



REQUEST for PROPOSALS

BIOMETRIC SCREENING SERVICES

PROPOSALS WILL BE RECEIVED BY

12:00 Noon, Monday October 29, 2018

in

**Purchasing Department, City Hall Building
101 North Main Street, Suite 324 Winston-Salem, NC 27101**

ADVERTISEMENT FOR PROPOSALS

Biometric Screening Services

Pursuant to N.C.G.S. 143-129.8, sealed proposals endorsed **Biometric Screening Services** to be furnished to the City of Winston-Salem will be received by the City/County Purchasing Department in Suite 324, City Hall Building, 101 North Main Street, Winston-Salem, NC **until 12:00 Noon, Monday, October 29, 2018**. Instructions for submitting proposals and/or receiving the complete RFP document specifications may be obtained during regular office hours at the same location, or by contacting Jerry Bates via email jerryjb@cityofws.org (Email is preferred) or phone 336-747-6939. The City reserves the right to reject any or all proposals.

Jerry Bates
Purchasing Director

This document IS NOT the complete proposal. To obtain the completed proposal specifications contact Jerry Bates via email jerryjb@cityofws.org, by phone 336-747-6939, or visit the Purchasing Department, City Hall Building, Suite 324, 101 North Main Street, Winston-Salem, NC during regular office hours.

INSTRUCTIONS TO PROPOSERS

Introduction

This entire set of documents constitutes the RFP. The proposer must return the RFP with all information necessary to properly analyze the proposer's response in full, in the same numerical order in which it was issued. Proposer's notes, exceptions, and comments may be rendered on an attachment, provided the same format of this RFP text is followed.

Proposer Questions and Inquiries

Proposer questions or inquires relative to this RFP must be submitted **in writing only** to Jerry Bates, City/County Purchasing Director, 101 North Main Street, Winston-Salem, NC 27101 or e-mail: jerryjb@cityofws.org (**Email is preferred**). Fax: (336) 727-2443. **All inquiries must be made by 12:00 Noon, Thursday, October 18, 2018.** The City will provide written responses to all inquiries received by this date, and responses will be made available to all recipients of this RFP. Any oral responses made by any representative of the City may not be relied upon. Any supplements or amendments to this RFP will be in writing and furnished to potential bidders.

RFP Response Submission

All proposals must be submitted to the City/County Purchasing Department in Suite 324, City Hall Building, 101 North Main Street, Winston-Salem, NC 27101 **by 12:00 Noon, Monday, October 29, 2018.** **Late proposals will not be considered.** Proposals must be submitted in a **sealed container/envelope** containing **one original (please mark document as original)** proposal showing original signatures and seals, **and one (1) copy** of the complete proposal. In addition to the two (2) paper copies, **please include one (1) electronic copy** of your proposal in PDF format on CD, flash drive or other electronic media containing only the information included in the hard copy version of the proposal and clearly labeled with the Company Name and RFP name. **Submittals will not be accepted by fax or electronic mail.**

The City will not be obligated for the expenses of any provider arising out of preparation and/or submittal of responses to this RFP. Any and all proposals to this RFP are to be prepared at the cost and expense of the respondents, with the express understanding that there may be no claims whatsoever for the reimbursement of any costs, damages, or expenses relating to this procurement from the City or any other party for any reason (including the cancellation of this RFP).

Proposals must be made in the official name of the individual, firm, or corporation under which the business is conducted (showing official business address) and must be signed in ink by a person duly authorized to legally bind the business entity submitting the proposal.

All proposals should be complete and carefully worded and must convey all of the information requested by the City. If errors or exceptions are found in the proposal, or if the proposal fails to conform to the requirements of the RFP, the City will be the sole judge as to whether that variance is significant enough to reject the proposal.

Proposals should be prepared simply and economically. All data, materials, and documentation shall be available in a clear, concise form. The City reserves the right to reproduce proposals for internal use in the evaluation process.

SELECTION PROCESS AND EVALUATION CRITERIA

A. SELECTION PROCESS

The City reserves the right to act as sole judge of the content of the proposals submitted for the City's evaluation/selection.

