized Call Center) front office staff and providers, nursing/medical assistant staff to manage denials, including coding education.
 |[ ] [ ]  Click here to enter text. |
| * 1. Describe knowledge base of KY Medicaid.
 |[ ] [ ]  Click here to enter text. |
| * 1. Support annual Fee schedule analysis, rate setting and maintenance and contract support.
 |[ ] [ ]  Click here to enter text. |
| * 1. Support FHC’s internal quarterly compliance and coding audit process.
 |[ ] [ ]  Click here to enter text. |
| * 1. Support annual financial audit and report.
 |[ ] [ ]  Click here to enter text. |
| * 1. Manage payor contracts.
 |[ ] [ ]  Click here to enter text. |
|  |[ ] [ ]  Click here to enter text. |
| * 1. Describe data back up configuration and HIPAA compliance safeguards.
 |[ ] [ ]  Click here to enter text. |
| * 1. HRSA OSV assistance and support.
 |[ ] [ ]  Click here to enter text. |
| * 1. Ensure compliance with HRSA Center Program Compliance Manual (Chapters 9, 15 and 16).
 |[ ] [ ]  Click here to enter text. |
| * 1. Perform hard close
 |[ ] [ ]  Click here to enter text. |
| * 1. List all other services provided not mentioned here.
 |[ ] [ ]  Click here to enter text. |
| * 1. List all RCM services company is not able to provide.
 |[ ] [ ]  Click here to enter text. |
| * 1. Commitment for a minimum two-year initial contract, renewable annually; if the RCM anticipates changes to rates within the first three years, a summary of these changes shall be provided as part of the proposal.
 |[ ] [ ]  Click here to enter text. |
| * 1. Provide commission fee of monthly collected revenue and any other associated fees for service.
 |[ ] [ ]  Click here to enter text. |

## Credentialing

| Credentialing Scope | Yes | No | Comments / Clarifications |
| --- | --- | --- | --- |
| * 1. Provide 100% complete credentialing solution (excluding primary source verification).
 |[ ] [ ]  Click here to enter text. |
| * + 1. Conduct gap assessment to determine credentialing needs for each provider and locations.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Provider Medicare and Medicaid enrollment, revalidation and maintenance.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Credentials all new facilities with CMS, DMS, and third-party, and commercial carriers.
 |[ ] [ ]  Click here to enter text. |
| * + 1. CAQH applications, registration/maintenance, including re-attestations, tracking and updating expiring contracts.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Commercial & third-party enrollment, credentialing, & re-credentialing.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Maintains all licensures with all State and Federal agencies for all providers.
 |[ ] [ ]  Click here to enter text. |
| * + 1. State Health Exchange Plan enrollment.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Maintain NPI files.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Tracking applications from submission date to enrollment.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Address credentialing-relating billing denials and issues.
 |[ ] [ ]  Click here to enter text. |
| * + 1. Tracking applications to health plans.
 |[ ] [ ]  Click here to enter text. |
| * 1. Work directly with FHC medical support and provider staff to obtain primary source verification documents.
 |[ ] [ ]  Click here to enter text. |
| * 1. Provide pricing for credentialing services.
 |[ ] [ ]  Click here to enter text. |

## Transition Plan

| Transition Plan | Yes | No | Comments / Clarifications |
| --- | --- | --- | --- |
| * 1. Provide transition plan, including assessment of performance, strategy to minimally impact current operations, and overall timeline.
 |[ ] [ ]   |
| * 1. List what access privileges will need to be granted.
 |[ ] [ ]   |

# V. Pricing and Terms

## RCM and Credentialing Pricing

Vendors responding to the bid process will be responsible for the timely delivery of all of all services listed in this document. Please provide a complete description of the RCM, credentialing, and other services included in your bid response as well as a detailed timeline for delivery.

When submitting the RFP response, include: the percentage contingency fee for full RCM of monthly collected revenue, credentialing fee structure, and any additional fees. No verbal agreements will be considered during the bid process. The quality of the response to the RFP will be viewed as an example of the vendor’s capabilities. Quoted prices and discounts are to be guaranteed for at least 240 days from the bid close date.

## Terms

The payment terms must be clearly defined in the RFP response.

## Default

1. Family Health Centers may, subject to the provisions of below, by written notice of default to the vendor; terminate the whole, or any part, of this purchase in any of the following circumstances:
2. If the vendor fails to perform the agreed upon services within the time specified.
3. If the vendor fails to perform any of the other provisions of the purchase agreement, or so fails to make progress as to endanger performance of this purchase agreement in accordance with its terms, or in either of these two circumstances does not cure such failure within a period of 30 days after receipt of notice from the department specifying such failure.
4. In the event FHC terminates this purchase agreement in whole or in part as provided FHC may procure, upon such terms and in such manner that are deemed appropriate by FHC, supplies or services similar to those terminated. In this circumstance the vendor shall be liable to FHC for any excess costs for such similar supplies or services.
5. The vendor shall not be liable for any excess of costs if acceptable evidence has been submitted to FHC that failure to perform the purchase agreement was not due to negligence of the vendor.

**-- End of RFP --**