

Request for Proposals

Direct Primary Care and Near Site Clinic Services

North Central Health Care

RFP Information	Details
RFP Number	2026-NCHC004
Issue Date	September 21, 2026
Proposal Due	September 28, 2026, at 12:00 p.m. Central Time
Anticipated Contract Start	January 1, 2027
Procurement Contact	Casey Wilson Manager of Procurement cwilson@norcen.org 715-848-4424

Proposals must be submitted in accordance with the instructions and deadlines in this RFP.

1 Purpose and Overview

North Central Health Care (NCHC) invites qualified organizations to submit proposals to provide direct primary care and near-site clinic services for eligible NCHC employees and covered members. NCHC is self-funded and is pursuing a flexible, high-value primary care strategy that improves timely access, supports prevention and chronic condition management, coordinates effectively with NCHC's third-party administrator and other partners, and produces measurable clinical and financial value.

NCHC requires practical in-person access for eligible members in Marathon, Lincoln, and Langlade Counties, with access in or near Wausau, Merrill, and Antigo, no later than January 1, 2027. NCHC cannot guarantee employer-controlled clinic space, equipment, staffing, or related infrastructure in any community. Respondents may use established near-site locations, committed partner locations, scheduled mobile or rotating services, or another clearly defined model, but must identify the location, schedule, staffing, capacity, contractual commitments, and contingencies for each county. Telehealth alone, general network access, or an uncommitted future expansion plan will not satisfy this requirement.

2 About NCHC

NCHC is a governmental health and human services organization serving Marathon, Lincoln, and Langlade Counties in Wisconsin. Additional information concerning the eligible population, work locations, current claims experience, and benefit plan may be provided during the procurement process subject to applicable confidentiality requirements.

Planning Information	NCHC Detail
Primary service area	Marathon, Lincoln, and Langlade Counties
Preferred access markets	Wausau, Merrill, and Antigo
Estimated eligible employees	Approximately 650 total employees; final benefit-eligible count to be confirmed
Estimated covered members	Not yet finalized; respondent must state enrollment and pricing assumptions
Current medical TPA	TPA transition effective January 1, 2027; integration details will be coordinated with the selected respondent
Plan year	January 1 through December 31

3 Procurement Schedule

Milestone	Date
RFP issued	September 21, 2026
Deadline for written questions	September 23, 2026, at 12:00 p.m. Central Time

Milestone	Date
NCHC responses or addendum issued	September 24, 2026, by 5:00 p.m. Central Time
Proposal submission deadline	September 28, 2026, at 12:00 p.m. Central Time
Finalist interviews or demonstrations, if requested	September 30, 2026
Notice of intent to award	October 2, 2026
Protest period	Five business days after notice; anticipated through October 9, 2026
Contract negotiations and approvals	October 2 through October 16, 2026
Implementation period	October 19 through December 31, 2026
Services begin	January 1, 2027

NCHC may revise this schedule by written addendum.

4 Scope of Services

The selected respondent will provide a comprehensive direct primary care program. At a minimum, the proposal must address the following services and capabilities.

4.1 Mandatory Minimum Qualifications

NCHC will first review each proposal for responsiveness. A respondent must affirm and substantiate every minimum qualification below. NCHC may reject a proposal as nonresponsive if a minimum qualification is not met or is supported only by a conditional, speculative, or materially incomplete response.

- The respondent is legally authorized to provide the proposed services in Wisconsin and will use appropriately licensed and credentialed clinicians.
- The respondent will make the proposed DPC program fully operational for NCHC no later than January 1, 2027.
- The respondent will provide practical in-person DPC access in Marathon, Lincoln, and Langlade Counties, with an identified and committed service location or scheduled service arrangement in or near Wausau, Merrill, and Antigo, by January 1, 2027. Telehealth alone does not satisfy this qualification.
- The respondent has sufficient clinical and operational capacity, or a documented and contractually supportable implementation plan, to serve NCHC's eligible population without materially reducing appointment access.
- The respondent will provide firm pricing, a five-year cost projection, required insurance evidence, and acceptance of applicable privacy, cybersecurity, public-records, and contracting requirements, subject to disclosed exceptions.