B. EVALUATION CRITERIA

Below is a description of the evaluation criteria that will be used to evaluate the proposals. To be deemed responsive, it is important for the firm's proposal to contain appropriate detail to demonstrate satisfaction of each criterion and compliance with the performance provisions outlined in this RFP. The proposal will be the primary

source of information used in the evaluation process. Proposal must contain information specifically related to the proposed services requested in this RFP. Failure of any firm to submit information requested may result in the elimination of the proposal from further evaluation.

- **M/WBE Commitment**
Proposer’s efforts to comply with all the terms and conditions of the City of Winston-Salem’s Minority and Women Business Enterprise (M/WBE) Program through award of subcontracts to minority and women-owned business enterprises and utilization of minority and women owned business enterprise suppliers to the fullest extent consistent with the efficient performance of this contract. **Please refer to pages 13 through 25**
- **Local Business (Distance from City)**
Proposer’s business location/distance from the City of Winston-Salem.
- **Quality of Proposal:** Meets RFP requirements, readability and flow of proposal, the respondent’s responsiveness and compliance with the RFP requirements and conditions. The respondent’s demonstrated ability, capacity, and skill to fully provide the services requested by the City through this RFP.
- **Qualifications and Experience-** Describe your firm and provide a statement of the firm’s qualifications for performing the requested services. Identify which services would be completed by your firm’s staff and those that would be provided by sub -consultants, if any. Proposers should submit at least three (3) references, for similar services performed within the past five (5) years, preferably with governmental entities.
- **Price-** The total cost of providing all the required services and/or additional cost needed to provide services that may not be included the basic cost structure. Cost will be evaluated for budget constraints, method of costing, and comparisons of cost in relation to other competitive proposals.

C. EVALUATION PROCESS

Proposals will be evaluated for quality, completeness, and price value to the City of Winston-Salem by an Evaluation Panel. Selection shall be made from all offers deemed to be fully qualified and best suited among those submitting proposals based on the evaluation of factors included in the RFP, including price. Price shall be considered, but need not be the sole determining factor. The Evaluation Panel may cancel this RFP or reject proposals at any time prior to an award and is not required to furnish a statement of the reason why a particular proposal was not deemed the most advantageous.

The City reserves the right, as part of the selection process, to request on-site (or virtual) demonstrations and/or presentations. In the event that such demonstrations or presentations take place, proposers will be selected for this process based on scores derived from the scoring matrix, which includes M/WBE participation, local availability, and all other applicable criteria. The scoring of the demonstration or presentation must be based upon the criteria from one or more of the original evaluation factors. After the demonstrations or presentations, each proposer will then be re-graded on the same criteria. The number of proposers chosen to take place in the demonstration/presentation process is subject to administrative discretion.

The following weighted scale will be utilized by the Evaluation Panel to evaluate and score each proposal:

Evaluation Criteria	Weight
MWBE Commitment	20.00
Distance from the City of Winston Salem	20.00
Quality of the Proposal	20.00
Qualifications and Experience	20.00
Price	20.00

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City of Winston-Salem Request for Proposals **Biometric Screening Services**

Introduction

The City of Winston-Salem seeks a qualified vendor to provide biometric screening services for the City's insured employees/retirees including: (1) administration of biometric screening services, (2) provision of confidential test results to each participant (3) provision of an aggregate report of de-identified data collected to the City and (4) provision of a cotinine report to the City that indicates the tobacco use status for each participant.

The City of Winston-Salem is interested in giving each biometrics screening participant valuable information regarding their cardiovascular health (cholesterol levels, blood pressure, height, weight, BMI), blood sugar and tobacco use status. Each of these tests, along with other medical information, are proven indicators of a person's current general health status as well as predictors of future medical problems. The City believes that efforts to improve each individual's health and well-being will have a positive effect on their quality of life and, over time, help us maintain or reduce overall health care costs.

It is the goal of the City of Winston-Salem to continue to use aggregate data collected via biometric screening to make evidence-based decisions for development of (1) holistic wellness programming (2) insurance/benefits plan designs that complement our wellness goals and (3) City policies to support efforts aimed at addressing negative health trends identified in the populations screened.

It is important that we maintain employee/retiree satisfaction throughout the entire process beginning with smooth and simple registration procedures, screening performed by qualified skilled professionals, accurate and timely reporting of test results, and a dispute resolution process for use when screening results are questioned. The selected service provider must demonstrate that they have successfully implemented biometric screening for clients with similar employee populations.

