

# NOTICE OF INTENT TO AWARD

## TO ALL INTERESTED PARTIES:

**DATE:** June 18, 2026

**RE:** Notice of Intent to Award Request for Proposal Number: PTHORC26012  
 Request for Proposal Title: Best and Brightest Rural Healthcare Workforce Recruitment

The Iowa Department of Health and Human Services (Agency), Lucas State Office Building, Des Moines, Iowa 50319, announces its intent to award the apparent successful bidder(s):

Name of Applicant	Provider Type
Community Health Center of Fort Dodge, Inc. (Clay County)	Provider Type 1
Community Health Center of Fort Dodge, Inc. (Clay County)	Provider Type 4
Community Health Center of Fort Dodge, Inc. (Webster County)	Provider Type 4
Montgomery County Memorial Hospital	Provider Type 3
Wells Bros Pharmacy Services LLC	Provider Type 3
Greater Sioux Community Health dba Promise Health Center	Provider Type 7
Greater Sioux Community Health dba Promise Health Center	Provider Type 5
Veterans Memorial Hospital	Provider Type 2
Veterans Memorial Hospital	Provider Type 7
Aspire Health & Wellness	Provider Type 2
Montgomery County Memorial Hospital	Provider Type 4
Marengo Memorial Hospital dba Compass Memorial Healthcare	Provider Type 3

Marengo Memorial Hospital dba Compass Memorial Healthcare	Provider Type 2
Buena Vista Regional Medical Center	Provider Type 3
Palmer Lutheran Health Center	Provider Type 2
MercyOne New Hampton	Provider Type 6
MercyOne New Hampton	Provider Type 2
Belmond Community Hospital	Provider Type 7
Aspire Health & Wellness	Provider Type 1
Heartland Family Service	Provider Type 2
Orange City Area Health System	Provider Type 1
Primary Health Care, Inc.	Provider Type 4
Lucas County Health Center	Provider Type 7
Virginia Gay Hospital	Provider Type 7
Belmond Community Hospital	Provider Type 1
Ottumwa Regional Health Center	Provider Type 3
Primary Health Care, Inc.	Provider Type 2
Community Health Centers of Southeastern Iowa, Inc	Provider Type 4
Belmond Community Hospital	Provider Type 3
The Gabrielson Clinic for Women, PLC	Provider Type 1
MercyOne Oelwein Medical Center	Provider Type 2
Heartland Family Service	Provider Type 2
Knoxville Hospital & Clinics	Provider Type 2
Shelby County Chris A Myrtue Memorial Hospital dba Mrytue Medical Center	Provider Type 7
Lakes Regional Healthcare	Provider Type 1
Iowa Specialty Hospital - Clarion	Provider Type 6
Mercy Health Services - Iowa, Corp	Provider Type 2
MercyOne Elkader Medical Center	Provider Type 2

Audubon County Memorial Hospita	Provider Type 2
Knoxville Hospital & Clinics	Provider Type 7
MercyOne Newton Medical Center	Provider Type 2
Clarke County Hospital	Provider Type 2
McFarland Clinic PC (Webster City)	Provider Type 1
Family, Inc dba Firefly	Provider Type 5
McFarland Clinic PC (Carroll)	Provider Type 1
McFarland Clinic PC (Jefferson)	Provider Type 2
McFarland Clinic PC (Story City)	Provider Type 1
McFarland Clinic PC (Story City)	Provider Type 2
McFarland Clinic PC (Marshalltown)	Provider Type 1
McFarland Clinic PC (Marshalltown)	Provider Type 2
McFarland Clinic PC (Fort Dodge)	Provider Type 1
Audubon County Memorial Hospital	Provider Type 1
Infinity Health	Provider Type 4
Infinity Health	Provider Type 5
Ottumwa Regional Health Center	Provider Type 7
Adair County Memorial Hospital	Provider Type 2
Family, Inc dba Firefly	Provider Type 2
McFarland Clinic PC (Jefferson)	Provider Type 1

As provided for in the RFP, this Notice of Intent to Award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Agency and the apparent successful bidder. The bidder shall not acquire any legal or equitable rights relative to the contract services until a contract is executed. If the apparent successful bidder fails to negotiate and execute a contract with the Agency, in its sole discretion, the Agency may revoke the Notice and enter into contract negotiations with another bidder or withdraw the RFP. The apparent successful bidder(s) is advised that no project activities may be initiated, and no funds may be obligated or expended, until a written contract has been fully executed by all parties.

Any work performed or costs incurred prior to contract execution shall be at the bidder's sole risk and will not be reimbursed by the Agency. The Agency further reserves the right to cancel the Notice at any time prior to the execution of a written contract.

This RFP #PHTHORC26012 for Best and Brightest Rural Healthcare Workforce Recruitment is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling approximately \$209,040,063.71 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by CMS/HHS, or the U.S. Government.

## Reconsideration of Award Decision.

Respondents to this procurement may request reconsideration of this intent to award decision by submitting a written request via email to:  
[reconsiderationrequest@hhs.iowa.gov](mailto:reconsiderationrequest@hhs.iowa.gov)

The Agency must receive the written request for reconsideration within five calendar days of the date of a notice of intent to award, exclusive of Saturdays, Sundays, and legal state holidays. Do not deliver any requests for reconsideration to the office in person. It is the Respondent's responsibility to ensure that the request for reconsideration is received prior to the deadline.

The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP. If a Respondent submitted multiple Proposals and requests that the Agency reconsider a notice of intent to award decision for more than one Proposal, a separate written request shall be submitted for each. At the Agency's discretion, requests for reconsideration from the same Respondent may be reviewed separately or combined into one response. The Agency will expeditiously address the request for reconsideration and issue a decision. The Respondent may choose to file an appeal with the Agency within five calendar days of the date of the decision on reconsideration, exclusive of Saturdays, Sundays, and legal state holidays, and in accordance with 441 Iowa Admin. Code Ch. 7.

### Agency Contacts

Request Type	Email address
Reconsideration of award decision	<a href="mailto:reconsiderationrequest@hhs.iowa.gov">reconsiderationrequest@hhs.iowa.gov</a>
Public records requests	<a href="mailto:HHSOpenRecords@hhs.iowa.gov">HHSOpenRecords@hhs.iowa.gov</a>
Other procurement related questions	<a href="mailto:julie.jones@hhs.iowa.gov">julie.jones@hhs.iowa.gov</a>