4.2 Required Services

- Routine primary care, preventive care, health screenings, wellness visits, and age-appropriate immunizations.
- Same-day or next-day access for acute, non-emergency conditions, including clear escalation pathways for urgent and emergency needs.
- Chronic condition identification, monitoring, treatment, and care planning, including coordination with specialists and the member's other providers.
- Medication management, prescription support, laboratory and diagnostic testing strategy, and transparent identification of services or supplies billed outside the fixed fee.
- Virtual care and secure member communication when clinically appropriate.
- Care navigation, referrals, and coordination designed to use high-quality and cost-effective downstream services.
- Member outreach, education, engagement, and appointment support.
- Occupational health services, if offered, with separate pricing and a clear description of services.
- Coordination with NCHC, its TPA, pharmacy benefit manager, broker or consultant, stop-loss carrier, and other authorized partners.
- NCHC-specific reporting on access, utilization, outcomes, engagement, member experience, referrals, and financial value.

5 Required Proposal Content

Respondents must organize proposals in the order below and answer every item. If an item does not apply, state that it does not apply and explain why. Clearly identify any assumptions, dependencies, exceptions, or services that require additional fees.

5.1 Executive Summary

- Summarize the proposed model, service locations, distinguishing features, implementation approach, and total pricing.
- Identify the legal entity that would contract with NCHC and any parent, affiliate, subcontractor, or clinical partner involved in delivery.

5.2 Implementation and Readiness

- Affirm that all required services and three-county in-person access will be fully operational January 1, 2027. Provide a detailed implementation plan working backward from that date. Identify any element that is not firm and explain why; a conditional or speculative response may be deemed nonresponsive.
- Identify implementation milestones, responsible parties, required NCHC resources, data dependencies, member communications, testing, and readiness criteria.
- Describe prior implementations completed within a comparable timeframe and identify the implementation lead assigned to NCHC.
- State what contractual remedies or service credits will apply if the respondent does not meet the agreed implementation date or readiness requirements.

5.3 Geographic Access and Clinic Model

- Describe how the respondent will satisfy the mandatory requirement for in-person DPC access in Marathon, Lincoln, and Langlade Counties, with access in or near Wausau, Merrill, and Antigo, by January 1, 2027. For every site or service arrangement, provide its address or defined service area, operating status, ownership or partnership arrangement, days and hours, staffing model, parking, accessibility, anticipated opening date, and evidence that the arrangement is committed and achievable.

- State the total number of service locations or scheduled in-person service arrangements that will be available to NCHC members on January 1, 2027, and identify the number available in or near Wausau, Merrill, and Antigo. Separate locations that are currently operational from those that require build-out, contracting, staffing, regulatory approval, minimum enrollment, or another contingency.
- For each clinic location, provide the days and hours of operation, total staffed clinical hours per week, and availability before 8:00 a.m., after 5:00 p.m., on weekends, and on holidays. Identify whether all stated hours will be available to NCHC members or whether access will be limited, shared, or subject to reserved appointment blocks.
- Distinguish existing and operational sites from proposed, conditional, partner, mobile, rotating, or future sites. Identify all contingencies, including minimum enrollment requirements.
- Provide the estimated travel distance and time from NCHC's principal employee work locations to each proposed site.
- If the respondent proposes partner, mobile, rotating, or other nonpermanent access in a market, describe the exact schedule, location, staffing, appointment capacity, member experience, continuity plan, and contractual commitment. Explain how the model will provide reliable access beginning January 1, 2027; virtual care may supplement but may not replace the required in-person access.
- Explain all facility requirements associated with the proposal. NCHC cannot provide employer-controlled on-site clinic access in Wausau, Merrill, and Antigo and does not guarantee that NCHC-owned clinic space will be available in any market.
- Describe the respondent's philosophy regarding on-site clinics. Explain when an on-site model is preferable to a near-site model, the expected effect on utilization and time away from work, the population needed to support the model, and how capacity would be protected when a clinic serves multiple employers.
- Identify any exclusivity, minimum participation, facility, lease, equipment, or employer contribution requirements.

5.4 Experience and References

- Describe the respondent's experience providing direct primary care or employer-sponsored clinic services to self-funded employers and governmental entities.
- Provide three references for current or recent clients with more than 500 covered members. For each reference, provide the organization, contact name and title, email, telephone, covered population, service model, locations, contract dates, and services provided.
- Disclose any client contract terminated for cause or material performance issue within the past five years and explain the circumstances and resolution.

5.5 Access and Member Experience

- State the expected and guaranteed wait time for urgent, routine, preventive, and new-patient appointments. Report the metric definition, measurement method, current performance, and proposed contractual standard.
- Describe same-day and next-day availability, after-hours support, virtual care, scheduling channels, cancellation practices, and accommodations for members with disabilities or limited English proficiency.
- Provide proposed clinic hours by location, including evening or weekend availability.
- Describe how operating hours and appointment capacity will serve employees working PM, NOC, weekend, part-time, 10-hour, and 12-hour schedules; community-based employees who may begin or end their workday from home; direct-care employees who may have limited ability to leave an assigned unit; and covered spouses or dependents who do not report to an NCHC worksite.
- Describe how appointment capacity will be monitored and adjusted. State provider-to-member capacity assumptions and the trigger for adding provider hours or staff.