Background Information

In 2006, the City of Winston-Salem decided to become more proactive in its efforts to improve employee/retiree health by promoting better lifestyle choices beginning with tobacco cessation. It has been well documented that the use of tobacco products can lead to a variety of serious illnesses and have a devastating impact on many existing medical conditions. The City continues to provide significant support to assist employees/retirees in their quest to stop using tobacco by encouraging them to attend tobacco cessation classes free of charge and offered during work hours without using leave time. The City also removed a major financial barrier by paying 100% of the cost of approved tobacco cessation aids for employees/retirees. In 2010, the City's senior management introduced a proactive policy change by banning the use of tobacco products in all City facilities and vehicles making the City of Winston Salem a tobacco-free workplace. The result has been a 33.4% reduction in the number of biometric screening participants testing positive for tobacco use.

The City gives employees/retirees a greater opportunity to learn more about their individual health conditions through voluntary participation in biometric screening. To encourage employees/retirees to participate in biometric screening the City offers highly effective incentives: \$50/month discount on health insurance premiums and access to maintenance medications at a \$0 copay. Although requirements to qualify for these incentives have evolved over the years, presently, only employees/retirees who are tobacco-free as verified by cotinine testing performed at biometric screening or employees/retirees who are tobacco users but complete a City-approved tobacco cessation program are eligible to receive these incentives. We do not require that thresholds for any of the other metrics measured through biometric screening be met for participation in the wellness premium.

Biometric screening has now become an integral part of the City’s holistic approach to employee well-being. In FY 2018, 1,765 employees/retirees participated in biometric screening. City employees/retirees are encouraged to take responsibility for their own health and well-being. Information provided through biometric screening has given them an opportunity to change their health status and make better life-style choices.

SCOPE OF WORK

The City of Winston-Salem will expect the vendor to perform the services indicated below.

1. Provide two options for biometric screening participant registration and scheduling: on-line and call center. Our target date to open registration and scheduling is February 4, 2019 continuing through February 28, 2019. *The City provides an eligibility file indicating which employees/retirees qualify to participate.*
3. Provide an off-site collection option for participating retirees who live out of state.
4. Provide options for provision of confidential test results to participants both by U.S. mail and on-line.
5. Biometric Measurements for all participants must include the following:
 - a. Height
 - b. Weight
 - c. Blood Pressure
 - d. BMI calculation
6. Laboratory Tests for all participants include the following:
 - a. Lipids Profile:
 - i. Total Cholesterol
 - ii. HDL Cholesterol
 - iii. LDL Cholesterol
 - iv. Triglycerides
 - b. Glucose
 - c. Cotinine Testing
7. Vendors must document a fee for each test using the grid below. Please reproduce this grid to provide these fees in your proposal. If your company does not perform screening using a specific collection method listed put N/A in the cost column so there is an entry on every line in the cost column. All fees must be provided in this format. Submissions not provided in this format will be disqualified.

TEST	COLLECTION METHOD	FEE
Lipid Profile/Glucose	Venipuncture	
Lipid Profile/Glucose	Finger stick	
Cotinine	Venipuncture	
Cotinine	Cheek Swab	
Cotinine	Finger stick	
Other fees (please list):		

8. As a point of reference, in 2018, 1,765 employees/retirees participated in biometric screening as follows: 1,748 were at on-site clinics, 17 went to off-site patient service centers, and 264 employees of the Fire Department were tested on-site for cotinine only. Over a period of 11 days, 14 on-site clinics were held at five locations throughout the City. The selected vendor could be required to provide more clinics depending upon the number of registrants.
9. Target date to for citywide biometric screening is March 1, 2019 through March 29, 2019. An aggregate-level population report must be provided to the City no later than 30 days following completion of all on-site screenings.

