# REQUEST FOR INFORMATION

**Transportation Services**

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| **DATE ISSUED** | **November 2, 2026** |
| **DEADLINE FOR VENDOR QUESTIONS** | **November 13, 2026 by 5:00pm (MST)** |
| **DEADLINE FOR EL RIO HEALTH RESPONSE TO QUESTIONS** | **November 20, 2026 by 5:00pm (MST)** |
| **DUE DATE FOR RFI RESPONSES** | **December 4, 2026 by 5:00pm (MST)** |

**Proposals and questions must be sent to: contracts@elrio.org**

450 West Paseo Redondo
Tucson, Az 85701
Website: https://elrio.org/about/rfps/
Email: contracts@elrio.org

**MISSION STATEMENT**
El Rio Health exists to provide accessible, high quality, and compassionate healthcare to the communities of southern Arizona. As a Federally Qualified Health Center (FQHC), El Rio Health is committed to serving all patients regardless of their ability to pay.

**ABOUT EL RIO HEALTH**
Since El Rio Santa Cruz Neighborhood Health Center, Inc. began in 1970, it has grown from 10,000 patients to over 130,000 patients and currently serves 1 in 9 community members for primary, dental, and behavioral health care services. We are proud to be one of the most innovative and highly regarded, non-profit health centers in the United States. Our focus is on positive outcomes and treating the whole person. Annual revenues are approximately $334 million per year, and the organization has more than 1,900+ dedicated employees. Our health care is delivered by compassionate, professionally trained, and integrated health teams who give from their hearts to provide world class care. Our motto is "Your Health is Our Passion."

El Rio Health provides comprehensive health care services at 15 locations across Tucson. Our patient-centered healthcare teams include Family and Adult Medicine practitioners, Pediatricians, OB/GYN's, Midwives, Nurses, Nurse Practitioners, Medical Assistants, Dentists, Health Coaches, Pharmacists, Licensed Clinical Social Workers, Physical Therapists, Behavioral Health professionals, Community Health Advisors, and Referral Specialists.

El Rio Health receives funding from health insurers, patient co-pays, reduced patient fees from those that qualify for a sliding fee scale and government grants and private donations to the El Rio Health Foundation. El Rio Health is a 501(c)(3) non-profit organization, as well as a Federal Tort Claims Act Deemed Facility and receives Health & Human Services funding and has Federal Public Health Service deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

## 1. INTRODUCTION AND PURPOSE

El Rio Health invites qualified transportation and healthcare delivery service providers to provide information regarding their capabilities, operational resources, service models, technology, insurance protection, and preliminary costs for services throughout Tucson, Arizona, and surrounding service areas.

El Rio Health currently operates these services internally. This RFI is intended to evaluate fully outsourced, hybrid, and supplemental arrangements. It is an information-gathering exercise only and does not represent a decision to outsource or an offer to contract.

## 2. SCOPE OF SERVICES

Supply delivery is expressly excluded from this nine route RFI. Vendors should describe full route and partial route capacity, backup/float staffing, vehicles, dispatch, GPS, and continuity support.

| Service Category | Routes | Service Model |
|---|---|---|
| Courier Services | 2 | Fixed schedule routes |
| Laboratory Transportation | 3 | Fixed schedule routes |
| Prescription Home Delivery | 4 | Patient residential deliveries |

## 3. SERVICE REQUIREMENTS

### a) Courier Services – 2 Fixed Scheduled Routes

Courier drivers collect, transport, distribute, exchange, and rotate materials between El Rio Health facilities. This is not a dock-to-dock delivery service: drivers must visit multiple designated departments or service areas within each clinic.

**Materials transported**: Organizational mail and documents; HIM secured medical record containers; financial deposits and money bags; inter-pharmacy bins; medical oxygen cylinders; used/contaminated reusable medical instruments in designated red biohazard bins; clean, processed, packaged medical instruments; and other authorized courier materials.