- Describe the member complaint, grievance, satisfaction, and service-recovery processes.

5.6 Clinical Services and Care Coordination

- Provide a complete list of included clinical services and a separate list of excluded services or services subject to additional charges.
- Describe the clinical care model, appointment lengths, continuity expectations, panel management, prevention strategy, chronic condition management, behavioral health integration, and referral practices.
- Describe the credentialing, licensure, background screening, supervision, and quality oversight processes for all clinical staff.
- Explain how the clinic will coordinate with a member's existing primary care provider, specialists, hospitals, pharmacies, and other providers and avoid duplication or fragmented care.
- Describe laboratory, imaging, pharmacy, vaccine, supply, and diagnostic arrangements, including which costs are included in the fee and which are separately billed.

5.7 Staffing and Continuity

- Provide the proposed staffing plan by location and role, including physicians, advanced practice clinicians, nurses, medical assistants, care navigators, and administrative staff.
- Identify whether staff will be dedicated to NCHC or shared, and describe coverage during absences, turnover, vacancies, and demand surges.
- Provide staff qualifications, recruitment status, anticipated start dates, turnover rates, and contingency plans for difficult-to-fill positions.
- Describe how members will maintain continuity with a clinician or care team.

5.8 Technology and Integration

- Identify the electronic health record, scheduling platform, member portal, telehealth platform, and reporting technology used.
- Describe required eligibility, claims, pharmacy, laboratory, referral, and other data exchanges. Provide file specifications, frequency, implementation responsibilities, and any interface fees.
- Describe integration capabilities with NCHC's TPA and other benefit partners, including experience changing TPAs.
- Describe uptime standards, disaster recovery, business continuity, cybersecurity controls, independent security assessments, incident response, and notification timeframes.

5.9 Reporting and Performance Measurement

- Confirm that NCHC will receive organization-specific utilization and performance reporting. Identify each report, metric, data source, reporting lag, delivery schedule, and available drill-down levels.
- State how quickly standard monthly, quarterly, annual, and ad hoc reports will be available after the close of the reporting period.
- Attach actual de-identified examples of standard reports and dashboards. Marketing samples without metric definitions are insufficient.
- Describe how the respondent measures access, utilization, engagement, member experience, clinical quality, preventive care gaps, chronic condition outcomes, referrals, avoidable emergency department use, and financial impact.
- Explain the methodology, assumptions, attribution, and validation used for savings or return-on-investment calculations. Identify whether results can be independently validated using NCHC or TPA data.
- Provide the respondent's estimated return on investment for three current or recent employer clients of comparable size and service scope. For each example, state the number of eligible employees and covered members, clinic model, number and type of locations, measurement period, total program cost,

gross and net estimated savings, and calculated ROI. Identify whether the result reflects actual experience or a projection. Employer names may be omitted when required by confidentiality obligations, but the remaining information must be sufficiently detailed for NCHC to evaluate comparability.

- For each of the three ROI examples, provide the complete calculation methodology and state which savings categories are included, such as medical claims, pharmacy claims, avoided emergency or urgent care, productivity, absenteeism, workers' compensation, occupational health, or other benefits. Present medical and pharmacy savings separately from productivity or other indirect savings; disclose trend assumptions, comparison groups or baselines, risk adjustment, attribution rules, data exclusions, vendor fees, implementation costs, and any offsets for increased utilization.
- State whether each ROI result was calculated by the respondent, the employer, an independent evaluator, or another party and whether it was validated using claims or TPA data. If the respondent cannot provide three comparable ROI examples, explain why and provide the most comparable evidence available. NCHC may request supporting documentation or permission to verify the results during finalist evaluation.
- State whether NCHC may receive row-level de-identified data and exportable data files, subject to privacy requirements, at no additional charge.

5.10 Privacy Compliance and Data Ownership

- Describe compliance with HIPAA and other applicable federal and Wisconsin privacy and health care laws. Confirm willingness to execute an appropriate business associate agreement and data use agreement.
- Identify who owns clinical records, eligibility files, utilization data, reports, analytics, and derived data. Describe NCHC's access and export rights during and after the contract.
- Disclose all proposed uses of identifiable, de-identified, or aggregated NCHC data, including product development, benchmarking, artificial intelligence, research, or sale. Identify any opt-out or approval rights.
- Describe record retention, secure destruction, breach response, cyber insurance, and transition support at contract termination.