10. A cotinine report must be provided to the City no later than 30 days following the completion of all on-site screenings. *Note: This is the only identifiable information (by participant name) the City will receive and will be used solely to verify tobacco-free status.*
11. The selected vendor must provide a dispute resolution protocol for contested cotinine test results.
12. Data Link- The selected vendor must have the capability to download participant test results as identifiable health information to authorized third party entities specifically Blue Cross Blue Shield of NC (BCBSNC) and Alere, the City's Health Risk Assessment vendor
13. For vendors who are not already contracted with BCBSNC and Alere, below is a brief summary of the requirements to create a data link:
 - a. A FTP (File Transfer Protocol) site will need to be set up for Alere to receive the data – there is a cost to set up this site.
 - b. The implementation could take up to 90 days.
 - c. The selected vendor would be required to complete a “non-preferred” vendor account set up form. Once the form is received, you will receive a call from the Health Risk Assessment vendor to discuss the details - the FTP site requirements, passwords, the file layout, etc. (Note: The non-preferred form is used for all vendors who are not contracted with BCBSNC; not just for biometrics.)
 - d. The data must be in a CSV format before it can be uploaded to a FTP site.
14. The selected vendor must commit not to share demographic or any other information collected for biometric screening purposes with any other vendor.
15. The selected vendor must maintain the confidentiality of all personal health information as required by HIPAA at all times.

Relative to the above scope of work and the proposer's ability to deliver within that scope, at a minimum, proposals must address the following:

Your organization

1. Discuss your organization's experience with respect to provision of similar services and what sets your organization apart from competitors.
2. Provide details of your company's financial status and stability.
3. Describe your current ownership structure, including affiliations.
4. Describe your firm's ethics and conflict of interest policy.
5. Discuss any impending changes in your organization that could impact the delivery of services.
6. Describe any recent action your organization has taken that demonstrates leadership in the field.
7. Describe the function, reporting relationships, and locations of each person responsible for this account.
8. Provide a resume of the individual who will have primary day-to-day responsibility for this account. Please provide two professional/client references for the account manager. Also, please provide a brief biography of others who will be involved on the account, with a description of the role each person will play in the project and any relevant experience each person has with similar projects.
9. Identify three clients with whom you have worked that we may contact for reference purposes. Clients for whom you have provided comparable services are highly preferred. If possible, include at least one organization similar in size.
 - Organization name and address
 - Point of contact with name, title, telephone number, and email address
 - Types of services your organization provided
 - Dates of service provided

Additionally, please provide one reference of a client who stopped utilizing your services within the past 24 months and contact information for that client.
10. Outline your organization's technical capabilities.
11. Describe any steps your organization has taken to ensure that quality services are delivered.

Service Provision

1. Describe your process for ensuring the accuracy of biometrics screening results and the accuracy percentages for various testing protocols used.
2. Describe your process for collection of samples for testing and protocols for addressing difficult to obtain samples (i.e. maximum times a participant would be “stuck”, etc.)
3. Describe your organization’s approach and capabilities in terms of maintaining the confidentiality of personal health information stored on paper and electronically.
4. Include an explanation of any specialized techniques your company may use to organize, perform and report results of biometric screening that sets you apart from other vendors.
5. Describe your experience in assisting employees to understand their screening results. Provide examples of test results distributed to employees who are screened.
6. Describe your company’s dispute resolution process for contested results.
7. Describe how your company selects, trains, monitors and evaluates the performance of on-site screeners.
8. Describe how you handle complaints including the type of feedback and follow-up you provide.
9. Describe what procedures you have in place if employees encounter problems getting their test results.
10. Describe how you provide physician/medical oversight including protocols for employees/retirees with “Alert” values.
11. Confirm that your company can track and divide charges in order to submit separate invoices for 1) active employees and 2) retirees.
12. Provide one or more examples of clients you serve that are also BCBSNC customers who can confirm your company’s ability to automatically download data collected via biometric screening into the BCBSNC system and into the Health Assessment. Include the name of the client(s) and contact information as well as the name and contact information for the BCBSNC representative assigned to work with you.

Costs

1. Detail the proposed compensation for your services including but not limited to the following:
 - a. Performing all biometric measurements and labs as outlined - per person.
 - b. Data downloads - per instance.
 - c. Fees generated if staff must work longer than the scheduled time - per instance.
 - d. “No Show” charges - per person.
 - e. Minimum attendance requirement charges - per instance.
 - f. Aggregate Reports
 - g. Cotinine Reports
2. Include information about any services for which there would be an additional expense.
3. Include full information about how your compensation would be disclosed to the City of Winston-Salem and certify in writing that there would be no undisclosed compensation, either at a vendor level or within your own company’s compensation programs.
4. Provide a sample contract and invoice for biometric screening.

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