Follow fixed routes and established pickup/delivery windows; collect assigned materials at the two designated hub clinics before starting scheduled routes.

i. Perform multiple internal pickups and deliveries per clinic, including HIM-bin, pharmacy-bin, and money-bag exchanges and rotations.
ii. Maintain documented custody and accountability for money bags, records, medications or pharmacy bins, and other transported property.
iii. Secure medical oxygen cylinders and follow applicable compressed-gas transportation safety and driver-training requirements.
iv. Use designated biohazard containers for contaminated instruments; protect clean packaged instruments and segregate clean and contaminated materials to prevent cross-contamination.
v. Report missing materials, damaged containers, compromised packaging, spills, delays, and other incidents; provide qualified replacement coverage.

**Estimated clinic service time**: Approximately 20-30 minutes per clinic for internal collections, deliveries, and material rotations, separate from driving time and initial hub collection. Actual times vary by clinic and workload. Vendor staffing, scheduling, vehicle capacity, and pricing must reflect these activities.

### b) Laboratory Transportation – 3 Fixed Scheduled Routes

Transport laboratory specimens and related materials between designated clinics and processing facilities, following all existing pickup schedules, delivery windows, specimen-handling conditions, route-completion requirements, and Friday schedule adjustments.

i. Maintain appropriate specimen security, identification, tracking, chain of custody, and required handling conditions.
ii. Provide appropriate coolers and temperature control for specimens.
iii. Pick up materials at the two designated hub clinics before beginning routes
iv. Follow applicable biohazard and infection-prevention procedures and promptly report incidents or delays.
v. Provide backup drivers and vehicles and obtain El Rio Health approval before changing fixed route times.
vi. Allow for approximately 20-30 minutes of service time per clinic.

c) **Prescription Home Delivery – 4 Routes**

These four routes deliver prescriptions directly to patients at residential addresses and are distinct from inter-facility pharmacy-bin transportation performed by Couriers. They require direct patient interaction and must not be treated as unattended package delivery.

i. Verify patient information and the authorized recipient before releasing prescriptions; obtain and record a signature for each completed delivery.
ii. On arrival, knock at the door or window as appropriate. If there is no response, the driver must telephone the patient using the number on the delivery receipt.
iii. If the driver cannot reach the patient, contact El Rio Health Dispatch/office so staff can make a second telephone attempt using the receipt number or additional numbers in Pharmacy records.
iv. If delivery remains unsuccessful, leave an approved door tag directing the patient to contact Pharmacy to reschedule; never leave medications unattended.
v. Return all undelivered prescriptions to the designated Pharmacy and document the attempted delivery and medication return.
vi. Collect and safeguard applicable copayments, document payments, and return all collected copayments to the Pharmacy for reconciliation at route completion.
vii. Protect patient confidentiality and comply with El Rio Health pharmacy delivery procedures, including medication security and required handling conditions.

## 4. OPERATING SCHEDULE AND COVERAGE

Courier and Laboratory routes are fixed scheduled services. Vendors must maintain established pickup/delivery windows and provide qualified replacement drivers and vehicles for PTO, absences, breakdowns, emergencies, and volume changes. Any proposed schedule changes require prior El Rio Health approval. Friday Laboratory rows describe the same three laboratory routes, not additional routes.

| Service | Routes | Hours | Days |
|---|---|---|---|
| Courier | 2 | 8:00am – 5:00pm | Mon-Fri |
| Laboratory Route 1 | 1 | 9:00am-6:00pm | Mon- Fri |
| Laboratory Routes 2-3 | 2 & 3 | 10:00am-7:00pm | Mon-Thu |
| Laboratory (Friday) | 2 | 10:00am-7pm | Friday |
| Laboratory (Friday) | 3 | 11:00am-8:00pm | Friday |
| Prescription Home Delivery | 4 | 8:00am-5:00pm | Mon-Fri |

## 5. OPERATIONAL LOCATIONS

| Facility | Address |
|---|---|
| Abrams Health Center | 3950 S. Country Club Road, Ste 130 Tucson, Az 85714 |
| Center of Opportunity | 4550 S. Palo Verde Road, Tucson, Az 85714 |
| Cherrybell Health Center | 1230 S. Cherrybell Stravenue, Tucson, Az 85713 |
| Congress Health Center | 839 W. Congress Street, Tucson, Az 85745 |
| El Pueblo Health Center | 101 W. Irvington Road, Bldg 10, Tucson, Az 85714 |
| Grant Health Center | 3655 E. Grant Road, Tucson, Az 85716 |
| HealthOn Broadway | 1 W. Broadway Blvd., Ste 151, Tucson, Az 85701 |