5.11 Pricing and Financial Terms

- Complete the pricing schedule in Section 6 and provide all assumptions.
- Identify every implementation, membership, clinical, facility, laboratory, vaccine, technology, interface, reporting, travel, equipment, and termination fee.
- Describe any minimum member count, minimum monthly payment, utilization band, risk adjustment, reconciliation, inflation factor, or price escalator.
- Provide pricing guarantees for the initial term and renewal periods. State whether pricing changes if enrollment or geographic distribution differs from estimates.
- Describe proposed performance guarantees, amounts at risk, measurement periods, exclusions, and remedies.
- Identify any shared-savings, risk-based, or return-on-investment arrangement and provide complete calculation methodology.

5.12 Contract and Organizational Risk

- Identify requested contract term, renewal structure, termination rights, transition obligations, and any proposed exclusivity.
- Confirm ability to provide required insurance coverage and supply evidence upon request.
- Disclose pending or resolved litigation, regulatory action, licensing action, data incident, or governmental investigation within the past five years that could reasonably affect performance or NCHC's risk.

- Identify all exceptions to the RFP and any proposed contract terms. Silence will be interpreted as acceptance of the requirement, subject to final negotiations.

5.13 Minimum Qualification Certification

Provide a separate certification signed by an authorized representative that answers Yes or No to each minimum qualification in Section 4.1. For every Yes response, cite the proposal page and supporting evidence. For every No, qualified, contingent, or not-yet-final response, provide a complete explanation. NCHC may verify site commitments, partnership arrangements, staffing readiness, licenses, references, and other material representations before award.

6 Pricing Schedule

Provide firm pricing using the table below and attach a detailed pricing exhibit. Do not combine optional services with required base pricing. State whether each amount is guaranteed and identify the period of the guarantee.

Pricing Component	Amount	Basis and Assumptions
Implementation fee	\$_____	_____
Base membership fee	\$_____	PMPM / PEPM / other: _____
Minimum monthly fee	\$_____	_____
Wausau access or clinic	\$_____	_____
Merrill access or clinic	\$_____	_____
Antigo access or clinic	\$_____	_____
On-site clinic option	\$_____	Staffing, hours, facility assumptions
Virtual care	\$_____	Included / additional
Occupational health	\$_____	Attach unit pricing
Laboratory and diagnostics	\$_____	Included services and pass-through costs
Reporting and data feeds	\$_____	Standard, custom, and interface fees
Other	\$_____	Identify all other charges

Provide a five-year cost projection using NCHC's stated enrollment assumptions and show each year separately. Include the maximum annual increase and the cumulative five-year cost.

7 Proposal Submission Instructions

- Submit one electronic proposal in searchable PDF format to the procurement contact by the stated deadline.
- The email subject line should state: NCHC Direct Primary Care RFP Response - [Respondent Name].
- Submit the pricing schedule as a clearly identified section or separate attachment.

- Submit all questions in writing to the procurement contact. Respondents must not contact NCHC Board members, employees, County officials, evaluators, or consultants regarding this RFP except as authorized in writing.
- NCHC may issue written addenda. Respondents are responsible for acknowledging each addendum in their proposals.
- Clearly mark any information claimed to be confidential or proprietary and provide the legal basis for the claim. NCHC cannot guarantee confidentiality and will respond to public-records requests as required by law.

8 Evaluation and Selection

NCHC intends to select the proposal that provides the best overall value. Award will not necessarily be made to the respondent offering the lowest price. NCHC may evaluate written proposals, conduct reference checks, request clarifications or best-and-final offers, interview finalists, visit proposed facilities, and negotiate with one or more respondents as permitted by applicable policy.

Evaluation Category	Weight
Practical access, geographic coverage, clinic locations, and operating hours	25 points
Clinical model, access standards, staffing, and member experience	20 points
Price and projected financial value	20 points
Implementation readiness and contractual commitments	15 points
Experience, qualifications, and references	10 points
Reporting, technology, privacy, data security, and TPA integration	10 points
Total	100 points

NCHC will first determine whether each proposal is timely, complete, responsive, and compliant with the mandatory minimum qualifications. Only responsive proposals will advance to scored evaluation. The published weights will remain fixed unless NCHC changes them by written addendum issued before the proposal deadline. Evaluators will score each category on a 0-to-5 scale and convert the rating to weighted points using the formula: category rating divided by 5, multiplied by the category weight.

- Rating 5 - Exceptional: exceeds the requirement with specific, credible, and low-risk evidence.
- Rating 4 - Strong: fully meets the requirement and provides meaningful added value.
- Rating 3 - Acceptable: meets the requirement with adequate evidence and manageable risk.
- Rating 2 - Marginal: partially meets the requirement or presents notable uncertainty or risk.
- Rating 1 - Poor: materially deficient, weakly supported, or high risk.
- Rating 0 - Unacceptable or no response: does not address the criterion or cannot meet it.

NCHC does not assign an automatic preference to an on-site clinic model or award points solely based on the number of proposed locations. After the mandatory three-county access requirement is satisfied, the access score will consider operational readiness, geographic convenience, hours, appointment capacity, continuity, and practical accessibility for NCHC's entire eligible population, including community-based employees, employees working PM, NOC, weekend, part-time, 10-hour, and 12-hour schedules, employees who cannot readily leave direct-care assignments, and covered dependents. Price will be evaluated using the complete five-year projected cost and disclosed assumptions, not only the first-year or per-member rate.

9 General Conditions

- NCHC may reject any or all proposals, waive minor irregularities, request clarification, cancel or reissue the RFP, or discontinue negotiations when determined to be in NCHC's best interest.
- All costs of preparing and submitting a proposal are the respondent's responsibility.
- A proposal constitutes an offer and may be relied upon during evaluation and negotiation. Material qualifications must be clearly stated.
- No respondent is authorized to begin work until a final agreement is approved and executed by authorized representatives.
- The selected respondent must comply with applicable laws, licensing requirements, nondiscrimination obligations, privacy requirements, and NCHC policies applicable to contracted services.
- The final agreement should address service levels, performance guarantees, audit rights, insurance, indemnification, confidentiality, cybersecurity, data rights, records access, subcontractors, pricing, termination, transition assistance, and governing law.
- Respondents must disclose actual or potential conflicts of interest and any gifts, commissions, referral arrangements, ownership interests, or other financial relationships involving NCHC, its advisors, or benefit partners.
- NCHC may verify all information and contact references or other known clients of the respondent.

9.1 Protest Process

An unsuccessful respondent that can show good cause why an award was not in NCHC's best interests may file a formal written protest with the Managing Director of Finance and Administration within five business days of the date of the notice of award. The protest must identify the Wisconsin statutes or NCHC policy provisions alleged to have been violated and state the supporting facts. The Managing Director of Finance and Administration will notify the Executive Director and review the protest in accordance with NCHC policy. A respondent may appeal that decision to the Executive Director within five working days after the decision is issued.

The notice of intent to award does not authorize work. No services may begin until the agreement has completed required review and has been signed by authorized NCHC and respondent representatives.

Appendix A Proposal Checklist

Included	Required Item
☐	Signed cover letter and executive summary
☐	Legal entity and subcontractor information
☐	January 1, 2027 implementation plan
☐	Wausau, Merrill, and Antigo access plan
☐	Operational clinic count and hours by location
☐	Three qualifying references
☐	Appointment access standards and current performance
☐	Clinical scope, exclusions, staffing, and continuity plan
☐	Technology, integration, privacy, and security responses

Included	Required Item
[]	NCHC-specific reporting schedule and sample reports
[]	Savings methodology and three comparable employer ROI examples
[]	Completed pricing schedule and five-year projection
[]	Performance guarantees
[]	RFP exceptions and requested contract terms
[]	Conflict-of-interest and litigation disclosures
[]	Acknowledgment of all addenda
[]	Signed Section 4.1 minimum qualification certification with supporting proposal citations

Appendix B Reference Form

Reference Information	Respondent Entry
Client organization	
Contact name and title	
Email and telephone	
Covered member count	
Contract dates	
Locations and service model	
Services provided	
Respondent team members assigned	

Appendix C Required Reporting Examples

Attach de-identified examples of each standard report or dashboard proposed for NCHC. For each report, complete the following information.

Reporting Element	Respondent Response
Report or dashboard name	
Purpose and intended audience	
Metrics and definitions	
Data sources	
Frequency and delivery lag	
Available filters and drill-downs	
Export formats	
Standard or additional fee	

Appendix D Respondent Certification

The undersigned certifies that the respondent has reviewed this RFP and all issued addenda; that the proposal is accurate and complete to the best of the respondent's knowledge; that the person signing is authorized to bind the respondent; that the respondent can meet every commitment identified as firm in its proposal; and that all material assumptions, contingencies, exceptions, conflicts, subcontractors, relationships, and fees have been disclosed.

Certification	Respondent Entry
Respondent legal name	
Authorized representative	
Title	
Signature	
Date	
Email and telephone	
Addenda acknowledged	