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| HealthOn University | 434 E. University Blvd, Ste 100, Tucson, Az 85705 |
| Manning House | 450 W. Paseo Redondo, Tucson, Az 85701 |
| OB/GYN Associates | 225 W. Irvington Road, Tucson, Az 85714 |
| Pascua Yaqui Health Center | 7490 S. Camino de Oeste, Tucson Az 85746 |
| Southeast Health Center | 6950 E. Golf Links Road, Tucson, Az 85730 |
| Southwest Health Center | 1500 W. Commerce Court, Tucson, Az 85746 |
| Special Immunology Associates at Cherrybell | 1230 S. Cherrybell Stravenue, Ste. D, Tucson, Az 85713 |
| Stone Health Center | 4888 N. Stone Avenue, Unit 120, Tucson, Az 85704 |
| University Health Center | 434 E. University Blvd, Ste. 200, Tucson, Az 85705 |

## 6. TECHNOLOGY, DISPATCHING, AND FLEET MONITORING

### a) Driver Communication

i. Provide functioning mobile phones or equivalent approved communication devices for all assigned drivers during service hours.

ii. Enable direct and timely communication among drivers, El Rio Health dispatchers, management, and relevant clinical/pharmacy staff.

### b) Dispatch Management System

i. Provide or support a centralized dispatch system accessible to authorized El Rio Health dispatchers and management.

ii. Allow assignment and reassignment of packages and pickup/delivery tasks; monitor daily driver activity, route progress, delivery status, exceptions, and completion.

iii. Provide auditable delivery documentation that may include barcode scanning or photo documentation, status histories, reports, appropriate access controls, and user training.

iv. Geofenced delivery verification/no-drop controls.

### c) GPS Fleet Monitoring

i. Equip assigned vehicles with GPS tracking comparable in functionality to El Rio Health's current Geotab system;

ii. Geotab brand is not mandatory.

iii. Provide authorized El Rio Health staff real-time or near-real-time location visibility, trip history, route activity, safety/incident information, and reports.

iv. Describe system uptime, technical support, retention, data security, and available integrations.

v. Bar coding system for transport bins to allow for tracking of location.

## 7. VENDOR QUALIFICATIONS, INSURANCE, AND COMPLIANCE

### a) Qualifications and Fleet

i. Provide company background, healthcare transportation experience, client references, operational coverage area, and staffing capacity.

ii. Document valid drivers licenses and Motor Vehicle Record checks, screening/background checks, safe driving, privacy, healthcare material handling, biohazard/infection-prevention, oxygen-cylinder, specimen, and prescription-delivery training as applicable.

iii. Describe vehicle types, maintenance, backup capacity, securing equipment, communications, GPS, and supervisory resources.

iv. Provide appropriate uniforms and identification.

**b) Insurance Protection for El Rio Health Property**

Vendors must maintain adequate coverage for El Rio Health property and materials entrusted to their care, custody, or control during transport. Evidence must address cargo, property-in-transit, or equivalent coverage in addition to commercial automobile liability, general liability, and workers' compensation as applicable.

i. Identify coverage applicable to prescriptions and pharmacy inventory; medical equipment and instruments; supplies;
ii. HIM and pharmacy bins and contents; oxygen cylinders; and other valuable El Rio Health property.
iii. Address laboratory specimens and associated materials where insurable, and secured money bags, cash, checks, and other financial assets, including any special exclusions or endorsements.
iv. Disclose coverage limits, deductibles, exclusions, restrictions, theft/loss/damage provisions, and any gaps involving property in the vendor's custody.
v. Provide certificates of insurance and applicable endorsements on request, maintain required coverage throughout any agreement, and describe claims, incident notification, and loss-resolution procedures.
vi. Coverage limits and final contractual insurance requirements will be determined by El Rio Health Risk Management and Procurement. General liability or auto liability alone must not be assumed to cover transported property.

**c) Compliance**

Vendors must comply with applicable federal, state, and local transportation and safety requirements, relevant healthcare handling standards, privacy/HIPAA safeguards where applicable, and El Rio Health policies and procedures. All drivers must complete OSHA Department of Transportation HazMat training every 3 years.

## 8. SERVICE PERFORMANCE AND REPORTING

**a)** Report on-time performance, missed or delayed pickups/deliveries, driver attendance, route coverage, and service interruptions.
**b)** Document material custody, clinic-internal task completion, HIM/pharmacy-bin rotations, money-bag accountability, and laboratory specimen performance.
**c)** Document prescription signatures, patient contact attempts, unsuccessful deliveries, medication returns, and copayment reconciliation.
**d)** Report accidents, spills, damage, lost or stolen property, vehicle/GPS activity, corrective actions, and other exceptions.
**e)** Describe report availability, frequency, system access, and compatibility with El Rio Health reporting requirements.

## 9. BUSINESS CONTINUITY AND EMERGENCY COVERAGE

**a)** Describe contingency procedures for driver absences, staffing shortages, vehicle failures, emergency requests, high volume, severe weather, and communication or dispatch outages. Identify qualified backup drivers, vehicles, management support, and response times needed to preserve critical laboratory, courier, pharmacy operations.
**b)** Describe STAT response capability for Laboratory Transportation and Prescription Home Delivery, including expected response times.

## 10. SERVICE MODELS AND COST INFORMATION

Vendors should provide preliminary per-route, hourly, vehicle, dispatch/GPS, communication, insurance, management, training, implementation, backup, and emergency cost information. Pricing should include travel time, on-site clinic work, hub collections, material rotations, patient contact attempts, returns, payment reconciliation, and reporting. Costs are requested for internal evaluation, not public comparative disclosure.

- **a) Option A** - Fully Outsourced: Vendor supports all 9 routes, staffing, fleet, equipment, technology, insurance, and management.
- **b) Option B** - Hybrid: Vendor supports selected routes or services while El Rio Health retains internal operations.
- **c) Option C** - Supplemental/Backup: Vendor provides temporary staffing, vehicles, overflow, or emergency coverage.

## 11. REQUESTED VENDOR RESPONSE

- **a)** Company profile, healthcare references, service area, staffing, vehicle and backup capacity.
- **b)** Detailed explanation of which of the 9 routes and service categories the vendor can support, including fixed-route schedule compliance.
- **c)** Courier handling and internal-clinic service capability; Laboratory handling and timing; Prescription Home Delivery procedures.
- **d)** Driver phones, dispatch system, El Rio dispatcher access, GPS fleet visibility, reporting, data security, and technical support.
- **e)** Safety and training protocols, insurance evidence and exclusions, proposed service model(s), preliminary cost structure, and implementation timeline.

## 12. GENERAL INFORMATION

- **a)** Late submissions will not be considered unless it is determined that the delay was caused by El Rio Health mishandling the submission. All other late submissions will be unopened.
- **b)** El Rio Health cautions vendors to assure actual delivery and receipt of any proposal prior to the response deadline. El Rio Health will in no way be responsible for delays caused by any occurrence. El Rio Health will not accept or consider proposals submitted via facsimile transmission. Proposals should only be submitted by email to contracts@elrio.org .
- **c)** Alternate submissions are NOT authorized and will not be considered.
- **d)** El Rio Health will not reimburse any respondent for the cost of preparing and submitting a response to the RFI.
- **e)** Any information provided to El Rio Health as a response to this RFI shall be shared as a part of a formal solicitation.
- **f)** El Rio Health reserves the right to cancel this announcement if it is determined to be in El Rio Health's best interest.
- **g)** Any response, including written documentation and verbal communication by any respondent to this RFI, shall become the property of El Rio Health and may be subject to public disclosure.
- **h)** Persons with disabilities may request accommodation by contacting contracts@elrio.org . Please make any request for accommodation as early as possible to allow time to arrange for the request.
- **i)** El Rio Health also reserves the right to waive administrative informalities contained in any future RFQ or RFP.

## 13. DISCLAIMER

This RFI is solely for information gathering and planning. It is not a Request for Proposal, a bid solicitation, or an offer to contract. El Rio Health may modify, suspend, or cancel the process at any time, is not obligated to award any agreement, and will not reimburse response preparation costs.

**SIGNATURE OF FIRMS AUTHORIZED REPRESENTATIVE**

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|---|---|
| _____ | _____ |
| Signature | Date |
| _____ | _____ |
| Printed Name | Title |
| _____ | |
| Email and phone number | |